

Soc: 3290: Deviance:
Lecture 31: Mental Disorder III

Today we will conclude our broad look at mental health by considering the radical position on mental health and illness. We will largely focus on a piece, written by Canadian psychiatrist Tana Dineen, that compels us to reflect upon the role - and interest -of psychiatrists in ever expanding psychiatric diagnoses.

To introduce this piece, however, let me comment on several provocative articles I recently came across in relation to mental health. The first, taking a neo-biological approach, suggests that, unlike earlier explanations focusing on childhood experiences and genetics, mental illness may be caused by an infection by bacteria and viruses. In this article, Harriet Washington (1999) points, for example, how it is known that syphilis can lead to mental deterioration, as can the HIV virus, Chlamydia, mad cow disease, and so on. Indeed, such things can be seen in later changes to the brain under CAT scans, during autopsies, etc. She argues that experiments have been done linking OCD to streptococcal bacteria, and that correlational studies have suggested a link between flu epidemics, infection of pregnant mothers, and later waves of schizophrenia in British children. Ultimately, Washington feels that this is a promising new area for research on mental health.

So what are we to make of this article? It is clearly another medical explanation for mental illness. While not ruling out the possibility that this may have some explanatory value, given our discussion last class we should be cautioned against seeing this as the whole story. Clearly, socially structured stresses and social reactions, for example, play a role.

Secondly, we should also recall the work of Conrad and Schneider (discussed under our second lecture on the “the Pathological Perspective”). This details the serious implications of applying formal medical labels to individuals. While, on the one hand, they point out that these are related to a humanitarian trend in the conception and control of deviant behavior, remember that even the best responses to the mentally disordered may be aversive to the individual. In this same spirit they have delineated seven negative implications of applying medical labels in general: (1) removing responsibility; (2) keeping negative judgement but veiling the political and moral nature of this decision under the guise of scientific fact; (3) expert control; (4) the possibility of medical social control; (5) individualization of social problems; (6) the depoliticization of behaviors; and (7) the exclusion of concepts of evil. We must keep these in mind when considering claims such as those above.

Third, let me contrast such neo-medical explanations with two other articles that take a very different, even radical position to mental health issues. The first, by Brendan Koerner, points to the aggressive, deceptive marketing practices of the pharmaceutical industry, particularly in relation to marketing drugs for the ever lengthening list of new “mental disorders” (elaborate). The second, by Lois Rogers, points to the limited success of psychologists in treating people’s problems, particularly following a traumatic event (elaborate). Both are good

segues into what Dineen has to say about the “psychology industry” (see attached photocopies).

Dr. Tana Dineen (1996): Victim Making:

Given these articles, it is appropriate for us to briefly review the controversial work of Canadian psychiatrist Dr. Tana Dineen. Dr. Dineen has been very critical of her profession, writing that it has made an industry out of “manufacturing victims” and ever increasing its market share. While Dr. Dineen’s comments are clearly written from a strong anti-psychiatric perspective, the fact that she is writing from the inside gives us reason to at least consider the sometimes compelling arguments that she makes.

Dineen begins by stating that the term “victim” has become distorted by contemporary psychology - so much so that it seems almost impossible to distinguish real victims from those who have been fabricated. She notes that from time immemorial fate and cruelty have affected humanity, and that victims with shocking stories have existed (e.g. victims of severe earthquakes, accidents, terrorist bombings, violent sexual assaults, and, more recently, the holocaust and serial killers). The experiences of such “real” victims bring into sharp contrast the psychological practices of victim-making in far less severe circumstances.

However, Dineen argues that it is the experiences of just such victims that the psychology industry uses in order to further its own business interests. In order to thrive, it requires an ever-expanding number of *fabricated* victims. According to Dineen, the three principles on which the modern day mass production of victims relies are:

- (1) Psychologizing;
- (2) Pathologizing; and
- (3) Generalizing.

Psychologizing refers to the practice of using psychological constructs to reduce real experiences to theories, thus making the external world a figment of an unconscious and highly subjective inner realm. “The psychology industry pretends to understand the unconscious, to know people better than they know themselves, and, thus, to be able to accurately interpret their experiences.”

Dineen says that psychologizing turns what individuals say about events and their effects into ideas which are very different and even disconnected from individuals descriptions. Presenting these ideas as facts, psychologists can then apply them to other people’s lives transforming virtually anyone into a victim. Psychologizing assumes as its basis an interior world in which the Unconscious has profound influence and power, a place where things are different from what they seem on the outside and can only be discovered, understood, explained, and changed with the help and direction of psychologists. It relies on the belief that, like guides familiar with the terrain, psychologists can see what is hidden there: what is not known about (the past), what can’t be seen (in the present), and what must be discovered (to achieve a better

future). Psychologizing involves:

- (i) Constructing a theory about victimization;
- (ii) Applying that theory to individuals;
- (iii) Turning personal events into psychological symbols, which are expressed in psychological language; and
- (iv) Creating the need for psychologists who can interpret the symbols and cure the patient.

Moreover, according to Dineen, many of the theories constructed are developed by practitioners on the basis of their experience with patients and accepted by patients despite remaining untested by any scientific means. Yet, such clinical theories are presented as the latest, most up to date explanations of the cause of problems, and which serve to demonstrate the need for “healing” and “recovery.” It is these theories which are applied either directly to individuals who are led to believe that they suffered trauma “but don’t know it yet,” or indirectly by “experts” who speak of hypothetical cases (e.g. Karla Homolka). We have become a “psychological society” where psychologists are allowed, even expected to interpret what people say, do, and feel and to explain what their words, moods, and actions really mean at some deeper unconscious level accessible only to them. This is no more scientific than astrology, voodoo, or viewing those who “speak in tongues” as having a special gift of interpretation. By focussing on what they believe is happening on the inside and ignoring, or minimizing what is happening on the outside, psychologists say with assumed confidence “I know how you feel.” “I know what really happened to you,” etc (e.g. Satanic Ritual Abuse). These interpretations are hard to refute, and the uninitiated consumer, often seeking advice, hesitates to ask “How do you know?” So psychologists get away with applying their theories, with their psychologizing and their victim making.

Dineen notes that, very early on, William James was very concerned that Freud and his followers would forget that their ideas were theories and instead would listen for material from patients that would support their psychologizing, ignoring any conflicting data. He feared that psychologists would only hear what they wanted or expected to hear, and that they would turn the experiences of individuals into a general experience whereby a patient would be equated with all other patients with “similar” problems. Apparently, this has happened, considering Dineen’s recounting of how contemporary psychiatrist Robert Lifton has taken survivors’ accounts of the holocaust and the bombing of Hiroshima and reinterpreted them. She notes how Lifton filters out the personal and emotional aspects of these accounts as he listens for psychological themes and recurrent patterns, and speaks for the victim. Similarly, she notes the work of Elisabeth Kubler-Ross on the psychological stages of death and dying. What has happened is that the steps intended as a model to give some descriptive understanding of the experience have been turned around by some in the psychology industry to represent psychological necessities. In other words, theories which describe an experience become the basis for determining who is a victim, and a proper treatment procedure (e.g. one who claims to be out of touch with their feelings is said to be numbed, a victim, and must have the blocks to intense feelings removed through recovering repressed memories). The unfortunate result of psychologizing is that the *personal experiences* of

victims *become the clinical theories* through which *others are assessed and treated as if they are victims*. Thus, psychologizing sustains victim-making.

Pathologizing is Dineen's second principle of victim making. It refers to psychologists turning ordinary (and extraordinary) people in abnormal (seemingly unbearable) situations into "abnormal" people. This is through labelling such people "damaged," "wounded," "abused," "traumatized," incapable of dealing with it, getting over it or going on with life. Pathologizing involves assuming, looking for and emphasizing the negative, pointing to the wounds suffered, the scars left, the weaknesses and the lasting effects. It turns normal feelings into abnormal states and normal reactions under the circumstances into emotional problems. This is because the psychology industry claims the authority to deduce psychological illness and harm, to cut through to uncertainties, vulnerabilities and regrets, and to diagnose, categorize, and label human experience. This ignores or minimizes the possibility - and the potential - for traumatized individuals to cope with things, to reject the role of victim, and to move forward (e.g. the woman who had been raped that emphasized her own strength, disavowing both the terms "victim" and "survivor").

Dineen gives the example of Bruno Bettelheim, a psychiatrist who was briefly an inmate in a German POW camp (i.e. he was released before the exterminations began). He argued that all other inmates were suffering from a depressive or paranoid psychological disturbance, and that denial was merely further evidence of this (i.e. you can't win as no counter-evidence exists). Thus, all are psychologically damaged, suffer life-long aftereffects, and "survivors" need psychological treatment. These conclusions, which turned all victims into potential psychotherapy patients, have since become popularized, and the public have come to know and accept these conclusions as "clinical truths" for describing the experiences of a variety of different kinds of victims. Bettelheim's term "survivor" has been stretched to fit any and all victims, including the manufactured ones.

Following Bettelheim, the psychology industry essentially views any person who has experienced a traumatic event (either real or imaginary) as suffering long-term psychopathology. Two options are presented to "victims": either to be "in denial" or "in therapy." It justifies this by playing with the notion of "normal."

In this regard, Dineen discusses how quantitative measurement of psychological attributes to discern an "average" or "normal" range have since been replaced. No longer does "normal" have to do with the common experience of people. Anxiety, apprehension, and doubt are all aspects of the life experience which may be annoying, disturbing, even something which, for the moment, disrupt living. Indeed, sometimes they may become so severe that some form of treatment is needed. But for psychologists relatively mild experiences are often seen as something more (e.g. being anxious soon turns into "being an anxious person," which soon equals "having an anxiety disorder"). Psychologists have made normal into such a narrow range that most people are, by some definition or another, abnormal:

Today “normal” is how psychologists think the world should be: how families should function, how couples ought to “enjoy intimacy,” how one ought to “resolve conflicts” without rage, yelling, or insults. It portrays the psychological image of a utopian world and defines all those without perfect lives as “victims.” For if they are not normal by psychology’s standard, then something is wrong; they have pathology and, according to the psychology industry, pathology is most likely the result of having been a victim.”

Dineen sums up psychologists’ practice with the following points, which she models on Bettelheim:

- Assuming a paternalistic attitude
- Using their own limited and sometimes unrelated experience
- Treating other people as “children”
- Pathologizing relationships
- Ignoring personal strengths of individuals
- Identifying the need for psychological treatment

Indeed, she notes a further broadening element to all this - also in the work of Bettelheim - where “the thought becomes more powerful than the act; the word more damaging than the deed; the fantasy more real than the fact. Through his approach all victims become patients and “the stage is set for all the world to become a victim.”

Finally, Dineen discusses her third technique of “victim making” - *generalizing*. This practice equates the exceptional and the brutal with the ordinary and the mundane; thus ignoring the differences which set victims apart in an effort to extend and blur them with the more common experiences in life. Through this technique, the psychology industry assumes the capacity to psychologize the mundane, using metaphor to create an absurd realm of similarities, and move down the “slippery slope” to finding victims where they didn’t exist before.

She gives the example of how a group of mental health professionals during the Iran hostage crisis found difficulty in understanding how hostages felt. Thus, they took examples in their own lives where they felt like victims (e.g. break-ins, threats of divorce) and applied them. They soon lost sight of the hostages’ experiences, beginning to draw dramatic comparisons between their own lives and those of the hostages. Soon experiencing a surge of empathy, they then concluded that they could empathize and understand because they shared the experience of the effects (Note: this is similar to the homicide case where a mother was upset by a former friend who stated ‘I know how you feel: I had to have my cat put down’).

While outlandish, Dineen says that this slippery slope logic is often employed by the psychology industry. Beginning with a rational thought, they descend, in gradual stages, into irrational conclusions. Dineen gives a second example of “survivor syndrome” where Lifton’s concept of “death guilt,” extracted from survivors of the Holocaust are applied first to physicians

attending dying patients, and ultimately, to anyone who has ever seen anyone die, or known anyone who died. Ultimately, sliding down this slippery slope, through popularized ideas such as “stress” and “grief,” leaves us in a position where “everything means “victim,” and “victim” means nothing at all” (e.g. new categories of victims continually emerge through this process, such as “Victims of Television Violence” where individuals are seen to be as traumatized as victims of real violence).

Years ago, children used to have a playground chant: ‘Sticks and stones will break my bones but names’ll never hurt me.’ They knew the differences between insults and assaults. But today the psychology industry is telling everyone that an angry word hurts like a bullet and that being whistled at is like being raped. With psychologists’ help, everyone can share the experiences of victims and by so doing, can come to see themselves as victims of one sort or another.

After outlining these three “victim making” practices, Dineen, in the end, points to evidence that counters these images. For example, in the case of the hostages above, it was found that, despite psychiatric predictions of lifelong emotional problems, most of the former hostages emerged to freedom without lingering symptoms, and had no problems readapting to the world. Similarly, with regard to concentration camp survivors, studies bear witness that “a not inconsiderable number were found to be well-adapted.” Dineen quotes Segal, who writes that “repeatedly I have been inspired by the countless cases that run counter to experts’ predictions. Instead of patterns of deficit and defeat, there is one of coping and conquest. Indeed, rather than be devastated by their suffering, many have actually used the experience to enrich their lives.”

From this Dineen concludes that, while we cannot trivialize or deny the horrible suffering of victims, the fact is that some are quite capable of getting better - even thriving. What can’t be condoned is stereotyping all into a common patient image: “if you are a victim, you should be a patient.” Dineen feels that our mental health practitioners are predisposed by interest, investment and training to see deviance, psychopathology, and weakness everywhere they look, and what better place to find it than in those who have obviously undergone stress? “The idea has been planted in the heads of most people that if they falter at all, doubt themselves at all, ever fear or ever fail, they lack the “inner strength,” the “self-esteem,” the “power” to deal with their own lives...They come to see themselves as “victims” and become “users” of the psychology industry.”

In thus concluding our review of mental health, the least we can say is that there’s more to the picture of mental health and mental disorder than what we see at first glance - and certainly far more than most “experts” are telling us.