

Capitalism and Psychiatry: applying Marxist critical theory to the mental health industry

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The frontline mental health team in Barking and Dagenham in east London receives about 200 referrals from local General Practitioners every month. The vast majority concern people who are struggling to make ends meet, who cannot find adequately paid or secure work, who are threatened with losing their income, job or home. They face daily problems with debt, crime, gangs, failing schools, lack of local amenities, separation or divorce, loneliness and isolation.

Working in a service like this, as I did until recently, feels like holding back a tidal wave of misery, with a finger in the dyke. Calling this situation 'mental illness' obscures the fact that getting by in today's society is enormously challenging for many people. This is only compounded by the obscene wealth and success of the few that that is constantly paraded in all forms of our increasingly ubiquitous media.

Bruce Cohen's Marxist-inspired analysis of psychiatry and the mental health industry makes this point eloquently (Cohen, 2016). In Cohen's words: "biomedical ideology..... has become the dominant 'solution' to what are social and economic conditions of late capitalism" (p 91). However, as Cohen explains, he is not simply arguing, as some other Marxists have, that capitalism causes mental illness. Unlike most contemporary social research in mental health, which consists either of large epidemiological studies or small scale studies of patient experience, Cohen is using critical social theory to gain a deeper understanding of the role that psychiatry and mental health services play in supporting the modern capitalist system.

Cohen's analysis sees psychiatry as a depoliticised system of social control, introduced during the industrial revolution to produce a disciplined and obedient work force. He relies heavily on Andrew Scull's historical analysis of the emergence of the asylum system as a means of controlling the 'socially disruptive'. He illustrates how psychiatric therapies, from the moral treatment of the 19th century Quaker asylums, to modern-day drugs, are aimed not at curing a medical illness, but at modifying unwanted behaviour. Yet this activity is disguised as an objective, scientific enterprise by a psychiatric discourse that 'poses as expert knowledge on the mind, but produces little actual evidence to back up its assertions' (p 11).

Alongside Marx, Cohen utilises the insights of several thinkers in the Marxist cannon including Gramsci and Althusser, as well as Habermas to explore how this psychiatric discourse helps to support the cultural hegemony of members of the ruling class within capitalism by ensuring that their interests and values are established as common interests and values. Citing Navarro, he stresses how a medical approach to social suffering helps to legitimise the class relations of modern society. Cohen argues that neoliberal economic policies introduced from the 1970s have been aided and abetted by the expansion of biomedical psychiatric activity into more and more areas of life, as witnessed by the huge increase in the use of drugs like antidepressants, the popularising of psychiatric diagnoses through publications like the Diagnostic and Statistical Manual (DSM), and the dissemination of highly speculative theories, presented as fact, such as the chemical imbalance model of mental disorder. Psychiatric discourse underscores the principles of neoliberalism by locating problems in the self, rather than in society or the community, by equating productivity and

efficiency with health and by presenting the solution as personal adjustment rather than social change.

There are chapters which look in more detail at how the mental health system relates to work, school and women. The chapter on work describes how the 19th century asylum system helped to inculcate the work ethic into a reluctant population. In the present, Cohen uses the example of the diagnosis of 'social anxiety disorder' to illustrate how character attributes that are not in line with the assertiveness and gregariousness demanded of the modern, predominantly service-sector workforce are pathologised. The chapter on children and school presents the idea that the psychiatric labelling and treatment of children helps schools to enforce conformity in order to produce obedient workers. Cohen could have made more use of the accumulating scholarship on the medicalisation of childhood, which includes cross cultural and Marxist analyses and suggests that the pathologising of children's behaviour is an unforeseen consequence of the structure and values of modern, western schooling (Timimi, 2002; Timimi & Leo, 2009).

In the chapter on women Cohen claims that psychiatric interventions were and are used to 'punish deviant women and reinforce conformity to the desired feminine gender role' (p 150). He cites the more frequent use of electro convulsive therapy (ECT) in women than men as an example, but the analysis might have questioned why women are more likely to present with symptoms of severe depression (the current indication for ECT) than men. Sometimes Cohen's emphasis on the wrongdoings of psychiatry detracts from an analysis of the social and political forces that cause people to be referred to psychiatric services in the first place.

A penultimate chapter entitled 'Pathologising dissent' deals with psychiatry's role in American slavery, the Nazi's extermination activities, and colonialism. Although Cohen is using these examples to emphasise how psychiatry serves political purposes, the fact that he pays less attention to its more mundane functions leaves the impression that psychiatrists and mental health services are the only problem. Cohen could have engaged more thoroughly with the social issues that brought the psy institutions and professions into being. Abolishing psychiatry, as Cohen recommends, will not resolve them.

In England, psychiatric institutions evolved out of the Poor Laws, the precursors of our modern welfare state, which were primarily concerned with ensuring that the community provided for those who could not provide for themselves. Mental health services, previously located in asylums and now spread out within the 'community', still provide care for people who are unable to look after themselves due to being confused, distracted, elated, traumatised or severely miserable. These services also fulfil social control functions, but not the silencing of political dissenters as Cohen implies. Mental health services monitor and police behaviour that is troublesome, unpredictable and sometimes dangerous but not obviously criminal (in the sense that typical criminal behaviour is organised and motivated).

Although the redistribution of wealth and power under a utopian socialist system may go a long way to preventing the emergence of the misery and deviance we currently label as 'mental disorder,' it is doubtful that any social and economic system will make everyone happy, sufficient and rational all of the time. All communities have to balance the interests of certain groups and individuals against others, and rules of conduct and decisions about resource allocation are always potentially contentious. Ruling elites and modern states, both capitalist and socialist, have nurtured the psychiatric solution to certain political dilemmas because it removes them from democratic scrutiny and challenge. A Marxist analysis can expose the issues that are at stake, so that we can imagine a system that would be fairer, more humane and more transparent - maybe even one that could be

implemented within the limitations of modern liberal capitalism if the socialist revolution proves a long time coming!

REFERENCES

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