

THEORISING CRITICAL PSYCHOLOGY IN PSYCHIATRIC PRACTICE: SIX VOICES INTERRUPTING PATHOLOGY

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Abstract

This paper is the record of a symposium at the ‘Geist Gegen Genes’ conference in July 2001 in Berlin. The conference was linked to the fifth Russell Tribunal on Human Rights in Psychiatry. Over the two days of hearings, witnesses testified to the abuse they had suffered at the hands of the psychiatric system and expert witnesses described how people had been coerced into ‘treatment’, sometimes with horrifying results. One of the sponsors of ‘Geist Gegen Genes’ (the Mind challenges Genes) was the UK-based grouping Psychology Politics Resistance, and another was the Discourse Unit. The symposium on ‘Critical Psychology: Psychiatric Pathologising as a Political Question’ brought together different perspectives on the way that critical academics and activists in psychology may oppose the oppressive uses of psychology. Here it is an opportunity for theorising critical psychology in psychiatric practice; these are six voices interrupting pathology.

Context: The Russell Tribunal

The first Russell Tribunal, which was opened by Bertrand Russell and concluded by Jean-Paul Sartre, was held in 1967. It focussed on the conduct of the United States in the Vietnam War. The Bertrand Russell Peace Foundation then conducted further public tribunals on repression in Latin America, freedom of opinion in West Germany and the condition of first nation peoples in the United States. The fifth tribunal was devoted to human rights in psychiatry. This was an international tribunal, with an international remit, which allowed for some unusual and necessary political alliances.

One of the sponsors of this Russell Tribunal was the Israeli Association against Psychiatric Assault, and this group had also been actively involved in the ‘Foucault Tribunal’ on psychiatry held in Berlin three years earlier. The verdict of the Foucault Tribunal, which was posted in German, English and Hebrew among other languages on the Tribunal website, had noted that practices such as involuntary confinement, forced drugging, four point restraints, electroshock and psychosurgery ‘allowed the psychiatrists during the Nazi era to go to the extreme of systematic mass murder of inmates under the pretext of

“treatment”“. This grim political context was also very evident in the testimonies of patients over the weekend, and it is clearly a context that is not confined to Germany of the 1930s. One Jewish witness, for example, described how his family had fled to Israel, and then how he was only able to escape psychiatric confinement there by calling on the German embassy to provide safe passage back to his country of birth.

The Russell Tribunals usually proceed with a prosecution, in this case Thomas Szasz (a Professor of Psychiatry) and George Alexander (a Professor of Law) and a jury of well-known people from different countries, but there is no defendant present. In this case, the organisers took great pains to give the defendant a voice, at their cost. Letters to world bodies of psychiatry went unanswered, and finally a letter was sent to the new Professor of Psychiatry, Isabella Heuser, at the Freie Universitat Berlin, where the conference was due to be held. As a result, Heuser demanded of the university authorities that they should refuse to allow the conference to be held in their buildings, and so at a very late stage a new venue had to be found. This scandalous behaviour speaks volumes about the contempt with which psychiatry treats its critics and the force it is willing to employ to get its own way.

We now turn to the symposium, and the interruptions.

Psychiatric Pathologising as a Political Question: Introduction

If we are talking about psychology in this context, in Berlin at this moment, we must say something about psychology as a discipline in the context of Germany in the past. The last century is still with us, and lies like a nightmare on the minds of the living. We could say that the question of psychology is a question of history. Psychology was one of the first academic professions in Germany to openly embrace Nazism. This was not only because a biological reductionist account of human activity fitted so well with eugenics. It is also because psychology pretends to be a science of the human spirit. Psychologists in the time of fascism were very interested in the observation of behaviour and the possibilities of developing psychotherapy as a kind of glue that would more tightly bond together the community as a nation. It is important to remember that psychology is not only a biological reductionist discipline. Psychology aims to regulate the mind as well as the genes.

We want to ‘interrupt’ the apparatus of psychology. We want to interrupt the process by which the discipline of psychology calls out to each individual subject in such a way that it makes individuals believe and feel that psychology has something to say about them. We want to interrupt the claim that psychology makes to tell the truth about human

beings. Psychology does not tell the truth. It tells a political story which carries with it a pathologising of people who not fit.

Practical Deconstruction

Psychologists disagree among themselves about what ‘psychology’ should be. We call this discussion ‘critical psychology’, and we disagree among ourselves as to how critical psychology should interrupt mainstream psychology. Let us offer some starting points.

Critical Psychology is not a positive programme for improving or substituting new ideas for old in the discipline, and it does not draw on existing political programmes to build an alternative psychology.

We do not want to help psychologists reflect on what they do so that they may do it more effectively. We do not want to develop new sub-disciplines of psychology that will allow psychologists to regulate people in new ways. We have no faith in the ability of political programmes to tell us what human psychology should like because we have learnt that every specification of human psychology is a constraint on the capacity of human beings to change their own psychology as they change society. And we do not want to develop alternative psychologies that promise to tell us the truth because we know that every claim to truth about human psychology is a political programme which is rooted in the limited political horizons of the present day.

Interruption: Stop! That is only negative. What does critical psychology actually do?

Critical Psychology is the systematic examination of how some varieties of psychological action and experience are privileged over others, how dominant accounts of ‘psychology’ operate ideologically and in the service of power.

We turn the gaze of the psychologist back upon the discipline. Psychologists usually study people outside who they treat as the non-psychologists. We study the psychologists. How does evolutionary psychology confirm differences between men and women and make them seem biologically unchangeable? How does psychoanalytic psychology pathologise lesbians and gay men in the name of normal stages of development? How does intelligence testing reinforce the difference between ethnic groups? How does the study of organizations make them run more smoothly and better able to destroy dissent?

Interruption: ‘This is all still too grim. It looks like we can do nothing. What about resistance?’

Critical Psychology is the study of the ways in which all varieties of psychology are culturally historically constructed, and how alternative varieties of psychology may confirm or resist ideological assumptions in mainstream models.

We assume that where there is power there is resistance, and that in every dominant practice there are contradictions and spaces for us to work to challenge and change the existing state of affairs. Mainstream psychology is incoherent, and that incoherence is one of the sources of our strength. A psychological test may be used to rescue a child from a special school. An attention to the structure of the family may be a lever against biological psychiatric diagnosis. Humanist images of the person contradict experimental studies. But while we look for resistance in these ideas we do not believe any of them. What is most important in this dialectical activity is to look for political tactics, not underlying truth.

Interruption: Wait a minute! You are only talking about academic psychology. Surely psychology is in lots of other places too.

Critical Psychology is the study of forms of surveillance and self-regulation in everyday life and the ways in which psychological culture operates beyond the boundaries of academic and professional practice.

Psychology is not at work in the universities and the clinics. It is not only the body of men armed with instruments for testing and enforcement in the training institutions and the hospitals. We need to study the way in which psychology has recruited thousands upon thousands of academics and professionals who use its ideas and appeal to its theories to back up their own political programmes of normalisation and pathologisation. And we need to study the way in which psychology recruits all of the people who read and believe its theories of individual personality differences and happy healthy behaviour. We need to study the way it recruits all of us in psychological culture.

Interruption: But, once again you make it seem as if there is no space for us to change things if psychology is everywhere around us!

Critical Psychology is the exploration of the way everyday 'ordinary psychology' structures academic and professional work in psychology and how everyday activities might provide the basis for resistance to contemporary disciplinary practices.

The discipline of psychology pretends that it is a science, but it draws its images of the human being from politics and from everyday life. And part of the deconstruction of psychology is the study of the way

ideology in politics is the ‘condition of possibility’ for psychology to exist. Psychological theories do not come out of nowhere. They do not fall from the sky. And we can draw upon the variety of different theories about our own different psychologies to interrupt and subvert the dominant stories that are told by the academics and the professional psychologists.

Interruption: You haven’t said what deconstruction means. How does it help us here?

Critical Psychology is the Practical Deconstruction of every attempt to normalise some kinds of behaviour and experience and to pathologise others.

Psychology is constructed within the horizons of capitalist society to enable that society to run more efficiently, and it constructs within that society its own images of pathology. Part of the political activity of challenging the construction of psychology is the unravelling of what we have made to be. The process of critique is also a process of deconstruction. It must include a practical political alliance with all those who suffer psychology and who are starting to refuse the way they have been constructed as pathological. It is a political question that calls for practical deconstruction of the theories and apparatus of the discipline of psychology. We can take these issues further in relation to development.

Challenging development as hierarchy

Conceptions of development are usually thought of as arranged in sequential – presumed universal - stages. This is the model that psychology provides which also pervades our daily lives. It fills our heads with ideas of how we should look after children, what kind of family context is best to grow up in, and whether being gay or lesbian means you can be a good parent. These developmental narratives may seem culture and value free but they are in fact saturated with class, gendered and cultural assumptions. What makes them even more important is that they form the body of knowledge that health and welfare services draw upon to determine whether, and how, to intervene in our lives.

Development is seen as restricted to happening within particular temporal limits and conditions. If these conditions are not met appropriate development is not considered to be possible; and may be used to warrant state intervention. Thus this model elaborates developmental hierarchies of exclusion and privilege.

Interruption: But what has this to do with psychiatry?

Far from challenging psychiatric systems of classification and pathologisation, developmental models fuel and support these. Systems of pathologisation require definitions of what is 'normal' to differentiate the normal from the pathological. Moreover developmental claims work from statistical descriptions (of what is) to generate prescriptions (what ought to be), that invent normative fictions from generalisations from how people live now.

Stories of development are used to offer nature stories; making current systems of privilege (structured around class, 'race', gender or sexuality) appear natural and inevitable. This is because once something is regarded as 'natural' it is seen as unchanging and unchangeable. Developmental claims are therefore central to systems of regulation and normalisation that underlie models of individual history, family structure and relations, and mental health, as well as notions of progress and maturity.

Interruption: All this critique is all very well but what does this mean for what we should be doing in practice?

Because models of development privilege the culturally masculine, they position women, black people and even children as culturally deficient and inferior. Their experiences are treated as mere steps on the evolutionary ladder to modern western developmental maturity. We can challenge this by pointing out the covert ways women and black people and children are considered less rational, or madder, than white middle class men.

On this basis they are denied rights of representation or consultation, because it is assumed that others 'know better' and can act on their behalf. Further, we can also expose how constructions of western masculinity in fact mask the irrational characteristics of detachment, hostility and isolation that dominant culture celebrates as self-sufficiency and autonomy.

Interruption: But aren't you talking about old colonial evolutionary stories? What about the modern technological world?

Models of development privilege modern technological progress as both goal and tool of development. They inscribe definitions of rationality with adaptation to prevailing norms and labour exploitation. The culmination of this, as we all know, was the Nazi genocide of Jews, Romanies, Gay men and lesbians, Catholics, political dissidents and

people with diagnoses of mental illness and mental handicap. There are two key things we need to do.

Firstly. We need to disrupt the equation between development and adaptation. And secondly, we need to challenge the ways models of development homogenise the diversity of forms of development, and so marginalise subordinated (cultural, sexual, (dis)abled) experiences further. Instead we should encourage celebrations of diverse forms of gendered, cultural and sexual developments. This destabilises the instrumental exploitation of our minds and bodies in the name of a soulless idea of progress. And it also helps us to ask the question: whose development are we talking about? Who benefits from this? And why?

Interruption: But development is about children, and you've been talking about everything but childhood.

It is strange how children figure in our imaginations as the exemplar of development, and yet disappear from its deep structure. This is because the child that symbolises individual development is a statistical fiction that does not correspond to any real children's needs or experiences. This methodological sleight of hand in fact promotes an abstract, asocial representation of development (without children, without history, without culture, without communities).

In the name of saving children we often support the globalization of what is in fact a very western-defined model of economic as well as psychological development, and so we need to be careful about the ways children figure within international aid and development campaigns. So although the singular child inhabits the western imagination as the true authentic self, we need to see how the sentimentality that surrounds how we see children blinds us to the very unchildlike conditions of many children's lives, and adult's childhood histories.

Interruption: OK but what does unpacking development enable us to do?

We need to destabilise monolithic definitions and instead promote diverse models of development. Instead of being subject to normalising, coercive developmental stages, we can put development on the stage to show its many performances. By such means we will produce multiple ways of viewing and engaging with what development is, and is for. This goes beyond exoticising the experiences of the dispossessed (romanticising the distress of mental illness, or the exploitation of children of the Third World), or privileging local over global knowledge. Rather we should work to promote links of interests and activities between subordinated groups - so that, for example, women and children's interests (whether in

mental health systems or on labour issues) are understood as neither absolutely competing nor as separable. And black people and gay men and lesbians can ally together to challenge the ways normative models render their positions inferior and so are used to legitimate their oppression.

Whether individual or social, the story of development is one of dispossession and appropriation rather than emancipation. The lesson of development as hierarchy is that we need to tread the difficult path between uncritically celebrating traditional forms of culture and contributing to further globalizations or imperialisms. That is, we should support critical alternative traditions, but also challenge all orthodoxies to avoid reproducing new ones (for example, making the user movement or communities so much experts that we leave all the planning and responsibility for services to them). This involves making provisional alliances with different constituencies, and with multiple agendas. We are a long way from reconstructing an emancipatory model of development, but instead by such means we may create ways of organising that – if we only allow ourselves to see them – will produce new, more helpful, ideas of what people are, and can be, like. And this includes constructing different understandings of psychopathology, which we will turn to address now.

‘Psychotic speech’ as a construction of the psy-disciplines

Speech disturbances are supposed to be a common symptom and defining feature of psychosis and especially schizophrenia. In psychiatry psychotic speech is called ‘thought disorder’, and treated as a disorder of the form in which thoughts are expressed. The psychiatric concept of ‘thought disorder’ is based on the assumption that speech is a direct reflection of disturbances in the speaker’s mind or brain. This presumed transparent relation between thought and speech is unarticulated and unquestioned in psychiatric literature.

Interruption: You are jumping ahead of yourself. What is thought disorder?

There are a number of scales, which are used by clinicians to diagnose thought disorder. The scales include categories measuring the amount of speech produced, amount of information provided, speed of speech, incoherence, repetitions, word use, idiosyncratic reasoning, asocial attitudes, disorganised or confused ideas, introducing personal material in the response, physical behaviour and affective behaviour.

Given the variety of categories, it is reasonable to conclude that thought disorder is an umbrella term under which a variety of linguistic, communicational and behavioural phenomena are included.

When the Scale is administered, the patient ends up with a total score indicating the degree of thought disorder. As you can guess, people with the same score can present completely different linguistic and communicational pictures.

Interruption: Hang on. Thought disorder is meant to be a deviation from normal speech and thought. How is normal speech defined?

Surprisingly enough, normality is not the way 'normal' people speak, think or communicate. To start with, the Scales have not been standardised in relation to the 'normal' population. Moreover, when administered to 'normal' populations, it was found that 'normals' also suffer from mild degrees of thought disorder.

'Psychotic speech' is constructed in opposition to 'normal speech', which is not the way 'normal' people speak, but an ideal of how people should speak. What this ideal contains is easy to guess by looking at the categories the Scales include. But what is also problematic is that these assumptions about 'normal' speech are not articulated and how they were arrived at is not discussed or justified.

These Scales are customarily used to as a diagnostic tool, administered by clinicians to diagnose the presence and degree of patients' thought disorder. However, they were also designed to be used as a research tool, and this proves to be even more problematic. The usual research design on thought disorder is as follows: The research is designed to test some hypothesis about the nature of the underlying deficit that produces thought disorder. Groups of thought-disordered schizophrenics, non-thought-disordered schizophrenics and normals are administered an experimental task designed to measure this assumed underlying deficit, and the results of the three groups are compared. The problem is that the results are usually inconsistent.

Interruption: Why is that?

The clinical phenomena psychiatrists are faced with are: some schizophrenics suffer from thought disorder and some do not; schizophrenics suffering from thought disorder do so intermittently; the speech disturbances that schizophrenics present are varied and include a variety of linguistic, communicational and behavioural phenomena. The question psychiatric research has been struggling to address for the past century is; assuming that schizophrenia is a single disease entity, and

therefore caused by one mechanism, how can one mechanism produce speech disturbances differentially and intermittently and how can one mechanism be responsible for such a variety of speech disturbances? Needless to say, they have not been able to find an adequate answer.

What none of these clinicians and researchers has considered is that thought disorder is a construct, produced and perpetuated by diagnostic and research practices. In research on psychotic speech experimental subjects are assigned to the thought-disordered and non-thought-disordered groups on the basis of being administered a thought disorder Scale. Maybe the variability within the thought disordered group has to do more with the variety of categories included in the Scales than with some postulated inherent heterogeneity of thought disorder. Also the fact that some schizophrenics suffer from thought disorder while others do not, might be explained by the diagnosis of schizophrenia, for which thought disorder is one of the diagnostic criteria, but not a necessary one.

What is even more sinister is that a vicious cycle exists between diagnosis and research: Thought disorder is defined and diagnostic tools developed measuring language, thought and communication performance. These tools are then used to identify thought-disordered subjects for research projects, in which their linguistic performance or other cognitive or neurological processes are investigated. Some of the research results are considered significant for diagnosis and incorporated back into the diagnostic tools.

Through diagnostic and research practices thought disorder acquires the status of a fact, of a clinical entity located in the patient, independent of the clinicians and researchers who struggle to understand and treat it.

Interruption: How can this cycle be broken?

The brief answer is: Any empowering perspective on psychotic speech would have to expose the un-articulated assumptions that sustain the edifice and as a result destabilise the category; this includes assumptions about the relation between thought and speech, about the nature of clinical disorders, about the neutrality of clinical and research practices, and finally about the 'scientific' mode of investigation.

Interruption: If, ideally, we manage to undermine this pathologising concept of thought disorder, what can we put in its place?

Good question. Instead of answering it, we will add some more questions: How can we understand the speech peculiarities produced by some individuals diagnosed as psychotic in a non-pathologising and

objectifying way? Should we abolish the category of ‘psychotic speech’ or retain it with a different meaning? We cannot begin to even address these questions and we certainly do not have the answers. But we should turn to reflect on some of the problems with critical psychology, this is where we turn to ‘side-effects’ of critical psychology.

Critical Psychology: side-effects

‘Critical psychology’ refers to a group of voices that oppose to experimental and positivist psychology. Some of these critical voices since the early 1970s saw psychology as part of the problem rather than a solution. Nevertheless, there hasn’t been a sustained debate on the way why should any form of critical psychology be any better than a ‘non-critical’ psychology.

The little importance given to this debate was partly due to the fact that early critical work in psychology was considered a short term strategy rather than a sub-discipline. The fading away of this strategy position during the last decade in critical contexts has brought along unexpected consequences, as the institutionalisation of critical psychology.

If the turn to language and subjectivity were the hallmarks of critical destabilising work in psychology, during the last years we have noted an increasing presence of humanist discourses and revival of new-age forms of subjectivity liberated from disciplinary and institutional constraints. This psychologisation of subjectivity in critical psychological research corresponds to other processes including: the impetus for more action research oriented critiques; the promotion and marketing of good critical psychological practices and values; and the distinguished role of psychoanalytic and therapeutic theoretical resources and professional practices among critical psychologists; the possibility of according critical psychology a subdisciplinary status;

Interruption: Hold on, it would be unfair to put in the same bag the different forms of psychoanalytic resources and action-oriented research.

We agree there are significant differences. I’m also aware that psychoanalytic theory helped to recuperate progressive notions of subjectivity in psychology. But we hope we come on an agreement on the need to understand these turning points on a broader context than the psychological one. It is in this broader context where we want to ground the next points.

There are serious dangers inherent to the renewed interest of critical psychological in New Age forms of cultural diversity, liberated subjectivity

and liberal humanism. We ought to start to seriously consider the way psychology – as psychoanalysis and psychiatry – operates beyond the boundaries of academics and professional practice. Confining ‘action research’ to psychological and mental health establishments, rather than on the most dispersed arenas, may bolster the dangerous fantasy of replacing ‘politics’ by ‘critical psychology’.

Interruption: There is a dangerous fantasy of replacing politics by critical psychology, and maybe critical groups as PPR and Hearing Voices fall within the psychoanalytic and humanist turn you mentioned.

The point here is not to demeaning the work of these networks or stigmatise current critical psychology. On the contrary, we argue that we should take these turning points seriously as a way of reflecting upon wider socioeconomic processes. Such a twists might prompt new enclaves whereby to try to continuous challenging current psychological state and its progressive biological inflections as we move to exemplify while referring to a late night Spanish radio programme called “Talking for Talking”.

This top audience programme invites people to call and share their views and worries, and challenges the audience to come on air with similar experiences and advices. Some of the most usual topics include infidelity, children’s custody, addiction problems, homophobia, xenophobia, the Basque Country, zoophiles, etc.

Recently a caller expressed the burden she was experiencing in the upbringing of her child with Down syndrome. Such views set off numerous angry callers challenging, almost pathologising, the difficulties that mother found, while also emphasising the tenderness, the joy and genuine “humanity” which apparently characterise Down children.

Along these positive views on Down, new images on emotions pullulate around us, whether in the form of scientific research as Daniel Goleman’s best selling book Emotional Intelligence; in the form of emotional intelligence courses in training teachers programmes; or even “innovative” teaching and learning processes based on “self-regulation” techniques in various European countries.

Interruption: Surely the return of self-regulation and emotional models is a symptom, a process rather than a new psychological model?

It is relevant to think about the processes which, for instance, allows to move from experiencing Down as a life-burden pathology to romanticising the emotional and loving nature of these kids, somehow similar to the playful and emotional performance of the friendly creatures as the ‘Teletubbies’ on our TV screens

In broader terms, it would be interesting to connect these cultural tendencies with the humanist and psychoanalytic turning points of critical psychology. It is in this sense that we believe that critical psychology is contributing to forge new images of subjectivity compatible with flexible and apparently friendly new orders in a world. In this new world order social problems get dissolved in psychological problems since the late 70s coinciding with the first major crisis of welfare state, and more recently, psychological problems get progressively managed and encoded into neurogenetic terms.

Interruption: It is relevant that there is a return to biological determinism among pro-gay positivist research on the gay brain, the gay gene, the female intuition gene.

Over and over again psychology takes off new spaces. Take, for instance, the US journal like 'CyberPsychology & Behaviour', which through the publication of studies on neuropsychological effects of multimedia, Internet addiction, etc., aims to create better relationships between psychologists, psychiatrists, sociologists, educators, computer scientists, business executives, and opinion makers.

It is in this context of highly coordinated bio-psychological networks which we would like ask: To what extent these renewed interests resonate with those of the liberal democracies? Are they masking the very socio-economic conditions that render them possible?

In addition, while psychological resources permeate all sorts of sociocultural spheres, critical psychology has been too much confined to centripetal psychological issues and practices in the clinical, educational and research sectors. We then face here the strategic issue of whether to articulate critical research inside institutionalised psychological settings or in the most dispersed, changeable and shifting arenas of 'psychological culture', a term that designates the way psychology operates beyond the boundaries of academics and professional practice.

These sorts of relations, as psychology, have a seductive power over culture, especially when it purports to offer us truth, authenticity, the security of identity, and even liberation the solution to all sort of personal and collective problems. It is on the traffic between psychological developments, hard scientific discoveries and pro-genetic political agendas that our concerns should be also focused.

Adopting such a perspective could result in the working through wider relations between humanism and biologicism when, as some feminist authors states, nature is more easily changeable than nurture in the era of genetic laboratories, where genes are engineered and bodies reconfigured.

We turn now to look at this question of the 'gay gene'. Why is research into the gay gene relevant to psychology and to critical psychology?

Searching for the 'Gay' Gene: Problems of Causality and Moral Order

Research claiming to have identified the 'gay' gene has been received with ambivalence by the lesbian and gay community in both the US and UK. This ambivalence reflects the complex matrix of discourses within which genetic research operates and which index potentially positive and negative consequences for lesbians and gay men. For example in the US claims for the heritability of 'homosexual preferences' have been used to provide a foundation for the claim of immutability and therefore protected minority status for gay men. Alternatively, many commentators have pointed to the grave risks involved in the search for a genetic component which include the spectre of aborting 'suspect' fetuses and the development of gene-based 'therapies'. While currently there is no pre-natal test for the 'gay' gene several prominent individuals have clearly indicated the desirability of using such technology if it was successfully developed, for example James Watson (Nobel Prize winner and co-discoverer of DNA) and the former Chief Rabbi, Lord Jakobovits.

Interruption: So, what is the problem?

Here we offer challenges to genetic (and other biological) explanations of sexual orientation. First, the designation of 'gay' gene (a term routinely used in the media) produces linguistic confusion - where the proximity of these two terms implies a one-to-one mapping between the two concepts, obscuring the complexity of the relationships between identity, behaviour and genetic structures.

Interruption: So, is this not the development of science?

The discourses of (biological) science draw a veil over themselves through the strategic repression of the role of moral order in scientific practices. The (ontological) assumption that the natural world is structured by cause-effect chains is routinely taken-for-granted within biological science and therefore not only left unquestioned but presented (implicitly) as unquestionable.

Scientific research into the origins of sexual orientation has so far proceeded via an aetiological (disease) model which (by focusing on atypical or anomalous cases) pathologises the objects of its gaze. The assertion that there is a link between the production of complex proteins (using 'information' coded in genes) and social identity assumes both

entities to be identifiable types. However, categories of social identity - which have complex histories and manifold relations to the social, cultural, political and economic conditions within which they arise - are far too dispersed and fragmented to constitute an assumed 'kind'. The search for a biological cause of sexual preferences is implicated more with the policing of the boundaries of heterosexuality than with uncovering the 'true' nature of the human condition. There is a war over the nature of sexuality, and this brings us to the claim that critical psychology itself is 'war'!

Psychology is War

The main point of war is to inflict the maximum psychological damage on a population. Do you have a problem with that? Does it remind you that the history of modern societies is the history of class war? Is it something in the language - is there no connection between the classifications in psychology and the classifications of political economy? Are we supposed to believe that Marx was wrong - even the bourgeois economists are not so sure about that? Remember Karl Popper. Well he had a problem with Freud because he could not falsify him. But Marx predicted that Capitalism would lead to the impoverishment of the masses. The likes of Popper and Hans Eysenck looked around the western world and said well that can't be true. Well we look around at the effects of globalisation and see that Marx was right. And another thing - war is not about the destruction of private property. The point is: it is the people who are hurting. It is not the loss of their private property; it is their sense of alienation from the products of their labour.

Interruption: you are surely not saying that it is psychologists who stand at the head of the military.

Post war trauma is the site for psychological imperialism. We both know that the military establishments are very interested in psychology and particularly the kind of qualitative research that many of us seem to do. All these new paradigm approaches which claim to privilege people's stories over traditional wisdoms. In fact they are less interested in the traditional hard science: quantitative, positivist analyses of variables, opinion polls and statistics. They want to know what the masses think they are really up to - how their subjects are constructed. This is one step away from moving in with therapies for post traumatic stress disorder. This is what we have seen in activities of the World Health Organisation in Kosova.

Interruption: So can a critical psychologist wear the badge of the United Nations in the Balkans?

The divisions of psychology reflect actual social divisions. Maybe it is just a way of earning a living and maybe the critical psychologist would kid themselves that a critical approach could do service not only to the suffering of the people but equally to their dignity and their right to self determination. No better or worse than a war correspondent. We were teaching community mental health to family doctors as part of their training in clinical psychiatry. At best it could be as a social psychological guerrilla resisting the might of the international drugs companies.

Interruption: You know as well as us that community health is the watchword of both the World Health Organisation and the World Bank. So where is the Critical?

Psychology in the community is the site of exclusion. The first thing is that it is not about purism and keeping out of war zones. Critical psychologists do mean well and so do, we believe, that minority of critical psychiatrists. But you are right the danger is that, by attaching criticality to community, radical action is open to assimilation and strengthening of the mainstream. The point again is to be able to point a finger at Psychology. We will give you an example from the research of the international network of people who hear voices. (Remember in pathological language we are talking about auditory hallucinations.) This experience could never seriously be taken as a symptom of mental illness. It was rational Psychology going back to that great, but confused, voice hearer himself, Rene Descartes, which created the exclusion. Psychiatry has merely socially controlled the recipients of this exclusion.

Interruption: So difference is psychogenic rather than somatogenic. What's the difference?

Psychology in the body is mental pathology. This question has been played out for over a hundred years in schizophrenia research. We have seen how Cartesian dualism opened the door to mental pathology. And let's not forget how Descartes, himself, predicted a final solution in medical science. Simply ditching the dualism is not a solution either. The new alliances of holistic practitioners, new agers and postmoderns, perhaps in coalitions with the ancient cultures, real bodies with real experiences in relation with each other - all this is a precursor to an even grander international civil war. To go back to the hearing voices research,

this was not an academic deconstruction of psy language but a practical deconstruction - part and parcel of building a mass movement. Like the lobbying by gay activists of the American Psychiatric Association removed homosexuality from the diagnostic manuals, the Hearing Voices Network threatens to put another nail in the coffin of pathologising. The celebratory movement of gayness, Gay Pride has now, also, set a model for a growing international Mad Pride.

Interruption: So if critical psychologists don't do psychology what do they do?

Psychology can work against the Law, and Critical Psychology can be a form of advocacy. Let us finish on schizophrenia, the example par excellence of pathologising - and the industry which keeps the drugs companies' world going round. They will search for the schizophrenia gene until - as they say in England, the cows come home - which they invariably do these days as mad cows - who then pass on their deadly prions to humans who for all intents and purposes develop the symptoms of schizophrenia. And scientific psychologists, at the same time continue to demonstrate that the psychopathological syndrome does not exist. This is no longer the issue for critical psychologists. Schizophrenia does exist - as the most treacherous of words. Its diagnosis represents the most barbaric attack on human rights and liberty, and it should be banned. The diagnosis is a crime and it should be treated as such. It is perpetrated on such a scale. That it is a war crime.

Conclusions: Back to the context

This symposium on 'Critical Psychology: Psychiatric Pathologising as a Political Question' brings together different perspectives on the way that critical academics and activists in psychology may oppose the oppressive practices of psychiatry without ratifying oppressive practices in psychology. The participants in the panel share the goal of linking academic critique with activity against the apparatus of the 'psy complex'. The psy complex is an apparatus which sometimes proceeds by direct coercion to enforce the pathologisation of forms of behaviour and experience (usually the case in psychiatry), but which sometimes proceeds by using indirect means to normalise behaviour and experience (usually the case in psychology). To oppose 'Geist' to 'Genes' has to take care not to reinforce harmful practices within the realm of Geist. To most effectively struggle against the psychiatrisation of peoples lives we have to take care not to reinforce harmful practices within psychology or even 'critical' psychology.

A press conference, hosted by one of the Green representatives, was held on the Monday morning in a packed room in the Berlin State Parliament. A tired jury, which had reached a majority verdict and minority verdict at three in the morning, discussed its conclusions. The Brazilian novelist Paulo Coelho and Israeli Law Professor Alon Harel signed the minority verdict that, among other things, called for 'public critical examination of the role of psychiatry'. The majority verdict was much sharper, concluding that there has been widespread 'serious abuse of human rights in psychiatry' and finding psychiatry 'guilty of the combination of force and unaccountability'.

Thomas Szasz accused the jury of arriving at a verdict that psychiatry would be happy with, and a public disagreement between Szasz and Kate Millett, chair of the jury, broke out when Szasz claimed that the verdict was 'essentially a statement of the World Congress of Psychiatry'. Although this was an unusual thing to happen in a press conference, sections of the British press found the discussion useful, and the arguments did highlight the provisional and contested nature of the verdict. The meeting was, overall, a useful forum for interrupting psychiatry and providing a space for theoretical reflection on the contribution of critical psychology to this radical process.