Psychiatry in the Service of Oppression: An Essay Book Review

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Psychiatry as oppression

Jonathan Metzl and Ethan Watters present arguments about the nature of mental illness from quite different arenas, yet they can be used to comment on the epistemology and ontology of psychosis and mood disorders. Metzl looks at the increase in the number of young male African-American sufferers of schizophrenia in the 1960s and 1970s. He uses archival records of inmates of the Ionia State Hospital for the Criminally Insane in Michigan to investigate the course of diagnosis, treatment and outcome of a large number of people over a period of half a century. Prior to the 1960s schizophrenia had been seen as largely as an illness affecting middle-aged people, more often women, and was characterised by passivity, and 'split personalities'. In the socially-charged environment of the 1960s the DSM was revised and DSM II was released. In DSM II the diagnosis of schizophrenia was changed to include paranoid-type schizophrenia with delusions of persecution. During this period the number of young African-Americans males diagnosed with schizophrenia increased quite dramatically. Metzl's central claim is that this rise was not produced from some organic change, nor was it from increased sophistication of psychiatric diagnosis, but was a response to the civil rights movements and the protests of against race-based discrimination in the US. He argues that this process of changing the diagnosis of schizophrenia to allow the recasting of violent or non-violent protest as symptoms of mental illness was a not too subtle mechanism for dealing with social injustice. To deal with the sequelae of social injustice meant rather than tackling and rectifying the injustice, US society used collective denial and persecution of those who protested against it. He makes a parallel to the perversion of psychiatry in Stalinist Soviet Union where dissidents, fellow travellers and anyone who came into the paranoid purview of the KGB were sent to psychiatric hospitals and prisons; the infamous gulags in the far east. Metzl is somewhat caught in a dilemma in that while he points to the dynamics of the Stalinist approach he sees the American approach in the 60s as being more subtle and is, and although as political, not as blatant as in the Soviet Union.

He begins the story of the politicisation of psychiatry with one Samuel Cartwright who in the 1850s described a new mental illness. Cartwright argued that African-American slaves who ran away from captivity must be suffering from a form of illness. He felt that Africans were naturally suited to servitude. Cartwright also argued that they were psychologically unfit for freedom. If slaves ran away they would be at risk of mental illness, and he devised a series of 'treatments' such as whipping and bloodletting. In doing so he pathologised African-American's desire for freedom. This was an idea that really coursed through American society and psychiatry, and also resonated with American psychoanalytic thought at the turn of the 20th century. While he begins with what we now see as an absurd notion he argues that racism has affected and politicised psychiatry. Psychiatry has become an unwitting and possibly unwilling instrument of dominant oppression.

In tackling the issue of the level of complicity of psychiatry had in the mistreatment of African-Americans Mertzl is somewhat ambiguous. At some levels he argues that this change was subtle and that psychiatrists were simply doing a professional task using the diagnostic tools at hand. At another level his argument is really that

psychiatry is part of the broader American Society and responds in similar ways and to the dominant values and desires of Americans. So in a sense psychiatry is caught in a dilemma between a professional approach and social justice in doing its work with the mentally ill.

Mertzl cites one case study of an African-American male, Otis, who was diagnosed as schizophrenic, but was clearly sane. He had been given a jail term of three to five years. His supportive family raised concerns with the prison officials and others about Otis' misdiagnosis, but to little avail. Otis also protested about his treatment, and he was disciplined for his 'inappropriate behaviour'. Periods of isolation in solitary confinement led to the development of mental illness and he was detained in Ionia for the rest of his life. Metzl says that this is not an isolated case and that psychiatric hospitals were manufacturing illness using procedures that are routinely used for disciplinary purposes in jails and in detention centres in Australia. One of the lessons to be learned from this book is that we are creating mental health problems, often in the very places designed to alleviate such problems.

Crazy like US

Ethan Watters, on the other hand, paints a more subtle picture, although he also uses hyperbole to make his point that America is exporting its conception of mental illness across the world and homogenising the expression of mental illness across cultures. He sees the US hegemony as a flattening of the psyche across the world.

The examples he uses tend to be relatively extreme and quite obvious. For example he talks about the way in which large pharmaceutical companies were unable or unwilling to attempt to get into the Japanese market with their highly successful antidepressants. They recognised that part of the problem with Japanese culture was that depression was attached with considerable stigma. Therefore people were very reluctant

to recognise or acknowledge that their melancholy might be pathological. The case that Watters makes in that GlaxoSmithKlein introduced the notion of *kokoro no kaze* or 'cold of the soul', to re-badge depression as metaphorically similar to influenza. Through this and some other events these major drug companies were able to form a market in Japan for antidepressants.

Another example of the Americanisation of mental health symptoms spreading into other cultures is anorexia. Anorexia was largely unknown in China in its American form of 'fat fear'. The notion that people would starve themselves because they saw themselves as fat was not part of Chinese culture. In 1994, Charlene Hsu Chi-Ying, aged 14 died of starvation on the streets of Hong Kong. Her death was highly visible, highly unusual and widely reported, but journalists did not have a logical explanation that would fit with the Chinese populous' concepts of illness. The American concept of anorexia as a 'fat disease' was borrowed as an explanation. This gave rise to anorexia as a mental health problem among the Chinese. As we will see, Watters provides an explanation of how a rare occurrence of US anorexia can become widespread.

Another example that Watters gives is, paradoxically, more blatant, yet also more subtle. It deals with the Boxing Day tsunami in 2004. An American expert on grief and trauma counselling was holidaying in Sri Lanka when the tsunami hit. She mobilised her US-based team to come in to Sri Lanka to provide counselling for the bereaved. The form of counselling was based on the assumption in American psychology that grief needs to be 'let out'; to be talked about to allow people to come to terms with a tragedy and 'move on' (e.g., Volkman, 2007). Watters makes the point that tragedy was something that the Sri Lankans were familiar with. They were in the midst of a revolution and the death of people from this turmoil was common enough for social patterns to have developed to deal with it. He points to the situation that where a person is killed or

injured, the perpetrator is likely to be known. Social regulations had been developed to stop relatives of the victim from seeking revenge and the situation degenerating into uncontrolled pay-back murders. The way Sri Lankans deal with trauma is through getting back to normal, everyday business as soon as possible. Thus over time the Sri Lankans had learned to deal with traumas in their society through a process of socially acceptable and collective denial. Obviously the impact of the tsunami and then a wave of American professionals coming in to help were quite significant. In a lot of ways the victims of the tsunami were re-traumatised by the intrusion of the American methodologies. In fact one of the counsellors reported that one child who had lost his family just wanted to go back to school. This was seen to be symptomatic of post-traumatic stress disorder by the counsellors, but as dealing with the issues by locals.

The subtlety in this example comes from the fact that there is no awareness by American professionals that in fact that their approach to dealing with the aftermath of trauma is, or could be, culturally inappropriate. There was also a failure to recognise how the local culture operated. Moreover, there was a lack of appreciation or understanding of the extent to which American concepts of the symptoms, individualistic treatment and outcomes are culturally specific to largely white America. There are issues of worldview and cultural myths that can be seen here (see Table 1). The professional worldview is that trauma requires technical responses, based on science. Incidentally, the current emphasis on evidence-based practice necessarily drives the profession towards more technical 'solutions' and away from local and folk processes of recovery. The underlying myth is that 'the West is best'. Western knowledge and treatment must be better than folkways.

Central to Watters' thesis is that is the notion that psychosis is real; it is a psychiatric phenomena that occurs in all places at all times but that is the expression of it varies from culture to culture and from time to time. He notes that

the nature of US men's experiences of war and the psychiatric sequela changed quite dramatically from the American civil war through to the World Wars, Vietnam, the Middle East and Afghanistan. What he argues is that at any particular time there is a pool of psychiatric problems and the way in which these manifest themselves is dependent upon time and place. So psychosis exists, the disturbance in brain function exists, but the interaction of that with society differs from time to time. The important thing that he emphasises is that the expression of psychosis, such as catatonia, in the early part of the 20th century is different from current forms of psychosis in there 'look and feel', but essentially it is driven by the same mechanisms. For the sufferer with a mental health problem these symptoms are very, very real. Thus in the China, the undifferentiated psychiatric problems could be expressed in anorexia and thus the spread of such an illness can be dramatic and unexpected. In a sense, the illness is not spreading, only the manifest symptoms. The pool of psychiatric problems was already there, just waiting for a focus.

At a given time and place, the disturbances in the individuals brain coalesces with fashionable notions of what mental illness is to produce new forms of diseases. The experience of the sufferers is that the new mental illness is devastatingly real, so much so that researchers and the broader community ascribe physiological and genetic causes to them. What this says is that while something can be socially constructed it is still a solid reality. Psychosis might change in its nature from time to time but for those who are experiencing it is immutable. Also for the professionals who have to deal with it is immutable. This issue raises a really important point beyond the issue of mental health across time and place. This is not to downgrade the importance of the issues of mental health but rather to use it as a vehicle for recognising that when something is socially constructed it is not less real, less solid, and less obvious than physical reality.

To summarise the themes of the books have been analysed using Causal Layered Analysis (Inayatullah, 2004; CLA). CLA is a discourse analytic tool. Discourse is coded into four layers, litany (the undisputed 'facts': what has happened?), social-causative (the why of the litany; what were the social dynamics that gave rise to the litany?), worldview (how the events are perceived?) and myth (the cultural underpinnings of the events). After this deconstruction, each layer is analysed and reconstructed into a conclusion. The value of this approach to community psychology is that it forces us to examine the deeper layers of meaning and culture that give sense to the surface observations and actions. It is relatively simply and is akin to having a Bronfenbrenner systems map in a pocket or purse at all times. CLA requires that we see things in terms of the big picture, which Sarason (1999) reminded us is the major strength of community psychology, even it is more honoured in the breech than in the observance.

A solid new reality for psychology

Part of the problem that has been facing post-modernism and social constructionism is the characterisation by critics that reality is relative, explicitly, and implicitly, reality must be less 'solid' than physical reality. Even though Einstein pointed to relativity in time and space, the physical world is seen as made of 'stiffer stuff' than the social world. This represents part of the modernist worldview. Hard science is about hard reality. Soft science must be about soft realities. The notion that there can be multiple realities clashes with the modernist view that there is only one pathway to truth and this is through positivistic science. The prevalence of this view is not simply a reflection of a debate between the physical sciences and the social sciences, but is reflective of the rise of modernism over the past centuries. The difficulty for psychological science is that its history, its reality, is embedded in the modernist period where empiricism and science were seen as the 'brave new world'. Social constructionism and post-modernism grew out of a perceived

limitation with aspects of positivism. But if we are to take a social constructionist approach, we need to accept the corollary that science is a phenomenon of modernism, and as such the social world helps form our views of reality. The recognition that science and modernism had created problems in the process of solving other problems opened the door for post-modernism and a different, but evolving science. Just as any new paradigm is rejected by the adherents of the old, post-modernism and social constructionism were seen as unscientific and reflective of 'new age' thinking. Even though many of the thinkers were advocating new approaches to psychological science (e.g., Gergen, 1973, 1992; Polkinghorne, 1983; Sampson, 1989; Sarason, 1981; Smith, Harré & van Langenhove, 1996) there was little acceptance of Pepper's (1942, 1966) notion of a multiplicity of world theories which were the bases of different approaches to science. Rather than seeing mechanism (positivism) as the only true scientific approach, Pepper argued that differing types of questions required different types of methods.

Contextualism is one of these approaches. Its root metaphor is the 'act in context' and can be aligned with post-modernism. It is a natural haven for social constructionism and post-modernism. Contextualism is also the 'natural' science for community psychology. Contextualism is a difficult science to operationalise, given that we are embedded in modernism and positivism. Positivism requires us to ask how and why questions. This assumes that social and physical entities are seen as discrete and separate. Our sense of who we are and our sense of self-efficacy also point to our agency in a world of separate entities. Contextualism denies this and we must see the world in terms of Gaia, with everything interconnected. Essentially, this means leaving all we learned in research methods behind us and embrace qualitative approaches. The inclusion of a CLA analysis above was done to be illustrative that it is possible to be rigorous and structured in our analyses (although I lay no claim to rigour in the CLA presented here).

What Metzl and Watters have done is to

Table 1. *Metzl and Watters differ in the levels of analysis.*

	Metzl	Watters
Litany	The population of inmates in mental institutions changed in the late 50s and 60s from being primarily white and female to African-American males.	The nature of the symptoms of various mental illnesses has changed as countries become more influenced by the West and in particular by the US. For example, depression and was not recognised as a category of mental health problems in Japan much to the chagrin of major pharmaceutical manufacturers. There was a lack of acceptance in Japan of the notion of depression as it was seen as stigmatising.
Social causation	The rise of the civil rights movement meant a corresponding challenge to the dominant white society. In responding to this substantial change in behaviour from capacity to protest, rebellion and some violence psychiatry changed be defining criteria for schizophrenia to include symptoms of unprovoked violence and aggression. This led to an increase of African American males being defined as schizophrenic.	Watters shows how there has been subtle and not so subtle inculcation of American identification and treatment of mental health in other cultures. For example in Japan be stigma associated with depression while is sidestepped by referring to it as the "cold of the soul". In China the fat obsession of American society had not been an issue but when the young woman died from starvation the Chinese looked to the West for an explanation of what was going on and this gave rise to Western-style eating disorders.
World view	It is unlikely that psychiatrists were overtly racist, but there was a perception that things had changed and that the protests threatened to be traditional American way of life. There is also deep vestiges of colonial and slave worldviews.	Underlying each of these examples Watters gives is the fundamental problem that Westerners and Americans had of seeing their mental health science has been far more advanced and thus it was appropriate to share their knowledge and expertise with other cultures. The problem with this was the lack of recognition that in many situations local cultures had developed coping mechanisms that do not rely on talking therapy.
Myth	There are many pertinent myths abound this time. Protest was seen as a challenge to the structure of society and thus dangerous. A clear example of this is the myths about the danger of African American males to white women.	Inherent in all of this is the myths of the West is best, and Western science is more sophisticated and closer to reality than be superstitions and cultural practices of third world cultures.

point out that what we know to be real, immutable and solid is socially constructed. The underpinning of psychosis to genetics and physiology creates an image that psychosis must be more like a physical reality, not something that can be changed from time to time and place to place. Both authors have made the case that what we see as solid is based in social construction. The implications of their arguments are that we need to reflect on the way we conceptualise social constructionism, and to recognise that social realities have the 'look and feel' of physical realities.

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