

Cambridge University Press

978-0-521-68981-6 - Liberatory Psychiatry: Philosophy, Politics, and Mental Health

Edited by Carl I. Cohen and Sami Timimi

Excerpt

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Introduction

Carl I. Cohen and Sami Timimi

Pinel's unchaining of the eighteenth century Parisian insane has been an historical metaphor for the dual liberatory underpinnings of psychiatry: it can free persons from social, physical, and psychological oppression, and it can assist persons to be what they can be (i.e., self-realization), and to lead self-directed lives. Thus, psychiatry can help people to be both "free from" and "free to." These goals not only link psychiatry to medicine and science but also to sociopolitical elements. Hence, two foundational points guide our work: (1) The project of psychiatry has always been one of liberation; (2) Psychiatry's principal object, the mind (i.e., the psychological sphere), is inherently biological and social. If we are to take these two points seriously, it means that psychiatry has a critical and necessary role to play in social struggles that further liberation.

What are the liberatory roles for psychiatry? When we refer to "free from," we mean that psychiatry can help to free persons from the effects of internal biological forces that contribute to mental illness and distress. In addition, because it is also linked to sociopolitical elements, psychiatry can explore the subjective ramifications of living under a particular social formation. For example, the impact of domination, alienation from the products of one's labor or from one's coworkers, of being treated as a commodity, or of being in a particular social class, gender category, ethnic or racial group. Moreover, if the mind is both biological and social, what are the implications of the social world being imbedded within the individual? For example, in a social world in which the self-worth is based on monetary values, those parts of the self that cannot be commodified may be devalued and alienated. Or, what are the effects of social forces on cognition and emotional responses? The structure of the external world contributes to the structure of the internal world. Hence, oppressive social circumstances can hinder psychological development and lead to psychological distress or psychopathology.

From the racism of the mental hygiene movement, the creation of the eugenic movement, through Nazi Germany's quest to create the "master race," to the Soviet's use of psychiatry to help silence dissidents; psychiatry has always been

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vulnerable to being used as part of the state's tools for social control. The modern neoliberal state is no exception. By individualizing and commodifying mental health, the radical and liberatory potential of psychiatry is neutralized. Neoliberalism has arguably produced more misery and suffering than at any time in the past; however, once this suffering can be reduced to the effects of abnormal molecules, not only are the social dynamics rendered invisible, but enormous new potential markets emerge (such as for the pharmaceutical industry). Why is psychiatry so vulnerable to being used in this way? We may need some forms of social control, but what is benign, humane, just, and "good" and what is oppressive, and who should be involved in social control?

Psychiatry's role in assisting persons to be free to flourish and lead self-directed lives remains to be developed conceptually. Perhaps it will be by assisting persons to identify values and goals that are consistent with their cognitive abilities, emotional framework, and with their biological makeup. However, at this moment, psychiatry's principal function is to address the conditions that impede human development, i.e., the "free-from" sphere.

Traditional Western psychiatry has focused primarily on the biological and individual elements of psychology, and has had a much narrower view of liberation. Thus, freedom from mental illness/distress and self-realization is addressed within the confines of the existing social structure. A smaller group of theorists have focused on the social elements, but they have typically neglected the biological/physical components.

In the twentieth century there were a few attempts to take seriously the liberatory agenda of psychiatry. The Freudian Left, most notably Reich, Fromm, Marcuse, and Kovel, struggled to develop radical theories that incorporated the biological, psychological, and social world. Critical Psychologists in Germany and Leontyev in the former Soviet Union attempted to meld Marxism with a "scientific" psychology that was primarily cognitively focused. Each of these attempts was not fully realized because of their reliance on non-materialist concepts in the case of Freudians, the absence of a biological component (e.g., Fromm, Leontyev, German Critical Psychologists), or the omission of emotional elements and the unconscious (e.g., Leontyev). Moreover, the theories were created by "experts," with little or no conceptual input from other important stakeholders, especially consumers, workers, women, and people of color.

These theorists developed their frameworks between 30 to 75 years ago, considerably predating the dramatic transformations in social structures that have occurred worldwide. The causes of this transformation have included the rapid globalization of the world economy, advances in technology, and alterations in the world's political structure following the demise of the Soviet Union. The psychological ramifications of these changes have been pronounced. The problems of

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domination, alienation, commodification, class, gender, religion, race, and ethnicity are becoming more universal, although they are not uniform.

The need to confront the psychological impact of these historical changes provides a compelling opportunity to modernize the liberatory psychiatry agenda by incorporating advances in theory and practice that could, in turn, allow for new perspectives on this project. For example, potentially fruitful points of departure include new conceptual frameworks and research data from neuropsychology, psychoanalysis, critical social theory, political economy, and philosophy (particularly postmodernism). Most importantly, we need to develop this project from an international perspective.

Despite these pressing needs, the mental health profession has not responded in any systematic way. The aim of this book will be to lay the groundwork for such a response. The international group of contributors to this volume approaches this undertaking from a variety of perspectives. Indeed, there is no one correct method or theory. At this point in time it is more important to privilege debate over consensus. However, the authors are united by their desire to revitalize the original liberatory project of psychiatry.

In Chapter 1, Carl Cohen begins by conceding that, given the long history of failures by leftist theorist and practitioners at producing a progressive (liberatory) psychiatry, it would be presumptuous to claim that his chapter or this volume can overcome the limitations of earlier efforts. Rather, he proposes a more modest goal of providing an updated version of this project, and to re-open the debate. Cohen uses his chapter to address two issues: (1) To provide an outline of the structure of a progressive psychology that would be compatible with radical sociopolitical theory. He proposes several broad principles that such a psychology must include, and also illustrates how deviations from these principles lead to conceptual distortions. (2) In conjunction with this first aim, he describes new approaches to understanding unconscious process that may assist in explaining why people have failed to act in their “best interests.” He concludes with seven key points: (1) Progressives can embrace science if they do not restrict themselves to a limited view of the enterprise. (2) Scientists and scientific theories are separate from real objects and forces. The validity of a theory depends on it being tested against the latter. (3) All scientific theories contain social elements, but it is possible to critique them and take them into account as theory is developed and tested. (4) In developing a progressive psychology we must account for real people within real relations. (5) Failures to develop a progressive psychology have occurred because conceptual models have relied on speculative, untestable theories, or have ignored or minimized the concrete, biological individual or real social relationships. (6) In developing a progressive psychology we must recognize conscious and unconscious cognitive and emotional forces that act on the individual. This entails

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recognition of biological as well as social elements. An appreciation of neuroscience will be needed to understand how these elements become integrated. (7) Progressives need to embrace science and biology, to radicalize it, and direct it towards the goal of promoting and sustaining human liberation.

In Chapter 2, Philip Thomas and Pat Bracken use a postmodern analysis that revolves around the writing and thinking of Michel Foucault to illustrate the ways in which constraints operate in our social lives. We do not control the ideas, constructions, words, and priorities of the worlds in which we live and grow. Instead, these representations present us with a picture of what it is to be human, to be normal, and indeed to be free. They hold our conduct within certain limits, but also incite us in certain directions and ultimately present us with a vision of what liberation and freedom are all about. They argue that the process of liberation and the state of freedom are simply more complex than allowed for in the thought of the previous generations of radicals from both within and without psychiatry. Further that, whatever it is; liberation is not something that is in the gift of one professional group or another, or something to be defined by one professional discourse or another. Thus, in a critique of arguably the central thesis of this book, they suggest that, whilst psychiatry can offer more help and support to “experts by experience,” and can be less controlling and more transparent, it *cannot* offer liberation. The most that we can do as critical psychiatrists is to work towards more openness and honesty, and through this to show how a great deal of psychiatric discourse is nothing more than mythology.

In Chapter 3, Duncan Double looks at the potentially negative effects of the modern concept of “risk” in psychiatry and the creation of a “defensive” form of practice that results from governmental legislation and enquiries that focus on the risk posed by the mentally ill to the public. He first reminds us of the history of the attempts at a more liberatory form of psychiatry particularly in the 1960s and 1970s discussing amongst other things the *Dialectics of Liberation* conference organized by David Cooper and held in London in July 1967, and Franco Basaglia’s *Psichiatria Democratica* founded in 1973 and whose campaigning eventually led to the passing of Law 180 by the Italian parliament in May 1978. Double sees the opportunities to take creative risks in theory and practice as being eroded due to the creation of public fear of the mentally ill, consequently making liberatory ideals of community based care ever harder to achieve.

In Chapter 4, Bradley Lewis observes that previous liberatory efforts, e.g., Pinel, Tuke, Freud, Lacan, and Szasz, were created and designed by “experts.” However, he argues that liberatory psychiatry cannot be achieved without the input of users of services, who are psychiatry’s major stakeholders. Thus, the next wave of liberatory reform must be democratically driven. Informed primarily by a post-modern perspective, Lewis reviews some of the problems of expert driven theory

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and practice. He then shifts from critique to application. He proposes three steps towards a democratic psychiatry. These steps consist of reforming the American Psychiatric Association, creating a critical psychiatry network, and reconfiguring clinical care with a narrative frame.

In Chapter 5, Charles Tolman introduces readers to the work of German “critical psychology.” Notably, Tolman points that it was originally called “critical emancipatory psychology,” and it has never lost its emancipatory intent. Tolman describes the critical psychologists’ contribution to the early debates in the 1960s concerning the value interest of science, particularly psychological research. He provides several illustrations of the “anti-emancipatory” bias of traditional psychological research such as behaviorism, personality theory, and cognitive psychology. Such theories have provided little room for intentionality, ignored subjectivity, and have isolated the individual. Tolman asserts that all these theories are missing the concreteness of individual life. Tolman believes that an emancipatory psychology can only be attained with a method that is both developmental and historical. He summarizes the critical psychology model that human subjects evolved with the systematic creation and use of tools, and the development of societal mode of existence. The latter meant human existence and action is now dominated by “meaning,” and this aspect has been minimized or neglected by mainstream psychology. People now have the choice of action within an historical context, although uneven distribution of power, knowledge, and privilege can restrict people’s freedom. Tolman concludes that emancipatory psychology is possible only if it begins with recognition that human subjectivity is constituted in societal relations, and that emancipation is not just a psychological affair, but depends on societal structures of power. He closes with some illustrations of how critical psychologists are striving to make research endeavors more democratic and less objectifying, and striving towards elaborating the interactional context of practice.

In Chapter 6, Isaac Prilleltensky and his coauthors direct their attention to the inability of helping professions to shift from the traditional medical models, with its disempowering, reactive, deficit focused, and individual approaches. They maintain that, despite considerable critique, there has been a huge chasm between critical discourse and concrete action. They build a case for action around the concept of “psychopolitical validity.” Psychopolitical validity consists of the level of attention given to the role of power in explaining psychological and political phenomena that impact on the suffering and the well-being of individuals. Most notably, they point to the fact that the term “psychopolitical” underscores the inseparable nature of psychological and political dynamics. They emphasize the interplay of power in affective, behavioral, and cognitive experiences, and the subjective and cultural forces that shape political contexts. Finally, the authors

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examine the impact of power and oppression at various levels of analysis, and propose concrete applications of a “liberation” approach to counseling and psychotherapy at the community, organizational, and individual level.

In Chapter 7, Carles Muntaner, Carme Borrell, and Haejoo Chung present a novel perspective on the political economy of mental health. They start by reviewing the well-established linkages between social class and psychiatric disorders. The authors contend that it is time to move beyond these elementary associations and begin to elaborate on the mechanisms by which social class impacts on mental functioning. The authors distinguish between social stratification (i.e., social rankings) and social class (i.e., relations of property and control), and then introduce the concept of “exploitation.” They posit empirical methods for assessing exploitation. They argue for more sophisticated class insights based on exploitation that will give social psychiatry more depth and allow for alternative models for the social production of psychiatric illness.

In Chapter 8, Kwame McKenzie sets out the case for re-invigorating public health psychiatry. Modern medicine has its roots in epidemiological mapping that could identify specific environmental sources of disease. This eventually led to the hypothesis that infectious diseases were caused by micro-organisms and the discovery of specific bacteria and viruses. The cause of chronic diseases proved more difficult to demonstrate. Rather than catching a disease, you developed it sometimes over a life-course due to multiple exposures. Lifestyle seemed to increase your risk of developing an illness and the risk of it not getting better. Risk factor analysis became the order of the day, and manipulating risk factors became the role of public health. Mirroring changes in the political discourse, the focus had changed from the environment being the primary etiological concern to the individual and his or her lifestyle being most important. More recently several “new” concepts of how societies and health interact have been put forward. One such concept is “social capital”, which is a measure of social cohesion. McKenzie calls for greater attention to be paid to this concept. This is because in psychiatry our inability to offer much more than symptom amelioration (rather than effective treatment) argues for giving precedence for prevention over attempts at cure.

In Chapter 9, Sami Timimi notes that prescriptions of psychotropic medication to children and adolescents have shown a dramatic increase in most Western countries and in many non-Western ones. He asks how such a change could have occurred, and he argues that central to understanding this change is an engagement with issues of context: socioeconomic, cultural and political. In approaching the task of trying to understand why this increase is happening, he first contextualizes current theory and practice through reference to the particular conditions within which child psychiatry was born and started to grow, followed by a brief

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critique of the notion of “development” on which so much child and adolescent mental health theory and practice relies. Following this, Timimi explores how a context rich ecological analysis helps provide new theoretical directions. Finally, he suggests that his analysis, which favors context rich “ecological” paradigms, has some radical implications for both theory and practice in child and adolescent psychiatry.

In Chapter 10, Begum Maitra reflects on her arrival in Britain in the early 1980s where she discovered that she entered a cultural “limbo” of immigrant doctors and nurses from British ex-colonies. Maitra first attempts to unpick the confusion of shame, guilt, and gratitude in order to explore the territory of cultural understanding, and the undeniable potential that misunderstanding has to inflict damage, but also to look at the profound, long-term effects of Britain’s colonial past on contemporary practice in psychiatry in the UK. Exploring the effects of multiple hierarchies based on perceptions of superiority/inferiority, she also suggests something more subtle may be occurring “unseen” as a result of the increasing numbers of immigrant doctors from the ex-colonies (like her) practicing within UK psychiatric system. She suggests a quiet cultural revolution within the public sector in UK mental health may be taking place and discusses its unpredictable impact on professional culture and practice more broadly.

In Chapter 11, Amjad Hindi, Ramotse Saunders, and Ipsit Vahia direct their attention towards developing a new psychiatry within the context of postcolonialism. The chapter brings together the authors’ perspectives from Syria, West Indies, and India. Moreover, they approach this topic from different conceptual models. Amjad Hindi provides a postmodern analysis of globalization and post-colonialism. Ramotse Saunders tackles the relationship between Western psychiatric theory, Western trained psychiatrists, and indigenous cultures in the early twenty-first century. Finally, Ipsit Vahia speculates about the prospects for melding traditional indigenous practices with modern psychiatry.

In Chapter 12, Joanna Moncrieff explores the relationship between the dominant psychiatric paradigm (biopsychiatry) and the dominant economic system (neoliberalism). She asks whether biologically oriented psychiatry helps to create the social and cultural milieu favored by neoliberal policies, and whether these policies in turn have helped a certain view of psychiatry to become hegemonic. Neuroscience research, which aims to uncover the biological origins of psychiatric disorders, has burgeoned and flourished, gaining a high degree of credibility outside psychiatry as well as within, with psychiatry now plying its wares to a widening proportion of the population. Use of psychiatric drugs has risen dramatically, with a larger proportion of the general population now willing to identify themselves as needing psychiatric help. These developments in psychiatry parallel profound social and economic changes, commonly referred to as “neoliberalism,” that have occurred in varying

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degrees throughout the world. The question she addresses in her chapter is whether these two developments are related.

In Chapter 13, Astrid Rusquellas describes the progressive elements in psychoanalysis drawing from the seminal work of Wilhelm Reich in Germany during the 1920s and 1930s, and the work of Marion Langer, who had a profound influence in Latin America, beginning in the 1960s. Langer was able to integrate Freudian Left with an emerging new Psychoanalytic Left in Latin America. After an elaboration of the theoretical foundations of the Latin American Psychoanalytic Left, Rusquellas describes the contributions of psychoanalysts to the struggles of workers in more than 600 factories in Argentina.

Finally, in Chapter 15, Carl Cohen, Sami Timimi, and Kenneth Thompson review the disparate ideas presented in this volume and suggest ways to create a “new psychiatry” that will more fully incorporate the liberatory project of psychiatry.

We believe that there will be a wide audience for this book because it addresses an area that is at the essence of psychiatry and psychological practice, but one that has been neglected over the past three decades. Importantly, in recent years there have been signs of renewed interest in this topic. For example, the critical psychiatry group in Britain attracts large number of persons to its meetings and they have published in several prestigious journals including the *British Journal of Psychiatry* and *British Medical Journal*. At the 2004 annual meeting of the American Psychiatric Association, we presented an issue workshop on this topic to a nearly filled room, despite it being on the last day of the convention. Several books have emerged that have touched on aspects of this project. These include Patrick Bracken and Philip Thomas’ *Postpsychiatry*, Bradley Lewis’ *Moving Beyond Prozac, DSM, and the New Psychiatry*, *The Birth of Postpsychiatry*, and Duncan Double’s *Critical Psychiatry: The Limits of Madness*. All of these authors have contributed chapters to this volume.

This volume will be of interest to mental health practitioners across a variety of disciplines (e.g., psychiatry, psychology, social work), to consumers of mental health services, social and political scientists, social activists, and academic audiences, particularly in classes that deal with psychology, philosophy, or social theory. The book should also be of interest to lay audiences with an interest in novel approaches to psychological theory and practice. Finally, the international composition of the contributors should broaden the book’s appeal to a global audience.

This volume is the beginning of a long struggle to resurrect the liberatory potential of psychiatry, and in so doing, to develop a liberatory theory and practice. As we work to realize this project, we welcome input and feedback from all readers. We look forward to hearing new voices and sharing ideas.

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Working towards a liberatory psychiatry? Radicalizing the science of human psychology and behavior

Carl I. Cohen

My family has the revolution blues. My grandparents wondered why there were no radical political changes in the aftermath of World War I. My parents were certain that the Great Depression would spark political revolution. I believed that the 1960s would lead to dramatic transformations in society and culture. And my children wonder why there aren't progressive revolts throughout the developing world. Although radical political change is not easy, it seems that many times there were conditions that made change possible, but nothing happened. Moreover, when "revolutions" occurred, too often these systems reverted to another form of oppression, and the opportunity for liberation was lost. Woody Allen satirized this phenomenon in *Bananas* when, after the revolutionary leader assumed power, his first act was to require everyone to speak Swedish and to wear their underwear on the outside.

In the years after the end of World War I theorists began to examine more seriously whether psychological factors might impede revolutionary change. Specifically, they were interested in whether there were unconscious elements that worked against rational conscious thinking and perpetuated oppression and domination. Despite various problems with Freud's theory, including its conservative elements, many progressives turned to Freud, since at that time, his work provided the only systematic analysis of unconscious processes (Robinson, 1969; Wolfenstein, 1993). These theorists believed that psychoanalysis could be radicalized and that it provided a complement to Marx's analyses of the political and economic system.

Among Western leftists, this patching of psychoanalysis into Marxism has continued to remain the dominant theoretical underpinning for a radical psychology. For example, Jürgen Habermas, following Freud, postulated that social institutions become the manifestation of historically required repression of psychological needs or desires – a compromise between instinctual desires and self-preservation – and therefore the source of distorted communication and non-rational thinking

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(Held, 1980). Thus, it is likely that human emancipation entails not only overcoming the constraints of nature such as scarcity and disease, but also recognizing those unconscious processes that contribute to ideological distortions and social repression.

Over the years I have participated in countless study groups and attended dozens of lectures, seminars, workshops, conferences, and classes run by Freud-Marxists and Marxist-Freudians, radical psychiatrists and radical anti-psychiatrists, humanists and anti-humanists, subjectivists and objectivists, structuralists and poststructuralists, deconstructionists and reconstructionists, modernists and postmodernists, and critical theorists and not-so-critical theorists, as well as by Reichians, Pavlovians, Engelsians, existentialists, and various combinations of the above. I developed a great vocabulary, but I found that I was no closer to finding a liberatory psychiatry.

Given this long history of failures, it would be presumptuous of me to claim that in this chapter I can redress the limitations of earlier efforts. If this chapter succeeds at all, it will be in providing an updated version of this project and to re-open the debate.

More specifically, my aims are twofold:

- (1) To provide an outline of the structure of a progressive psychology that would be compatible with radical sociopolitical theory. This will entail a prescriptive and proscriptive approach. That is, I will suggest several broad principles that such a psychology must include, and also illustrate how deviations from these principles lead to conceptual distortions.
- (2) In conjunction with this first aim, I will describe new approaches to understanding unconscious process that may assist in explaining why people have failed to act in their “best interests.”

Several preliminary notes are in order. First, I have more or less used psychology and psychiatry interchangeably, although the latter tends to focus more on psychopathology and clinical practice. Similarly, I use terms such as “progressive,” “leftist” and “radical” interchangeably, although historically they have meant different things. I have interspersed these terms, not only to avoid monotony but also to underscore that I am appealing to a variety of interest groups. Second, I do not discuss an emancipatory sociopolitical theory to complement liberatory psychiatry. I believe this sociopolitical theory would probably include Marxist or Neo-Marxist elements; however, it is beyond the scope of this text and my expertise to propose any systematic model. Third, as a politically progressive health practitioner I have always been a bit skeptical about philosophy – I am sympathetic to Marx’s dictum that philosophers have merely contemplated the world, the point is to change it – I have been compelled to rely on philosophy for some of my arguments in this chapter. For the reader’s sake I have striven to keep it