Mutual Support: Relating, Habit Work, Nurturing Being

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Abstract

Psychology needs coalition with “client/survivor” activism. Responsibility and wholesomeness of social support can replace activity managing behavior and objectifying ‘madness’. Social justice psychology should organize itself with mutual support and fight retraumatization agendas in the course of sustaining this collaboration.

For although I knew my wits were back home again
No one gave me the benefit of the doubt
Or had the time of day for me.
All my old friends were shaken off,
Put away, and I dissolute and alone
And with no one to talk to or be with,
I became a stranger to all.
Thomas Hoccleve, c. 1410 (1)

We know the medical walk, the institutional walk, the shrink walk and the psychosocial walk - and most certainly, again and again, the social death walk; but talk about walking the beauty path of mental illness, though it happens, happens almost silently, and in soft voices and chuckles, and without a name.
Sharon Clausen, c. 2003 (2)

As with broad “social justice” questions generally, the psychology of peace-making involves being able to take on the question, "Who is ‘crazy’?" Thus aggressive war-making has an irrational element and surely one thing the peace activist may find sense in doing is “point the finger” and say, “The war-makers are ‘crazy’.” Beyond explanations and rationalization for aggression there may be judgments of individual psychological excess (3) — on “clinical” type grounds — but does that get at the root of the ‘craziness’? To address this concern, “social justice psychology” (SJPsy) may opt to organize itself in a mutually supportive way, build coalition with the “client/survivor” activists, and challenge the very social relations of ‘madness’. (4)
Making Coalition: Fighting Torture

A prominent feature of activism for social change is its ‘cultural’ link, as anti-Vietnam War activism in the U.S. linked to “bohemian” or “Beat” roots, to the rise of the counterculture, and many aspects of its flourishing. That movement leaned on human rights struggles such as civil rights and feminism, on a history of labor struggles, and in each instance the advocacy touched on a core component of ‘craziness’ redefinition of experience. (5) The social change resulting incorporated the experienced phenomena well enough at times, and especially at first; most commonly, however, the core passion of activism was eventually supplanted by the rationalization of narrow self-interest, the intentional degradation of collective relating — the ‘yuppie’ mentality of ‘tweak’. Today’s progressive subculture, loosely speaking, incorporates actual progress in labor, multicultural, feminist, GLBTQ and physically disabled rights issues, but it typically denies or marginalizes a new humanist role for relating to the human rights associated with self (6), with the phenomenology of ‘craziness’ (7).

Do we ask, “What is ‘crazy’?,” or do we accommodate the regressive move towards the kind of mentality that objectifies and justifies, that supports ‘torture’, that denies the role of “degradation in torture”? (8) There is a wealth of expression from the “social justice psychology” (SJPsy) community (including “social justice” oriented counseling) going into aspects of this malign direction for psychology — the expression is critical, but it is not yet organized (9). Relationships based on disrespect, degradation, objectification, and behavioral control may be challenged by critical insight which deconstructs them by constructions of mutual support: We need to ‘treat’ less and nurture and network that pivotal kind of supportive relating more (10). To reconstruct social relations on the basis of respect, on the basis of a mutual fight against trauma — to make this project part of the progressive agenda — the SJPsy must start with dialogue with “client/survivor” activism, must construct a firm coalition in a way that empowers mutual respect.

By contrast, today we are challenged by the neo-con world view — one that relies on intensifying the trauma of interaction, on retraumatizing social interaction for dominance and profit. The politics of “mutual support” directly challenges the social dynamics of “disconnect” (11) — the internalization of oppressive attitudes and the social construction of deeper trauma. Blaming “Islamo-fascism” and adulating “homeland security” needs to be replaced by invoking “cultural change,” the change of consciousness with full mindfulness; it requires in fact a program of transformation to a “social justice model” (12) of our social practice of “madness” work. Retraumatization happens in many ways; only an organized deconstructive project — that networks the multiple defenses against torture and retraumatization — can hope to stem the treacherous moves and “cool out” the prevailing neo-con advocacy.

The rhetoric promoting a passion for “a repeat of the 60s,” in one form or another, has an element of truth in it, but its implementation is oriented and constrained by today’s specifics. If/when the SJPsy helps “reconnect” the human character of “madness dynamics,” if indeed we can move the “social justice” community from “mental illness” to “trauma,” from “amelioration” to “transformation” (13), we can expect to open up a new cultural “outbreak.” In lieu of the neocon program — of “the maintenance and
amelioration of the ‘global core’ — we can build trust, can bring forth what is in our hearts and what is in the voices of the world’s people. The principle of “mutual support,” implemented by a coalition of SJPsy and the “client/survivor” activists (working separately and then together), can nurture the revolutionizing of how people relate, can empower positive work on the abiding challenges of our day.

Deficit Model and Bad Habits

The mental health system currently aims at stabilizing people’s involvement with ‘madness’ and is now moving towards a “recovery” model, one represented as intended to help people work out of the system. The President’s New Freedom Commission (14) clearly calls for reform. What’s contended here is that actual reform goes beyond administrative adjustments such as rendering “bio-bio-bio” (15) into “bio-psycho-social,” goes to overcoming the maintenance of the deficit model. The system needs to develop a relational centering based on social justice values, rather than an objectifying, “psychodiagnostic” centering (16) based on convention, but it seems perpetually unable to implement such a project. Organizing around the positive psychology of “social justice” provides SJPsy with the potential of challenging and sometimes perplexing (17) the “learned helplessness” of the present institutional arrangement.

If/when SJPsy moves from individual critique of the “helping boundary” structure by re-networking around mutual support, the transition will provoke shame and embarrassment (18). For individuals, detaching from the monologue of direct political advocacy and connecting better with the social environment "in the making" puts the mind more at ease for the struggle against trauma. The transition to challenging the deficit model will repeatedly bring up habits of providing “treatment” and of behavior management which need to be worked through and overcome. Today's institutional basis for maintaining those habits is an obstruction to social change which continually pushes back towards the same-old patterns of conflict; we will want models (19) for a broad SJPsy response that can show mercy, that can take on the “shame and embarrassment,” meet the expectations of the “client/survivors” activists, and provide the basis of reconciliation.

From the point of view of the ‘client/survivor’ activist, nurture and mutual support sets the organic response; we change habits, doing business differently to overcome the conflict-driven behavioral management system; ultimately, our way of relating folds into what people are calling the ‘beauty path’ of ‘madness’. Present day associations and “support” systems for clinical psychology tend to reinforce the impact that manipulation and making mistakes has on the ‘clients,’ whereas what’s needed is openness and respect and mercy. The re-networking of the SJPsy advocacy calls for mutual advocacy against the impacts of the behavioral management system, against the dynamic of the “social death sentence” (20) experienced by those whose lives are objectified as “behavior problems” (21). The behavioral control dynamic or “compliance expectation” induced by the system now produces a set of accommodating behaviors — why hide behind a “clinical gaze” (22), why not socialize people involved with ‘madness’ to positive habits of “relatedness?”
The deviant “client/survivor” is too much the focus, because really each “obnoxious” individual is constructing self in a social context (23): “Obnoxious” attitude merely, for “no logical reason,” is not the bottom-line phenomenology. Today’s SJPsy is likewise a networking that is excessively individualized, whose social critiques could be better networked for trust, humanistic values, and common critical avenues. Can SJPsy bring together its strengths in an organized and coherent voice to help construct habits of social justice, deconstruct the texts of psychologists with bad habits, and promote dialogue with those who might act dangerously due to being socially disconnected? Can we go from “mental health deficit” and “compliance” due to “treatment,” to where persons who experience the economic pressures reinforced by shame-based dominance dynamics and designed social nonresponsiveness can make new habits for themselves?

**Responsible Relating and Nurture**

Rather than “drive the homeless and ‘mentally ill’ to cover” due to their difficult ways, we need to change the habit structures and induce the forces that make them that way to change. SJPsy can turn around this dynamic and find it the experiential resource for critical discipline, the source for the questions which compel extensions of understanding. Do we [1] hear the pain and wretchedness of living the ‘social death sentence’ and [2] embrace activities which will empower socially accountable emotional relations leading to new habits? If we go over from the behavioral management infrastructure to building habits of mutual support, to advocacy for the authenticity of the person, to feeling “safe” about doing so, then we may be able reasonably to marginalize the role of “obnoxious,” to return the assessment of dangerousness to good sense and triage.

SJPsy traditionally leans on involvement in “social justice” projects; my example is the Coalition for Justice and Accountability (CJA) in San Jose, California. A multicultural work group against police shootings, they are at the ‘cutting edge’ of the community struggle against racism — they aim to get the police, an organized power base in city and county politics, to “behave better.” When a networked group of “client/survivors” started working with them, they were taken seriously as people experienced in “grassroots” handling of behavioral management issues. When the role of “emergency psychiatry” in exacerbating some police problems was noted, the group worked together to dialogue with psychiatry with the aim of getting the psychiatrists to “behave better,” also (24). The “client/survivors” have ‘voice’ there in that they are applying their creativity to a real problem: Couldn’t SJPsy organize by making it their business to inspire and network such activism?

The sixties showed a “cultural explosion” where many insights and social possibilities were voiced and lived; taking a relational approach to ‘madness’ implies resurrecting and enhancing that kind of climate of creativity. And that way calls on the nurturing of creativity, what William Blake called *Vision* (25), what the "client/survivor" movement — based on the life path insights of traditional societies — has described as the "beauty path" of madness (26). Here is a way of being beyond the scope of the dynamics of war and torture, beyond the “loner trauma” of the Virginia Tech incident (27) and broad beyond the tokenism of “consumer/client” styles and the retraumatization of single-issue
“survivor” styles. SJPsy needs to foster its own solidarity and to embrace the principles involved in the “client/survivor” activism, namely: [a] to integrate this movement with peace and justice activism in an authentic way (‘freedom train’) and [b] to advocate overtly for the “mutual support” challenge to the conventional (‘medical model’) way of working with ‘madness’ (‘respect advocacy’) (28).

There's been a quantum leap technologically in our age, but unless there's another quantum leap in human relations, unless we learn to live in a new way towards one another, there will be a catastrophe. (29)

Please note that this paper is presented as a voicing of the “need” of the “client/survivor” activist community, and is not meant to be a categorical explanation of how SJPsy can unite under the banner of “mutual support.” Generally, of course, the “trauma management” habit needs to be replaced by the "trauma deconstruction" work process, an approach requiring constant appeal to the traditional sources of life path empowerment, such as the Native American "beauty path." The constructive problem is to build the institutions of community advocacy that can protect from retraumatization, that can make the “beauty path” a vibrant opening, that can head off and undo the social basis of “the loner with the firearm.”

**Mutual Support and Getting Organized**

The basis of relating is mutual involvement promoting the development of self (30), and in overcoming trauma — it comes from dialogue, and from adequacy to the conundrums of individual experience and cultural knowledge. In 1803, in the infamous "Ibo Landing" incident near Brunswick, Georgia, the African captives seized the slave ship as it landed. They looked at what they were facing in America; then — voicing the counsel of their god Chukwu - they turned around and walked singing on top of the water back to Africa (31). We need to understand how not abide such injustice; we need the kind of dialogue (32) that can sustain the values of our relatedness and we also need the empowerment to promote safety in so doing.

Our political system has a strong incentive to ensure that the way 'madness' is managed is “its way,” and mighty social forces — including the big pharmaceutical companies — are arrayed to that effect. These forces, the owners of the social judgment of “who’s ‘crazy’,” promote retraumatization of those who live in homeopathic contrariness as marginalized authentics. To work past the tokenism of cooptation and through the retraumatization — within behavior management (“trauma of treatment”) (33) and without — is the task that “social justice” demands and its psychologists must embrace as their central task. Such support will serve as an invite to the ‘freedom train’, where the “client/survivor” struggle will be made available to take its rightful place as a partner in the struggle for human rights.

Clinical activity today sustains “normality,” the task however is more properly to sustain “responsible being” in the margins of ‘madness’. The psychology of “social justice” is the frame for rationalizing how to put the beauty path to work: the exact principles of organization need to be worked out professionally. SJPsy needs to organize mindful of
the dominance politics of clinical psychology in general and the APA Practice Organization in particular — that means principled mutual support of its members and also productive relationship (here: coalition) with the people who are involved with ‘madness’. From the dominance of the “clinical gaze,” we must envision going over to the organized support for trauma-fighting collaboration, for dialogue on the social justice insight, for the nurture of the “grassroots” and the embrace of the “underground” (34) of the ‘madness’ community.

Sensitivity in social engagement does not derive simply from the opening up of the senses: It also involves a sensible and wise human purpose for the involvement. Relatedness and mutual support for the “client/survivor” people involves living by respect and social accountability (35) for the SJPsy, it involves networking via community advocacy based on the common values of social justice. Organizing and re-networking these groups would seem to call for and require the construction of an emotional/relational approach based on the logic of people being involved in social interaction (36). Can we construct a practicum from that kind of insight to create a “madness sensitivity” community, a community in coalition with the communities “sensitive” to labor, multiculturalism, gender role, GLBTQ, and disability rights, a community in line with “ecological” sensitivity?

Conclusion

The prevailing social policies of our time, such as globalization and the war in the Middle East (‘Iraq’) are perpetuated through constructing and stabilizing society and lean on psychological methods, such as retraumatization. The option of activist collaboration to ameliorate the retraumatizing process exists; the wisdom, however, is to take the ‘radical’ choice, to opt instead for transformation, to embrace the “relational” approach over today’s “objectification” habit and nurture the mutual support process. Networking on the basis of transformation of the ‘social death sentence’ character of conventional ‘treatment’ rewrites the social compact, and will breathe life into the social change process. Psychologists and counselors can make society better for peace and justice, with better human relations, should the common values arising from mutual support and creatively struggling for human rights together become organized and take hold.

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Notes

1. Thomas Hoccleve (c.1368-c.1450), a middle English poet and protégé of Geoffrey Chaucer, wrote Complaint regarding an “depression” type experience he had
around 1410, and its social consequences. Carl Grindley has translated Hoccleve's poem into modern English.
2. Sharon Clausen (c. 2003) speaks to the meaning of setting out on one's own making the "experience of madness" into a personal asset.
4. By analogy. Karl Marx (1962) analyses social being in terms of the "relations of production."
5. In California in the 1960s and beyond, prominent projects of "craziness redefinition" include the Esalen Institute in Big Sur, California and the Radical Therapy movement of that period, now re-constituted as the Radical Psychology Network (1993).
6. bell hooks writes extensively of the personal experience of being an Afro-American woman.
9. Scotney Evans (c. 2004) has organized Psychologists Acting with Conscience Together (PsyACT) as an "action extension" of the Radical Psychology Network with an economic justice focus.
10. Sheila McNamee and Ken Gergen have developed the Taos Institute as a project where “appreciative inquiry” is promoted to develop relational responsibility (1999), a project that tends to have a business or corporate orientation.
11. "Disconnect" is a globalization strategy developed by the neo-con defense consultant Thomas Barnett (2004), formerly Professor of Strategy at the (U.S) Naval War College. It justifies making war in whatever country (e.g., Iraq) where the "global core" is being disrupted the most.
12. Isaac and Ora Prilleltensky, Promoting Well-Being (2007) is a text in the social justice model of mental health transformation.
13. The contrast of “amelioration” versus “transformation” is central to the community psychology approach of Nelson and Prilleltensky (2005).
14. The Executive Summary of the New Freedom Commission report has it that the "mental health delivery system is fragmented and in disarray."
15. Steven Sharfstein wrote this in Psychiatric News in 2005, while he was President of the American Psychiatric Association.
16. Paula Caplan and Lisa Cosgrove (2004) have called for Congressional hearings on psychiatric diagnosis, due to commonplace bias and abuse.
17. The implementation of the Mental Health Services Act in California, which is mandated to produce transformation, has proved to be quite a perplexing problem for the state and county mental health systems.
18. Thomas Scheff (2006) has stressed the sociology of emotion and the prevalence of shame based reactions to labeling and mental health dynamics in general.
20. Debi Reidy (1993) studied stigma and discrimination from first-hand reports and formulated the ‘social death sentence' critique.
22. Michel Foucault (1975) finds the source of the “disrespect” in the “clinical gaze.”
24. In February, 2005, the CJA met with the Executive Director of the Santa Clara Valley Medical Center regarding the relationship of Emergency Psychiatric Services to (then) recent police shootings.
25. See The Marriage of Heaven and Hell (1793).
26. “Walk this Way” (c. 2003). See also introductory quote, and corresponding note 2.
27. See the response to the VTU incident by the National Coalition of Mental Health Consumer/Survivor Organizations (2007).
28. The “client/survivor” movement tends to see “respect advocacy” as a key to insisting on relational rather than objectified involvement in “mental health.” See for instance the Statement of Principles for the NO-LIST (2002). These are emerging “client/survivor” formulations, which give a dialogical cast to the movement’s traditional ‘forced treatment’ and ‘empowerment’ contingencies.
29. Diane Perlman, a PsySR activist, is fond of this Albert Einstein (n.d.) quote.
30. A basic source here is G.H. Mead, Mind, Self, and Society. This may be argued as “socially accountable” habit formation, drawing from the “radical behaviorism” of Lev Vygotsky (1978) and his school.
32. Jean Maria Arrigo (2000) has shown some of how this kind of discourse can be constructed in a sensitive and engaged way.
34. See especially Michael Bakhtin (1993), Problems in Dostoevsky’s Poetics for an analysis of the dialogue problem in the “underground.”
35. The Accountability Caucus is an organized group of “client/survivor” activists dedicated to living by respect and social accountability.
36. John Shotter (2006) is a social psychologist who promotes the “relational-responsive” approach to social constructionism.

Bibliography


