

CLINICAL PSYCHOLOGY AS POLITICAL ACTIVITY*

Jacqueline Christeve
History of Consciousness
University of California
Santa Cruz

Forcible rape is the most frequently committed violent crime in ^{North}Amerika. Rape is a symptom of a male-dominated culture which feeds on the combination of sex and violence.¹ At a New York Conference on Rape last year, a large number of women present reported they had been raped, either with or without their consent, by their therapists, also spelled The Rapists.

Homosexuality (or bisexuality) is not a sickness. It is a choice. But it is a choice which threatens the "masculinity" of the male-dominated culture--whether the homosexual is a man or a woman. Homosexuality is considered a crime in the United States. 6,300 prisoners in California alone (that is 30% of the prison population) are incarcerated for masturbation, oral copulation, sodomy and other non-victim sex offenses. Because the policy of the California Adult Authority is to not grant parole to sex offenders--particularly if they are "reported" to be engaging in any sexual behavior while in prison--this class of "criminals" serves an average of 16.4 years, more than twice the average time served for first degree murder!²

Dr. Robert. G. Heath, in an article in Medical World News, claims success in a limited number of male homosexuals by turning "repugnant feelings toward the opposite sex into pleasurable feelings by means of electrical stimulation (through implanted electrodes) of the septal region of the brain." In other research, homosexuals are being wired up and shocked in the penis when they have an erection while viewing nude male bodies, in order to "cure" them of their "sickness."

Succinylcholine is being used at Atascadero State Hospital in California with patients who show "deviant sexual behavior." Within 30 to 40 seconds after injection, the drug causes paralysis of, among other organs, the diaphragm. After respiration stops, negative and positive suggestions spoken in a confident, authoritarian manner are made by a male technician. The negative suggestions concern the obliteration of unacceptable behavior. The positive focused upon the patient's becoming involved with the government, taking individual responsibility, and increasing constructive socialization. These suggestions continued throughout the period of asphyxiation until the patient could respond verbally to the technician. Fear is certainly a powerful weapon and, according to the Clinical Director of Atascadero, Michael Serber, the drug is used "as a punishment."³

Preventive psychology is the best, though. In Los Angeles, a study is underway to condition young male children, who show what is considered to be "feminine" behavior--that is such things as crying, being gentle sometimes, being passive sometimes, not loving football, perhaps,--to be more "masculine."

* Given as part of a symposium on "Social-Psychological Implications for Current Clinical Practice," American Psychological Association, Honolulu, Hawaii, September 6, 1972, with Drs. Herbert Harari and John Grossberg, San Diego State College, and Dr. George Gamez, UC Santa Cruz.

On September 8, 1971, R. K. Procunier, Head, California Department of Corrections sent a letter to Mr. Robert L. Lawson, Executive Officer, California Council on Criminal Justice. This letter, reprinted in Liberation News Service and Rough Times, states that its intent was to alert Lawson to a proposal to "seek funding for a program involving a complex neurosurgical evaluation and treatment program for the violent inmate."⁴ What he was referring to was the use, primarily, of lobotomies. We, as psychologists, have used this word for a long time, but in case you've forgotten the specifics, a lobotomy involves cutting part of the front section of the brain which controls such human functions as

- INSIGHT
- FORESIGHT
- CREATIVITY
- SENSITIVITY
- IMAGINATION
- SENSE OF SELF
- EMOTIONAL RESPONSIVENESS
- ABSTRACT REASONING

and

Dreaming, including day-time fantasizing, also tends to disappear in lobotomized persons.⁵

This program is being proposed for, as Procunier stated, "violent" inmates. In prison terms, those who are considered "violent" are mainly:

1. Political activists and organizers, especially blacks and chicanos.
2. Practicing homosexuals
3. Persons, human beings, men and women, who will not eat shit from sadistic guards and who, in healthy response to severe oppression and repression, defend themselves.

Their so-called "violence" will necessarily be arbitrarily determined, using the words of prison officials as evidence. And then their brains will be irreversibly damaged so that they will be docile vegetables, thus ineffective in their liberation struggles.

Over 600 lobotomies a year are performed in the United States. They are done on:

1. Over-active children--as young as four years. "At a conference at the beginning of March, 1972, in Houston, on 'Neural Bases of Violence and Aggression,' attended by doctors from all over the world, a Dr. Sano from Tokyo was pleased to report that one of his best cases was a child who 'became markedly calm, passive, and tractable, showing decreased spontaneity.'" (emphasis added)⁶
2. Depressed middle-aged housewives--those are my sisters who have been conditioned by this society to believe that their fulfillment in life (and personhood) depends on motherhood, and whose children have now left and taken with them their mother's socially-conditioned "life's meaning." Women's Liberation would be much better therapy than slicing up their brains.
3. Addicts
4. Alcoholics
5. Old People
6. And, of course, homosexuals and prisoners.

The political implications of lobotomies are the scariest of all. In 1967, after the Detroit riots, three Boston doctors, Frank Ervin, Vernon Mark and William Sweet, wrote in the Journal of the American Medical Association that if social, economic and

racial deprivation were responsible for the riots, then everyone in the ghetto would have been involved. They said that only a small portion committed "violent acts." They went on to suggest that a "brain disease" might be responsible and that a screening program should be set up to institute preventative treatment for potential rioters. Ervin, Mark and Sweet are all associated with a newly-founded organization called the Neuro Research Foundation of Boston, which receives grants from the National Institute of Mental Health (NIMH) and from the Justice Department's Law Enforcement Assistance Administration (LEAA), together totalling over \$600,000. Included in the Neuro Research Foundation's grants is a \$108,931 grant from LEAA to study "the incidence of violent disorders in a state penitentiary for men; estimate their prevalence in a non-incarceration population, and improve, develop and test the usefulness of electro-physiological and neurophysiological techniques for the detection of such disorders in routine examinations." John Irwin, a former prisoner, who is now a professor of penology at San Francisco State College, commented: "The Department of Correction...has been searching desperately for a new technique of control...Now they're concocting a new category: the revolutionary psychopath, aggressive personality, violence prone."⁷

Some of you may be called to make that diagnosis.

Let's talk for a while about mental hospitals, in which some of you work or from which you receive consultant's fees.

Mental Hospitals mirror the Capitalist System in that they are based on a "scarcity model."⁸ This model says that certain necessities and "luxuries" are to be kept scarce and to be used as rewards--in a hospital this means such things as cigarettes, ground privileges, help, friendship. The social order, then, becomes full of complex patterns of acquiring and bartering and people's lives revolve around making choices because of things they can gain, rather than for intrinsic interest. This same model exists in the system outside of hospitals, and though there is enough for everyone, the holding back of objects (and privileges) causes a certain dependence and insecurity on the part of the lower classes. I recently heard the statistic from a Ph.D. economist that if all the wealth in the United States, which is mainly controlled by 1% of the population, were equally distributed among the population, every family of four would have an income of \$18,500 a year! "The setting up of a scarcity economy in the mental hospital causes atomized existences." The same is, of course, true in the society in general. "The setting up of a post-scarcity social order would lead to honest social interaction and revolutionary change."⁹

People are committed to mental hospitals for reasons not generally understood by themselves or the public. Put simply, "certain people had certain problems in living which came from an oppressive society, not from 'intra-psychic' problems. Social relations in our society take away the human social interaction that people are capable of. The family has played a major role as an institution which enforces social values and places stigmas on rebellious people."¹⁰

Mental patients are kept feeling helpless and powerless because they are labeled "crazy" or "insane," which carries a social expectation that they are not able to take care of themselves and act responsibly. It is obviously a vicious circle. Yet in Cuba, at Mazzora, patients do take responsibility not only for themselves, but for the hospital as well, and they do the maintenance work as well as design and build new structures. And they take pride in this work and in their

environment. It is commonplace at Mazzora for patients to ask to remain as employees and auxiliary technicians after they have been discharged. Perhaps the real reason for this is that the predominating idea which inspires staff and administration is that every mentally ill patient is deserving of the utmost respect and consideration and if treated thus, he/she is capable of doing for himself/herself and for others much more than what has generally been supposed.¹¹ It should also be pointed out that at Mazzora, patients are not drugged into stupor, as they typically are in U.S. hospitals; knives, mirrors and other cutting objects are left lying around; there are no barred windows and very few locked doors.

On the other hand, let's take a look at what's happening in South Vietnamese mental hospitals, where American mental health professionals are using operant conditioning to "win the hearts and minds" of the Vietnamese. Captain L. H. Cotter, a Marine psychiatrist, several years ago saw two operant conditioning "therapy" programs by two West Coast Biggies, Jonaas and Schaefer, and decided to use their ideas at Bien Hoa. The program essentially used Electroconvulsive Treatments and starvation techniques to force mental patients to work for American soldiers at the rate of less than 1 cent a day. The ultimate success, according to Cotter, was that he was able to get men and women Vietnamese mental patients to work in Green Beret camps, in Vietcong territory, producing food for the soldiers, and, of course, cutting costs for American Imperialism. The report of Cotter's "work" was published--without disclaimer--in the American Journal of Psychiatry, 1967, 124, 23-28, and has since been reprinted in a widely used text by Ulrich, Stachnik, and Mabry, entitled Control of Human Behavior, Volume II. "The very publication of the article without disclaimer and the reprinting of it as a model for others to follow illustrates where psychiatry and behavior modification are at. The only reason for reprinting it in a behavior modification text for 'non-military readers' must be to encourage such practices and such ideologies in the general populations controllers normally work over. Ulrich, the chief editor of the book where it is reprinted, is the 'Clinical Director' of a big behavior modification program at Western Michigan."¹²

But we don't have to go to Vietnam to find such uses of psychological techniques. We don't even have to go out of California. Behavior modification is being used on political prisoners at Vacaville. Even some of the more "liberal," so-called "humanistic" forms of therapy are today being used to "cool out" potential trouble-makers. Transactional Analysis, for example, is being used by the Federal Bureau of Prisons to help inmates see their oppressors as friends. It's the game of "I'm O.K., he's O.K., the pigs are all O.K." which is bullshit. In a letter to Rough Times, one prisoner tells what's going on:

"In the larger society there is a basic contradiction between the oppressor and the oppressed, likewise in the prison there is a basic contradiction between the jailer and the jailed. As we see TA practiced here it appears that the purpose is to cloud over or reduce the contradiction. Our job, of course, as revolutionaries, is to heighten the contradictions and show people how to solve the contradictions in their lives. The 'I'm OK, you're OK' ruse is at work all the time. There is a basic contradiction between a guard who is perverted or addicted to control, or who works out of a critical parent bag while prisoners try to work out of an adult bag, but the TA freaks will have us believe 'he's OK,' you see? TA, as it is practiced in the penitentiary, seems to divide the men, men are wary of each other...TA has also got the men into policing themselves. Now this isn't a bad concept, but in the present situation they have got the men enforcing rules on themselves and each other that are just absolutely bullshit

rules. Like weed. There is always a certain amount of weed in the joint, guards, being victims of a competitive system, often bring the weed in and sell it for an outrageous profit, but if a brother in TA cops some weed and someone in his group finds out about it a 'special game' will be called on the weed smoker and the dude has to go through a lot of grief, and maybe even a righteous bust. Or mustaches...if a man in TA has a mustache that a group member considers too long a special game will be called on the hairy brother and he will be encouraged (understatement) to trim his 'stash. The TA group forces you to go along with all the rules, whether the rules are proper or not, (and) if you don't go along with the rules they say you are looking for 'negative strokes,' and shame on your ass 'cause they'll 'game' you into submission. So through TA they have the men checking on each other, policing each other an- intimidating each other into the accepted norm...The question arises time and time again: Transactional Analysis, in the hands of the ruling class, serves what purpose?"¹³

Psychologists are all engaged in political activity. Whether we like it or not, whether it is done knowingly or unconsciously, we are all--clinical and experimental psychologists--engaged in activity which supports an oppressive system. By the nature of our values and activity, we support the Capitalist System, which, by the nature of its ideology and practice, oppresses people all over the world.

As part of the maintenance of cultural hegemony, ruling class ideology becomes the dominant ideology through the transmission of it by the social institutions, including schools and universities. Psychological oppression in advanced Capitalist society provides the necessary social control for maintenance of this hegemony, and research funding agencies, and their control and use of information as counter-insurgency activity, further protect the status quo.

Capitalism depends on the alienation of human beings for its continued existence. Alienated labor is necessary to maintain the gross national product and advance Imperialism. Alienated people, living in isolated nuclear families, buying separate homes, washing machines, color TVs and so forth, are also necessary. Psychologists are, of course, also very necessary for the maintenance of Capitalism because SOMEONE has to deal with all those alienated people! But psychologists do not, for the most part, perform a real service for those people. Instead, psychologists perform a very important service for the Capitalist System, and help it sustain itself. Clinical Psychology is political activity. And it is basically conservative, in tacit support of the status quo.

Alienated people are righteously angry. But what do they usually do with that anger? Most often it is turned on the self, or those closest to the self. It is difficult for alienated people to see that the source of their alienation is their oppression by a dehumanizing system that represses the actualization of their true potential for creative, loving, autonomous human existences. It is difficult particularly because we live in a society that heavily emphasizes the psychological but primarily on a personal (intra-psychic), rather than social or political level. That is to say, when people have what are called "emotional problems" they are made to feel totally responsible for them; they are made to feel that these problems originated somewhere inside of themselves, rather than to see that their social conditioning and their oppression by Capitalism cause them to lead bifurcated lives and are at the root of these problems.

What I am saying is that people are alienated by the oppression of the System and then mystified about that oppression. Mystification, that is, deception regarding the truth, keeps people from fighting their oppression by making them either conform to it, or feel powerless against it. It keeps people isolated from each other, rather than involved in movements with those who share the same form of oppression (e.g., Women's Liberation, Gay Liberation, Third World Liberation). It is difficult to see, if one feels inadequate, that it is the standards that are false. It is difficult to see, if one has problems relating to the opposite sex (or to the same sex), that the rigidly stereotypic sex roles forced on human beings are causal factors--and, of course, that they are necessary to the maintenance of Capitalism. If women, for example, were really given equal opportunity for employment, the system would collapse. The labor market could not handle the additional bodies, under the present system. Women must, therefore, be kept at home as much as possible, and it is best for the System if women believe they belong there. If homosexuality did not carry such heavy social and legal taboos, more people might engage in gay relationships. Bisexuality in sexually non-repressive cultures is the rule, rather than the exception.

What would happen to the nuclear family then?

But psychologists either don't know about, or choose to ignore, such matters. We have been taught to help people "adjust" to their situations, to "cope with reality," rather than to question the legitimacy of the definition of reality; to try to be "sane" in an unjust, insane society; to become part of it rather than to struggle with others to fight it and establish alternatives leading toward a more humane world. And we have been taught theoretical bases of neurosis that originate in the self or in some childhood trauma, and we don't know about, or, again, choose to ignore, the historical, social, cultural and political factors that have really been the culprits. So we help people cool off that righteous anger and that, obviously, helps the system.

But what else could be expected? Psychologists are oppressors. We are trained by the system to be oppressors under the illusion that we are humanitarians. Male psychologists assume they can be of some value to female clients, when in fact they cannot. Straight psychologists have such mistaken notions of gay people and are so heterosexually biased that they do so much more harm than good it is pathetic. "Old" psychologists cannot help the youth; they belong to a new order, a different culture. White psychologists can do black people no good at all. And certainly rich psychologists cannot help the poor--not that that is a particularly relevant point; the poor don't usually get to talk to rich psychologists. And what is the typical clinical psychologist like? He is white, middle to upper-middle class, straight, male, and, by the time he gets through all of the irrelevancies of graduate school and hooked in to the system's "security" trap, old. And he is, by the standards of the society, rich. And he becomes rich off of the alienation created by the society that he is working for, that he is perpetuating, so he can continue to get rich, and have status, privilege, and power. He is an exploiter, not a helper, of the people.

If this strikes an angry chord with those of you who are listening, let's get away from rhetoric and generalization for a while (though we all admit that generalization is necessary for survival, we must also admit that it is often absurd) and get down to a personal level. Let's ask ourselves if we are really willing to give up those five-figure positions and work with the people who really need our help. Let's ask ourselves individually if we are willing to take a long, hard look at our values, in terms of money, status, privilege, power, and give them all up, or at the very

least, use them to the advantage of the truly needy. Let's look at the class nature of professionalism and ask ourselves if we are not in fact an elite, privileged group of people who live life styles unavailable to the masses of people because they are of a different class, and that we got there because we are white, born into middle or higher class families, and have been given access to educational privileges.

One solution that some people are trying out in various parts of the country is living in collectives with families of "professionals," non-professionals, and just plain people, and offering services and skills free to those who need it and asking for donations only from those who can give them, such donations going to the support of the collective, rather than as payment for services rendered. The collectivization of mental health services is, as I see it, a very positive step forward in breaking down the class nature of professionalism. Skills--which were attained in elitist, privileged institutions and which are capable of being learned in ways other than formal graduate schools, are shared. The present process of skill transfer perpetuates mystification by convincing people that psychologists are in possession of some kind of gift (or secret information), and that it is, therefore, necessary to seek the aid of an outsider, rather than helping oneself and seeking help from one's friends, because this outsider has a "skill" that very few are given access to learning; therefore, it must be good, right?

Psychologists have, we must all admit if we are really honest, a mystique in the society. That mystique constitutes a certain kind of status afforded only a few of the intellectual superheroes that the culture has created. Everyone has personal problems. Psychologists ostensibly solve those problems, know about human behavior, and can help people in their most serious moments of stress better than others can. This is pure mystification.

Probably the most important point regarding therapists and therapy is that the values of the therapist directly determine the methods of therapy and the nature of the relationship between therapist and therapee. Therapists who maintain expensive private practices, bourgeois life styles, or other manifestations of class status, cannot possibly transmit, without obvious hypocrisy, an analysis of the oppressive social system which is at the root of the emotional problems of those who seek therapy. When one values a life style that smacks of privilege, affluence and power, one cannot by definition, be a revolutionary person. If one is not revolutionary as a psychologist, one is conservative, a maintenance man for the cultural hegemony of the ruling class.

"Too many individual therapists operate as if they accept the immutable facticity of social arrangements, and are unwilling to join with their clients in a concrete struggle against an intolerable life space...it is amply evident that the actual conduct of individual therapy aims primarily at adjusting the deviant, and mostly ignores the paramount social issues which are the major factors in a non-organic 'pathology'."¹⁴

The word, "deviant," with all of its negative social connotations, must be considered from a different perspective. It is probably the "deviant" who is making the most healthy response to his/her oppressive social conditioning and life-destructive environment. But the "deviants" are usually incarcerated in mental hospitals and prisons, where they are drugged, shocked, or lobotomized into submission, cooled out with Transactional Analysis, or murdered.

I am reminded of the words to a Bob Dylan song about George Jackson, who was murdered by the State for his political activism:

"Sometimes I think this world is one big prison yard
Some of us are prisoners
And the rest of us are guards."

Therapy becomes a form of social control. Therapists are used to commit political people to institutions. If a Ph.D. hangs a label, such as paranoid schizophrenic--or soon: revolutionary psychopath--on a person who sees a conspiracy on the part of the government to repress the people, his word is used in the service of the interests of the ruling class. The fact that such labels are absurd, have no evidential support, and are destructive, matters not. The fact that there is a conspiracy also matters not.¹⁵

(Any decent understanding of the society makes it obvious that even paranoids have real enemies!)

Or perhaps the fact that there is a conspiracy matters most. And, whether they know it or not, admit it or not, psychologists who allow their "services" to be used in this manner, are complicit with that conspiracy...an insidious conspiracy against the people. And ultimately against themselves, because psychologists are not really members of the ruling class, only one group among many of its pawns.

But therapists become gods in the eyes of the people. When one is afforded that kind of status, particularly in a social system where meaningfulness in life is nonexistent for the many, it is difficult to confront the meaninglessness of such a false position. It is very difficult for psychologists to see themselves as oppressors. Perhaps it is even more difficult for us to see ourselves as oppressed. The latter is most important because it is a necessary step for psychologists to take before we can really identify with the people we are supposed to be serving and join together in the struggle against the system that oppresses us all. Those old ego defenses are--we all know--hard nuts to crack!

We must ask ourselves if we are really happy; if we are really leading fulfilling lives. If we can answer that question in the affirmative, we must ask it again and think simultaneously about the class nature of professionalism, about the privilege of the educated, and about the masses of people--not just a few, but the millions--who do not have that privilege, who struggle daily for sheer survival, who are being bombed and murdered in Vietnam and the ghettos with the use of weapons, including information, which research funding agencies have paid psychologists and other researchers healthy sums for. We must examine our consciences. We must all painfully examine our values. We must confront our own cultural conditioning, including those racist, sexist, classist values which determine our biases. We must practice genuine self-criticism.

(It is hopefully clear by now that what I am talking about is the fact that psychology is itself a "social problem" and not a tool for solving other problems. Psychology is the study of alienated people, but lacks the recognition that it is so. Psychology is the product of alienated people, people so removed from the meaning of their humanity that they believe that rigor, control, experimentation and statistics conditute vehicles toward understanding human life. Academic psychology is a

reflection of Amerikan alienation. It explains nothing about the human condition, but is itself a symptom of a poisoned culture and, like that culture, requires explanation and radical change.

The myth that scientific methodology is value-neutral, and that therefore social scientists can beneficially apply their knowledge to social problems, is false. Most applied research in the social sciences has been used to reinforce rather than alleviate problems. The biases underlying positivist methodology coordinate perfectly with the needs of the ruling class: the separation of subject and object; the concern with external, measurable behavior; the preoccupation with method rather than content; the need to manipulate, control and predict. It is no coincidence that terms like "manipulate" and "control" are desirable in the lexicon of social science and pejorative in the vocabulary of social ethics.

We rationalize our behavior by stating that the results of research are not the fault of the methodology, but instead the application of the methodology. We call methods abstract tools and insist that we cannot control how that which comes from our research is used.

I reject that line of reasoning. I don't believe in the separability of method and application. Both evolve interdependently in a context of specific political and economic realities. Who controls the funds to support what research? Mainly, as we all know, government, military, industry and its tax-exempt foundations foot the bill for research which sharpens the tools of "value-neutral" methodology. And, as most of us know, they do so because that methodology, when applied, serves their interests. Workers produce more; consumers buy more; inhabitants are made more docile in concentration camps called pacification centers, mental hospitals and prisons; children are less "spontaneous;" women "adjust" to their "natural" roles; gay people submit to torture out of false guilt and its concomitant masochistic tendencies; soldiers rationalize and repress their guilt and are helped to accept the role of murderer for the good of the "society;" and on and on and on.

Should the world survive the evils in which social science plays its part, historians will look back on the dinosaur of Amerikan Imperialism and see psychology as a tiny ganglion in its toe. And they will be amazed that for a century, a group of men and women, who pretentiously called themselves Doctors, were so blind as actually to believe that the methods of science could illuminate anything of the human heart.)* 16

The "Do-Your-Own-Thing" ideology that has become so wide-spread in the 60's and 70's is bullshit and must be attacked at all levels. As human beings with consciences, increasing awareness about the connections between repression, oppression, and the System, we are intelligent enough and should be responsible enough to make judgments, a word and act we have all grown to feel guilty about, about what is right and what is wrong--what is correct politics and what is done in the interests of the ruling class. There are rights and wrongs. Do your own thing is liberal bullshit, particularly when the lives of people are involved. It is not right to let a neighborhood

*(The material above enclosed in parentheses is a rearrangement and paraphrasing of portions of the referenced article. Most of the words are directly those of the author, but quotation marks would have been cumbersome since my own words are intersperced here and there.)

youth center, supported heavily and freely by public funds, directed by conservative businessmen, bureaucrats and professionals, that is promoting cooling out of anger, individual adjustment to the "real world," and other counter-revolutionary activities, to exist without challenging it. It is not correct to ignore the situations in mental hospitals and prisons simply because we don't live or work there. It is not correct to just let the military do their own thing in Vietnam. We are obligated to challenge the field of psychiatry and its malpractices (which have been amply illustrated in this paper), rather than continue to live with the illusion of peaceful coexistence and mutuality, or with "tolerance" that comes from professional intimidation. Such examples, as you well know, are innumerable. We must make contradictions more apparent; we must challenge the wrongs, as well as set up alternatives. Live and let live is a destructive, anti-human stance when it involves fascist ideological conditioning of the minds of people.

Young people today--including, fortunately, an increasingly large number of young "professionals" (now known as professional drop-outs) and those presently incarcerated in our graduate programs, are becoming increasingly aware of the DEAD-END nature of mainstream society, in which they can only get jobs (if jobs are even available at all) which sap their creativity and humanity, rather than expanding their possibilities. Because of our increasing awareness of the contradictions created by the classist, racist, sexist, anti-youth nature of the ideology perpetrated and perpetuated by those in power, we are becoming unable to swallow our disgust and pain and become part of the established order. And we are getting together--in small groups, in political and service collectives, in mental health hospitals (forming Insane Liberation Front groups), in universities, in communities, in the military, everywhere. We are educating ourselves about our oppression, we are changing our life-styles, values, and personal relationships, we are working together with people to create alternatives.

In China, the training of medical professionals ceased for several years after the Cultural Revolution so that new beginnings could be made after re-education of existing professionals and reorientation of the profession.¹⁷

The field of psychology is going to have to change radically if it is to remain alive, much the same way that men will have to change if they want to relate to women who are whole, real persons in their own rights, rather than ancillary creatures.

As Bob Dylan has put it: "The battle outside ragin will soon shake your windows and rattle your walls...The present now will later be past...The order is rapidly fading...Your sons and your daughters are beyond your command...Your old road is rapidly aging...Get out of the new one if you can't lend a hand...The times they are a-changing."

I would like to end by talking about my own reluctance to present this paper at APA. I am a psychological profession drop-out. After eight teeth-gritting years of study, five essentially wasted years of therapy, and three somewhat painful years of teaching, the contradictions between my own emerging political radicalism, particularly my feminist perspective, and the irrelevance of psychology--particularly clinical psychological theory and practice--to what is really happening with people, became intolerable.

I have been reading a journal called Rough Times, formerly The Radical Therapist, for about a year and a half, almost since its beginning. Almost all of the material

for this paper came either directly from Rough Times or The Radical Therapist or was heavily inspired by them. I have followed with interest the encounters of the Radical Caucus with the APA and regional meetings, as reported in RT. The results have been discouraging. Why waste the energy? The RT has taken the stand that the APA and other professional leaders "will not change, nor should we expect them to." Therapists are an elite in-group. They are members of a self-serving, not people-serving, profession which rewards its members with pleasant careers, money and status. So why rage about the injustices of this system? Why bother with people who have no obvious reason to want to change?

I'm not sure of the answer. My nagging feelings about the matter are that therapists are people, who surely must, at some level, be aware of the destructiveness of the profession as it now stands (the statistics regarding effects of therapy are too embarrassing to ignore), and who continue doing what they are doing because they do not see any alternative, and because they do not have an understanding of the historical and social forces which cause people to be unhappy and to seek professional help--those who are able to afford it.

I gave serious and lengthy thought (several months to be honest) to how I might present the material in such a way that people might listen non-defensively. How I might reach people's hearts rather than only their ears leading to shut-off brains. I wanted to be gentle, to reach out, rather than push away. But it is difficult to do that when the information is so heavy. So I decided to just tell it as I see it--right out front. There is a lot of love behind it, a lot of concern. It is difficult material to deal with, even for me, because confrontations with the contradictions of one's own life are always painful. Doing something about them is even more difficult. But we must start somewhere, right? And I believe I have begun in my own life. Many of you have, too. Some of you may want to. Some of you may not.

For those of you who do, a good beginning would be a subscription to Rough Times, which you can receive by sending \$6 to the following address:

Rough Times
P. O. Box 89
West Somerville, Mass. 02144

But for whatever it was worth, I have been here today to be the radical anchor woman of this symposium, to confront us with our contradictions and the contradictions of our profession, clinical psychology, its conservative bias, and its role in oppression of people all over the world. I sincerely hope I have been of some value to you.

POWER TO THE INSANE LIBERATION FRONT!

UP THE REVOLUTION!

It is my feeling that the foregoing paper was written "collectively" by myself and the following people: William Barlow, Mae Brussell, Paul Krassner, Dean Metcalf, Karen Rotkin, Michael Rotkin, The students from my self-actualization of women class, UCSC, Summer, 1972, members of the Radical Therapist Collective and other contributors to The Radical Therapist and Rough Times, and many others with whom I consulted and from whom I received feedback during the writing of this paper, which must, therefore, be considered as a collective of ideas, rather than an individual creative endeavor. The actual form and content of the paper were assembled together and decided upon by myself, but it would not have been possible to do this without the help of those mentioned and others.

REFERENCES

- 1 "Vietnam: a feminist analysis." Boston Lesbian Feminists, Rough Times, Vol. 2, No. 8, July 1972.
- 2 "Gay Death at Vacaville." Don Jackson, Rough Times, Vol. 2, No. 7, June 1972.
- 3 "Psychiatry & Homosexuality: New 'Cures'". Louis Landerson, Rough Times, Vol. 2, No. 8, July 1972.
- 4 "Lobotomies and Prison Revolts." LNS, Rough Times, Vol. 2, No. 6, April 1972.
- 5 "Lobotomies are Back." Rough Times, Vol. 2, No. 6, April 1972.
- 6 Ibid
- 7 Ibid
- 8 "Social Change at Harrowdale State Hospital." Phil Brown, Rough Times, Vol. 2, No. 6, April 1972.
- 9 Ibid
- 10 Ibid
- 11 "The Remarkable Hospital at Mazzora," Prensa Latina (Havana), Rough Times, Vol. 2, No. 8, July 1972.
- 12 "Operant Conditioning in a South Vietnamese Mental Hospital." Robin Winkler, Rough Times, Vol. 2, No. 8, July 1972.
- 13 "Transactional Analysis Cools Out Prisoners." Pun Flamondon, Rough Times, Vol. 2, No. 7, June 1972.
- 14 "In Defense of Individual Therapy." Tim de Chenne, Radical Therapist, Vol. 2, No. 4, December 1971.
- 15 "Why was Martha Mitchell Kidnapped?" Mae Brussell, The Realist, No. 93, August 1972.
- 16 "Psychology as a Social Problem: An Investigation into the Society for the Psychological Study of Social Issues (SPSSI)" Rough Times, Vol. 2, No. 6, April 1972.
- 17 "Mental Care in Peking." Frank Adams, Rough Times, Vol. 2, No. 8, July 1972.