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# Decolonizing a Discipline: A Critique of Psychology

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## Abstract

This research provides an interdisciplinary critique of psychology from sociological and anthropological perspectives, to demonstrate biases that have been inherited from the larger social structure of the United States. It is augmented that psychology functions as a biopolitical control mechanism in a colonial state, which must be decolonized for our contemporary society. This research demonstrates how a colonization of consciousness takes place in psychology which is deployed through linguistic frameworks and controlling inner referents. The erasure of marginalized experience and the monocultural methods adopted in group talk therapy settings are also brought to light to demonstrate the colonial function of psychology in praxis. The current DSM-V, and historic versions are brought under scrutiny to demonstrate reified biases against women and LGBTQ+ individuals. Amalgamated, these examples highlight the insidious colonial underpinnings of psychology which has worked as a colonial technology to govern individual and group psyches in a colonial order.

Psychology, like many fields from Western academia, is presented as objective, unbiased, and functions as hegemonic in the socio-cultural landscape of the United States. Psychology ultimately informs research paradigms across many other fields. Including but not exclusively, social work praxis, institutions of legality, and is even influential in shaping public policy. Therefore, it is critical to provide a critique of the field of psychology to demonstrate the biases that have effectively built into the field through practitioners of psychology. The biases within the field of psychology mirror hegemonic power dynamics in the United States. It is augmented that power structures from the larger social structure have influenced psychological theories and praxis.

Though clinical psychology is traditionally viewed as a field which seeks to heal individual and collective suffering, there are a myriad of objections to psychological practices which are conducted in clinical settings. Ultimately, the field of psychology functions as a colonial apparatus in a colonial state, which must be decolonized through a reimagining of the field for our contemporary society.

Psychology reifies socio-cultural biases about women, BIPOC, and LGBTQIA+ group members. There is a split between clinical practitioners of psychology which either treat patients through pharmaceutical drug treatments or through therapeutic interventions with talk therapy. While both models rely on the DSM, the Diagnostic Statistical Manual, for assessment of mental pathology, this research endeavor focuses on a critique of talk therapy methods. Specifically, this research demonstrates that talk therapy in practice operates as a colonization of consciousness which is conducted through conversations in clinical praxis. An interdisciplinary approach is deployed in this project. Therefore, theory from both fields of anthropology and sociology are utilized to provide a thorough critique of the field of psychology.

The National Institute of Mental Health (NIMH) has signaled it is funding research to move away from the DSM-V as the diagnostic mechanism for classifying and diagnosing mental pathologies. This signaling from the NIMH demonstrates why a thorough critique of psychology which focuses upon the DSM is crucial. Both the contemporary, DSM-V, and historic versions are relevant to contemporary academic endeavors and critiques. Specifically, a focus upon gender and sexuality within the DSM-V can provide abundant insight when critiquing psychology's inherited socio-cultural biases. In addition to a critical evaluation of the DSM, which demonstrates the biopolitical workings of psychology, the power dynamics of talk therapy are explored. This includes the erasure of marginalized experience and the creation of clinical language which demonstrates a colonization of consciousness carried out in clinical settings.

Sections I-III lay out a Literature Review for this project which establishes the culture of American psychology, demonstrates how psychology functions as a biopolitical institution, and looks at how those with marginalized identities are represented in psychology. Sections IV-V lay out the body of this research endeavor by demonstrating the colonization of consciousness taking place in talk therapy as well as biases built into the Diagnostic Statistical Manual or DSM used for assessing and diagnosing mental pathology. The final section is the conclusion of this work.

**I. Epistemological Roots: Establishing the Culture of American Psychology**

The epistemological roots of psychology are burrowed within a historical socio-cultural context which produced psychology as a field of study, academic discipline, and scientific endeavor. The diverse sources drawn upon highlight the socio-cultural influences upon the field of psychology and establish psychology as a culture which mirrors hegemony within American society more broadly.

In, “How Medicine Constructs Its Objects” Anthropologist, Byron Good argues that medical science effectively creates the body, and diseases it locates within the body, in a way which is mutually constitutive with its cultural environment. He argues that there is no division between culture and science; rather, science is affected by and deeply ingrained within the culture in which it is produced. Good also argues that biology is not an external phenomenon measured outside of culture, rather a phenomenon that occurs within a specific culture.

Good asserts that medicine constructs the very idea of personhood, patients, bodies, and the pathologies in which it seeks to cure (Good, 2008). In this way, the culture of a social structure is then transfused into the culture of medicine and imprinted upon individual bodies. This is important because the field of psychology is considered a medical field. As a medical field psychology seeks to heal patients however, *The Handbook of Culture and Psychology* establishes American psychology as monocultural in its approach to healing (Matsamuto, Hwang, Lee, 2001). This is an issue because the United States is a culturally diverse landscape made up of individuals from many different cultural backgrounds. Being situated outside of a monocultural understanding of health and healing adopted in the United States, effectively places an individual or a group outside of culturally relative Western medical models.

“The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology” by Nancy Scheper-Hughes and Margaret Lock, aligns with Byron Good’s theories. This work demonstrates the direct effect Western culture has had upon science. Paradigms in Western science are largely influenced by Cartesian Dualisms, which effectively separated the mind from the body. This separation between mind and body creates a need for psychological study which adopts the same biological model broadly adopted by Western medicine. Due to following this biological model, psychology as a science, also undergoes the process of medicalization.

Medicalization transforms issues produced at the social level into issues perceived as biological. This is important in understanding how this affects the field of psychology. A famous practitioner of psychology, Sigmund Freud worked within this framework to help individuals fight wars within themselves. In this way, Freud is critiqued for effectively turning the individual away from (the social) as a cause for mental distress. Rather, Freud insisted instead the individual turn to what is deeply wrong within themselves (the biological) (Scheper-Hughes, Lock 1987:10).

However, it is important to note that the institution of psychology was not born in the academy. American psychology as practiced today, was originally born out of the widespread practice of institutionalization. The American Psychological Association as an organization was born out of institutionalization which was implemented for the "mentally disturbed." The association's birth as an institutional organization comes from the practice of institutionalization itself. Not from a standpoint which seeks to heal, as is often assumed, rather, psychological institutions sought to control deviants by quite literally removing them from society. Psychology medicalized and pathologized mental distress. Therefore, psychology is a science which locates the cause of psychological distress in clinical settings at the individual level. This forgoes access to community advocacy networks or an investigation for a cause of distress outside the "self".

The American Psychiatric Association was founded in October of 1844 when, "13 superintendents of U.S. institutions… came together in Philadelphia for a four-day meeting" (APA:2019). This organization was formed as, "Association of Medical Superintendents of American Institutions for the Insane" (APA:2019). However, an important shift came for science in 1851, when medicine began establishing itself as a science rather than an art (Paris, Shorter, 2013). Bessel Van der Kolk in his book, *The Body Keeps the Score* expands upon the shift to the

modern theoretical approach to Western medicine which took place, "The way medicine approaches human suffering has always been determined by the technology available at any given time.... a new paradigm was emerging, [a]nger, lust, pride, greed, avarice, and sloth… were recast as "disorders" that could be fixed by the administration of appropriate chemicals… A major textbook of psychiatry went so far as to state: "The cause of mental illness is now considered an aberration of the brain, a chemical imbalance" (Van der Kolk 2015:27).

The creation of "nosology" in Western science was another pivotal turning point for the creation of psychology as a field. Nosology was a theoretical framework created by Emil Kraepelin, "The great German nosologist" (Paris, Shorter 2013:7). Nosology is the process of creating classifications for diseases. The three approaches to creating nosology include: "Reliance on authority, on consensus, or the third, by identifying a disease by the medical model, a well-defined process that depends on more than "consensus" in opinion or symptoms alone" (Paris, Shorter 2013:7). This is important because this reliance on authority comes from within the field of psychology itself; there was no consultation from outside the discipline. Psychology effectively created its own scientific discourse in a medicalized model.

**II. The Biopolitical Institution of Psychology**

Psychology has been critiqued as a form of biopolitical control which has been subjected over populations to assimilate mindsets and control conceptions of morality. The theory surrounding biopolitics or the biopolitical was created from the work of Michel Foucault. Foucault, originally working in the field of psychology, became a historian concerned with mapping how power has been enacted over bodies. Foucault demonstrated how biopower morphed in different ages with different mechanisms of enforcement.

Theories surrounding the biopolitical grew from Foucault's works such as *The History of Sexuality Volume I: An Introduction* and *Discipline and Punish.* The biopolitical looks at how power is inflicted upon populations and through political apparatuses controlled, in part, by secular power. Biopolitical tools are a form of social control which have been intentionally designed for specific outcomes and controls. It is important to note despite "politics" being within the term that biopolitics are not limited to the realm of secular or sovereign power. This distinction makes the application of the biopolitical relevant to assessing how psychological practice acts as a form of social control.

Before diving deeper into Foucault's work, it is important to provide working definitions of biopower and docile bodies. Foucault introduces biopower as a discourse to explain how power is exercised over bodies in order to produce docility. Docile bodies are integral to maintaining power structures as they make an individual pliable to the effects of imposing power. In Foucault's *History of Sexuality, Volume I: An Introduction* asserts that power is a discourse and power remains hegemonic through controlling a discourse. The institution of psychology is critiqued as a discourse where power relations are acted out through conversation. Foucault traces an important shift from the sovereign's ability to control subjects by death, to a shift to the biopolitical. The goal of biopolitics is to maintain control over the life of a population. Psychology as an institution becomes a crucial tool utilized by the sovereign to maintain life which Foucault asserts is necessary to maintain control of the population.

Foucault explains how the first pole of this population control centered on the anatomo-politics of the individual human body. Anatomo-politics refers to a view of the body as a type of machine whose functions could be optimized. The purpose of which was to make a body not only more docile but to integrate it into a system of economic control. The second pole would be

the biopolitical management of the population as a collective whole; these together were how the sovereign maintained a power over life (Foucault 1990:139).

Foucault focuses on the importance of sexuality as a discourse within *History of Sexuality, Volume I: An Introduction*. He explains sexuality is an access point to controlling the individual and their body. He then focuses on how Freud grounded sexuality into the law of alliance. The law of alliance is Foucault's theory that asserts ensuring marriage is vital to maintaining a population. Marriage creates the family where children are produced and raised. Thus, controlling deviant sexual behaviors was essential to maintain control over the life and survival of the population itself. The once private act of sex was now transferred into the realm of sovereign power. Foucault's biggest critique of Freud was that he took sex which was once considered closely with one's own personal reproductive functions and pleasures and transformed into a discourse. Therefore, Freud made sex a power relation (Foucault 1990:151).

In, *"Foucault and the Critique of Institutions"* Caputo and Yount trace Foucault's arguments centering biopower, and the biopolitical within the role of institutions. They outline Foucault's discourse of power and describe power, "Power is the thin, inescapable film that covers all human interactions... The institution is not the source of power but rather, "[institutions were] situated within the thin but all-entangling web of power relations" (Caputo, Yount 1993:4). Institutions demonstrate one way in which biopower is deployed.

Caputo and Yount also demonstrate that the conception of normative behavior is born out of a creation of outcasts from socially accepted behavioral standards. This is due to the fact that there is no standard for acceptable behavior, rather we notice when someone is "acting out". When constructing normality, it is a question of who acts out or performs in a way that subverts

the social order that institutions of power are trying to maintain. Psychology's construction of normal behavior demonstrates the far-reaching implications of psychology's epistemological sovereignty (Caputo, Yount 1993:16).

Nikolas Rose is an Anthropologist writing in conversation with Foucault's conception of the biopolitical. Rose traces the various technologies and techniques deployed by the field of psychology specifically in regard to psychotherapy. Importantly, Rose's work focuses upon the power psychology has as a biopolitical institution. Psychological techniques are presented as a tool to "heal" but in reality, these tools shape the individual's behavior or identity within a social order. Rose relates this technology of autonomy to Foucault's argument that Western man is a self-confessing animal. In this confession, facilitated by practitioners of psychology, various and intimate aspects of the self are brought under question. In a therapeutic setting there is a scrutiny of one's internal thoughts that demonstrates the insidious inner workings of biopower (Rose 1989:196). This is mirrored within Bessel Van der Kolk's work. He demonstrates the growing number of psychological disorders with each new DSM edition, "DSM-5 published in May 2013 included some three hundred disorders in its 945 pages" (Van Der Kolk 2015:166). The more diagnoses created brings more aspects of the individual's behavior under scrutiny.

Rose asserts that psychology created the concept of normality from a mental state that did not produce socially disturbing symptoms that needed to be regulated or controlled. (Rose 1996:7). Rose establishes psychology as a discipline concerned with the maintenance of normative mental health function of human beings, "Psychological normality was conceived of as merely a lack of socially disturbing symptoms, an absence of social inefficiency: *that which did not need to be regulated"* (Rose 1985:6).

Rose explains that psychology as an institution came before the science of psychology which was formed after. This demonstrates the way psychology has controlled social deviants through institutionalization. What is considered a socially unacceptable behavior is malleable and rather dependent upon socio-cultural context. Rose asserts that historical context shapes the nature of mental pathologies and what is considered upsetting to the social order. Encapsulated pathology was not static or fixed, rather determined based on socio-cultural conceptions of "normal" behavior for an individual living at a given period. Rose also asserts that scientific discourses do not just seek truth, but they actually claim "Truth."

The difference between, "Truth" and, "truth" can be distinguished. Capital "T", Truth references the idea that there is not any objective truth at all. Rose comes from a school of thinkers who argue that what we collectively perceive as truth, is actually littered with subjective interpretation and opinion. In this understanding of truth and reality, everyone interprets truth differently through their own unique perspective. Therefore, there is no objective capital "T", Truth. Rose also explains in this work that an entire technology was constructed for psychology. "This included psychological testing, diagnosis, practice, classifications, and therapy techniques" (Rose 1985:8). The DSM was a piece of this technology which will be explored in more detail in Section V: Critique of the DSM-V.

**III. Psychology & Marginalized Identities**

While Foucault provides a framework for exploring power as discourse, his work has been critiqued for a lack of intersectional analysis. The term intersectionality was coined by Kimberlé Crenshaw in her article, "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics".

Crenshaw creates a theoretical framework to explain intersectional identity and lived experience of those occupying more than one marginalized identity. Having an intersectional identity leads an individual as well as groups to face more oppression than those who occupy only one marginalized identity.

Crenshaw focuses upon the experiences of Black women due to their lack of representation as both women and Black Americans. Crenshaw intertwines theoretical work done by critical race theory scholars with feminist theories. Foucault is being critiqued for failing to account for the experience of those occupying more than one marginalized identity. This is especially crucial for navigating discourses of power in a colonial social order which is carried out in places like France, where Foucault lived, as well as the United States. The book *Postcolonial Disorders* provides a concise critique of Foucault's work, "The absence of the analysis of colonialism in Foucault's critical genealogy of the modern subject; widely accepted arguments about the emergence of contemporary taken-for-granted categories of gender, race, and the "stranger" in colonial societies" (Good, Hyde, Pinto 2008:13).

*Postcolonial Disorders* also provides a working definition of postcolonialism in the introduction, "Postcolonialism" in this book [is used] in the broad way… to indicate an era and a historical legacy of violence and appropriation, carried into the present as traumatic memory, inherited institutional structures, and often unexamined assumptions. Postcolonialism denotes relationships between members of societies that were colonial powers … between powerful political, economic, and state entities and those that are marginalized; between knowledge structures and modes of experience shaped by the often-violent relationships of colonialism; as well as a body of theoretical writing. We assume, as has often been pointed out, that the "post" in

this terminology is seldom far from the "new" of new and emergent forms of global hierarchy and domination" (Good, Hyde, Pinto 2008:7).

As a founder of postcolonial studies, Franz Fanon's work is important to incorporate, "A powerful tradition of writing about colonial subjectivity begins with Franz Fanon… his mission in Algeria during the violent struggle to "decolonize" the nation. Fanon wrote vividly about violence as the means by which colonial powers and their settlers established and maintained domination of colonized peoples… In the constant humiliation and degradation inflicted in the name of colonial mastery and in how these produced the "mental disorder" he saw and treated in his clinical practice…. his linking of racism and colonialism are of ongoing relevance to anthropological linking of subjectivity" (Good, Hyde, Pinto 2008:12). Fanon demonstrates how colonial social orders create mental distress for colonial subjects but also for enforcers of the colonial arrangement. Fanon links the effects of racism to psychological distress demonstrating how the social order can literally drive one mad.

*Postcolonial Disorders* also demonstrates that psychology as an academic field has been established within a colonial social order. This is important as colonial science uses "the other" as the basis for the "mad"... The strategic assemblage of ideas, institutions and forms of domination that constituted colonialism—in the name of God, science and capital or under the rubric of civilization, commerce, and Christianity—all functioned to establish and maintain a distinctive, "order," a mode of social life and an enactment of "the Real" characteristic of a particular Enlightenment vision of reason, progress and freedom" (Good, Hyde, Pinto 2008:7).

The formation and influence of colonial science is further explained through work done by Critical Indigenous Studies scholars in the book *Critical Indigenous Studies.* The following

quote demonstrates the colonial nature of academic science which formed itself from Christian religious hierarchies, “[d]isciplina were instructions to disciples, and hence a branch of instruction or department of knowledge. This religious context provided the modern educational notion of a ‘body of knowledge’ or a discipline such as sociology or economics" (Andersen 2016:51). The influence of Christian religious ideologies has been reified into academic fields which work to create docile bodies. As a biopolitical institution, psychology actively works to create docile bodies. Docile bodies are created to submit to the colonial order since psychology in the United States functions within a broader socio-cultural climate of colonial influence.

In Chapter 14: Mental and Physical Health from the textbook *Women and Gender: A Feminist Psychology* a feminist psychological perspective is deployed to critique psychology. Beginning in the 1970’s, feminist therapists observed that social system make women mad. These therapists viewed psychological issues not just as a personal issue but as a social one at the collective level. These feminist psychologists viewed a diagnosis given in a psychological setting as an iteration of social construction. This is because societal norms in fact define what traits and behaviors are considered normal or acceptable. Then what is abnormal, unacceptable, and pathological in women is created from that idea of normal. Therefore, when people violate social norms, they are seen as having a psychological disorder. One way in which women suffer more psychological distress than men, is in the form of stress inflicted upon them by a male dominated social order.

The DSM is critiqued for assuming psychological distress occurs in a social vacuum because it does not consider external causes for distress. The DSM is also critiqued for the increasing diagnoses formed by each recent version of the DSM. It is augmented that more diagnoses lead to more areas of one’s life coming under clinical scrutiny to be judged as

"normal" or not. There are also gender biases in the DSM. These biases assert women are more susceptible to depression at a biological level. Feminist psychologists argue that the real issue faced by women in a male-dominated society comes from a lack of power. This is relevant because power influences how psychological diagnoses are created, applied, and treated (Crawford, Unger 2003:481).

Another reason therapy is asserted to be a form of social control is due to the focus upon shifting personal change, at the individual level, rather than social change, at a collective level (Unger, Crawford 1992:503). Turning people in on themselves keeps them from questioning how our socio-cultural environment can create psychological distress. This turning of the individual inward leads individuals away from forming advocacy networks and lobbying for political change. When an individual is turned upon themselves they are deterred from correcting a social order which oppresses marginalized people and causes mental distress.

Another important dimension of power explored includes power differences in relation to culture. Clinicians operating in the monocultural environment of psychology in the United States can be unaware of diverse coping strategies outside cultural boundaries shaped by psychology. There is an issue raised with psychology's, "*fundamental attribution error:* the locus of causality is placed within individuals rather than in their circumstances" (Crawford, Unger 2003:502). The fundamental attribution error causes traditional therapists to see pathology in what can be considered normal behavior in different cultures. Therapy is evaluated as a form of social control because it focuses on shifting personal change at the individual level. Rather than encouraging social change at a collective level to influence social causes for psychological distress like oppression and marginalization.

Bridging together both colonial and Western conceptions of gender, it is important to acknowledge the hegemonic gender binaries which are prominent in colonial states. *Critically Sovereign: Indigenous Gender, Sexuality, and Feminist Studies,* masterfully demonstrates how gender binaries were imposed upon Indigenous nations by colonizing forces. Indigenous conceptions of gender were much more fluid and beyond the standard male and female gender binary. However, violent colonizing forces socially assimilated colonial conceptions of gender onto Indigenous populations. Consequently colonial conceptions of gender were forced upon the lives of Indigenous peoples (Barker 2017:72).

Theories developed by John and Jean Comaroff, a husband-and-wife Anthropologist team demonstrate the power conversation has to control or shape the internal dialogue of a population. They explore the colonization of consciousness through observing Christian missionaries colonizing peoples in Southern Tswana. The Tswana were being prepared to become docile laborers in an emerging capitalist economy shaped by Britain as the colonial power. An important dimension emerges from this project as the Comaroffs develop a theory which they term the colonization of consciousness. This theory was developed from observing conversations between missionaries and the Tswana, "It was on this terrain that the missions had to battle for control over the salient signs of the world they wished to conquer… a battle not for sacred sites, but for mastery of the mundane" (Comaroff 2002:465-468).

This, "mastery of mundane" was accomplished through conversations missionaries would have with the people of Tswana, "Most of them tried to convince [I]ndigenous practitioners, in "reasoned" argument, of the illogicality and dishonesty of their activity" (Comaroff 2002:469) Importantly through conversation the Tswana peoples, "Were inducted into the *forms* of European discourse; into the ideological terms of rational argument and empirical reason… The

colonization of consciousness, in other words, entailed two levels… it involved an overt effort to *convert* the Tswana… At a deeper level, only partially distinguished from the first, they set their sights on the total *reformation* of the heathen world… the inculcation of the hegemonic forms, the taken-for-granted signs, and practices, of the colonizing culture" (Comaroff 2002:471-476). Through this "mastery of the mundane" talk therapy can also be seen as a colonization of consciousness.

**IV. Talk Therapy & The Colonization of Consciousness**

To further demonstrate how the field of psychology operates as a biopolitical institution, it is crucial to examine the dynamics of talk therapy techniques. Talk therapy constitutes a large body of psychological praxis. The work of Summerson-Carr is used to demonstrate the semiotic dimensions of talk therapy through clinical language. Clinical language is taught to clients and then is expected to be deployed by clients and practitioners in talk therapy settings. Bridging together the work of Summerson-Carr and the Comaroffs' demonstrates how psychology functions as a colonization of consciousness by producing a clinical language and controlling inner refrents. The work of Stuart Stevenson is also included in this section to demonstrate how erasure of marginalized experience is carried out in talk therapy settings.

To evaluate the semiotic in clinical group talk therapy settings, the work of Dr. Summerson-Carr is incorporated. Summerson-Carr is a linguistic anthropologist and social worker who demonstrates the political effects of linguistic frameworks adopted through clinical language. Her work demonstrates the biopolitical control taking place in clinical talk therapy settings in, "Secrets Keep You Sick". Her work focuses on the transformation of internal dialogues which are effectively shifted through symbolic interaction. Her work, "Secrets Keep

You Sick" effectively, "Demonstrates how cultural ideologies of language, and the semiotic processes that mobilize them, manifest in contemporary American drug treatment" (Summerson-Carr 2006:631).

Summerson-Carr conducts ethnographic field research at Fresh Beginnings, an outpatient program for homeless women in the Midwestern United States. Summerson-Carr demonstrates the role language plays in program treatment, "At Fresh Beginnings, one's success in treatment was tied to one's adoption of and adherence to a very particular way of speaking" (Summerson-Carr 2006:632). Summerson-Carr demonstrates, "That therapists' claims about language are consistent with the ideology of inner reference, an ideology that presumes (i) that "healthy" language refers to pre existing phenomena, and (ii) that the phenomena to which it refers are internal to speakers. According to the ideology of inner reference, language works when the radical split between signified and signifier is bridged by the process of signification as the speaker chooses the words that correspond to discrete, preexistent inner referents" (Summerson-Carr 2006:634).

Through shaping internal linguistic frameworks therapists indoctrinate patients into linguistic frameworks. This work unconsciously equips patients with the tools necessary to navigate clinical settings. One way this is demonstrated is through Summerson-Carr's concept of healthy language. "It is argued that these claims both stem from and actively reproduce an "ideology of inner reference," which presumes that "healthy" language refers to pre existing phenomena, and that the phenomena to which it refers are internal to speakers. By formally discouraging talk that could point outside the parameters of the individual psyche, the treatment program effectively insulates itself from clients' critiques and challenges. A broad attempt is made to elucidate the connection between a language ideology that enjoys wide cultural

circulation as well as significant currency in contemporary clinical practice, and a particular political effect called "institutional insulation" (Summerson-Carr 2006:631).

This language ideology effectively turns the individual in upon themselves as the cause for their perceived pathology. The biopolitical implications of talk therapy are highlighted here as the individual is turned in upon themselves as the cause for their distress. This is aided by the clinical language which provides the individual with only internal reference for determining causes for distress. The clinical language intentionally foregoes the exploration of socio-cultural or political causes for psychological distress.

Western academia adopted the language of Christian colonizers as it was established. Indoctrinating patients into a clinical language which controls conceptions of "healthy language" and inner referents mirrors the Comraoff's work. The colonization of consciousness which took place through conversation and indoctrinating Tswana into linguistic frameworks, framed Tswana lifestyles as immoral and wrong. Through controlling an individual's inner referents collective social bodies were effectively colonized in both settings. Therefore, Summerson-Carr's work demonstrates how a colonization of consciousness is played out through conversations in clinical psychology.

Summerson-Carr's work also demonstrates the biopolitical and she references Foucault in her work directly, "In tracing the use of confessional techniques from the early church to the contemporary clinic, Michel Foucault… established the complicity of referential language in the very making of the modern subject… Indeed, in making metalinguistic claims, therapists did not simply articulate the ideological premises of inner reference but mobilized those premises as a clinical regime" (Summerson-Carr 2006:635).

Next the work of Stuart Stevenson is drawn upon. Stevenson is a queer Black psychologist, social worker, and psychotherapist working in England. It is important to note that England is also a country brought to power by colonial domination. His work highlights how the inherited biases adopted from a socio-cultural order are internalized by therapists working in clinical settings. These internalized biases contribute to a lack of analytic neutrality if they are not reckoned with or critically detached from one's work. This is especially important to account for due to the lack of diverse representation in the field of psychology. According to the APA, 86% of psychologists are white which is a stark deviation from the United States as a whole which is only 68% white (APA:2018).

It is critical that group analysts unpack their own social location in clinical practice, "It is unrealistic not to acknowledge that we approach our work within a context of who we are as clinicians and within the oppressive structural contexts in which we and our patients live, love and work. An attempt to deny or minimize powerful phenomena, such as, racism and homophobia in the service of a notion of a purist approach to our clinical work serves to 'erase' extremely wounding factors in the lives of our patients. (Stevenson 2020:3).

Stevenson explains the phenomena of cultural erasure which functions in colonial states, " 'Cultural Erasure' is how a dominant group oppresses by negating, suppressing, and removing the evidence of trauma of what they consider to be a subordinate group of people. It is essential for the dominant group to erase any evidence of the trauma they have inflicted on those othered in order to maintain a positive self-image and not to be persecuted with intolerable depressive anxiety, shame, and guilt. Consequently, powerful cultural, group and institutional manic defenses come into operation and a great deal of psychic energy will be spent in maintaining the perception of the subordinated group and this will include the erasure of their very real

experience of structural oppression" (Stevenson 2020:6). This cultural erasure essentially controls a narrative inside clinical talk therapy settings and denies trauma incurred by a colonial social structure. This demonstrates the biopolitical power of talk therapy dynamics.

Stevenson explores the phenomena of erasure through vignettes of personal testimony from group sessions. "Vignette 1, Shortly after the recent racist mass murder of 50 people in the mosque attacks in New Zealand by a white supremacist, the only group member of colour began to talk with some anguish about his experience of being hated and the level of racist hate that he has received growing up and his fears presently. He recounted a specific trauma when his brother was severely beaten up by a racist gang carrying baseball bats some years ago. The police at the time had not been swift to respond and no one was brought to justice. Incredibly, the other group members failed to 'bear witness' and did not engage with his anguish. Instead, they began speaking over him about various floods and earthquakes that had caused deaths around the globe" (Stevenson 2020:6).

The experience recounted here demonstrates how this man was traumatized by erasure carried out in a clinical setting. Stevenson concludes his analysis of this vignette by stating, "This vignette demonstrates not only a lack of positive 'mirroring' and 'exchange' but also a brutal refusal to 'bear witness' and a mean spiritedness. When combined, this equates to an overall experience of 'erasure'" (Stevenson 2020:6). The erasure of marginalized experience further traumatizes patients in therapy settings which is counterproductive to psychology's self-proclaimed goal to heal psychological distress.

Stevenson's work demonstrates the importance of self-reflection from clinical practitioners when it comes to evaluating their own interpositionality. "Clinicians must engage

clinically with the social barriers associated with social marginalization that drive the othering that so very dangerously harms people from these marginalized groups when such dynamics inevitably emerge in the matrix…There is a danger that the normative social power relationships are re-enacted in the group, which could come to replicate what is oppressive about society... What happens in society happens in the group and is related to how racist and homophobia trauma is enacted, challenged, or erased at societal, group and individual levels with all three levels leaking into each other in a feedback loop" (Stevenson 2020:8). Socio-cultural biases are inherited from the larger structure of society, Then these biases are carried out in clinical practice and effectively traumatize patients with marginalized identities.

While Stevenson raises these powerful critiques of clinicians in therapy settings, he also proposes a solution. He reviews a Vignette where the three "R's" were deployed in a clinical setting in order to minimize erasure and therefore mitigate what could have been a traumatizing event for a client. In the context of clinicians examining their own social positionality the three R's must be deployed which include, "Relate, Reflect, and Repair" (Stevenson 2020:8). Accounting for a clinician's positionality is one way to mitigate socio-cultural bias in clinical settings.

**V. Critique of the DSM-V**

The DSM-V is a diagnostic tool utilized by clinical professionals to diagnose mental pathology in contemporary practice. It is important to note that the DSM-V is used to diagnose and evaluate mental pathologies in clinical talk therapy settings. Due to this fact, it is hard to understate the influence of the DSM-V, especially in relation to this research endeavor. There have been multiple versions of the Diagnostic Statistical Manual. The first being DSM created in

1952 and the most recent version which is the DSM-V published in 2013. Providing a critical evaluation of the DSM-V examines the creation of these clinical pathologies. When examining sexuality and gender in the DSM-V, it is clear that social conceptions of normalized gendered behavior are reified into DSM-V. Failure to include certain disorders, such as Battered Women's Syndrome, demonstrate an androcentric bias adopted from a broader socio-cultural framework in the United States. This analysis demonstrates how the DSM-V is used as a biopolitical control mechanism to monitor internal dialogues and create pathology out of socially deviant behaviors.

To contextualize the history of sexuality in the current version DSM-V it is crucial to account for the history of homosexuality in previous versions of the DSM. It is also important to account for the socio-cultural impact of homosexuality as a pathology more broadly. Drawing upon, "Out of DSM: Depathologizing Homosexuality" by Jack Drescher the pathological classification of homosexuality as a clinical diagnosis is explored. Starting with homosexuality being entered into the DSM and the social and political effects after its removal in 1973 (Drescher 2015:565).

Importantly, Drescher demonstrates that homosexuality was constructed as a moral failure by the field of psychology, "Theories of pathology tend to view homosexuality as a sign of a defect, or even as morally bad, with some of these theorists being quite open about their belief that homosexuality is a social evil" (Drescher 2015:566). This moral framing of homosexuality was reified into the first version of the DSM, DSM-I in 1952. "APA published the first edition of the Diagnostic and Statistical Manual (DSM-I), it listed all the conditions psychiatrists then considered to be a mental disorder. DSM-I classified "homosexuality" as a "sociopathic personality disturbance." In DSM-II, published in 1968, homosexuality was reclassified as a "sexual deviation" (Drescher 2015:567).

This pathological presentation of homosexuality railed gay activists, “Gay activists, however, forcefully rejected the pathological model as a major contributor to the stigma associated with homosexuality. It was this latter group that brought modern sex research theories to the attention of APA. In the wake of the 1969 Stonewall riots in New York City, gay and lesbian activists, believing psychiatric theories to be a major contributor to anti-homosexual social” (Drescher 2015:567). Gay activism was a driving force behind the removal of homosexuality from the DSM, “[The] most significant catalyst for diagnostic change was gay activism. Gay activist protests succeeded in getting APA’s attention and led to unprecedented educational panels at the group’s next two annual meetings” (Drescher 2015:567).

Removing homosexuality from the DSM affected the lived experience of being a gay American. The removal of homosexuality shifted personal identities as well as political realities, “In December 1973, APA’s Board of Trustees (BOT) voted to remove homosexuality from the and political realms as religious, governmental, military, media, and educational institutions were deprived of medical or scientific rationalization for discrimination. As a result, cultural attitudes about homosexuality changed in the US and other countries as those who accepted scientific authority on such matters gradually came to accept the normalizing view…”

“The result, in many countries, eventually led... to the repeal of sodomy laws that criminalized homosexuality; the enactment of laws protecting the human rights of lesbian, gay, bisexual and transgender (LGBTQIA+) people in society and the workplace; the ability of LGBTQIA+ personnel to serve openly in the military; marriage equality and civil unions in an ever growing number of countries;  the facilitation of gay parents’ adoption rights; the easing of gay spouses’ rights of inheritance; an ever increasing number of religious denominations that would allow openly gay people to serve as clergy. Most importantly, in medicine, psychiatry,

and other mental health professions, removing the diagnosis from the DSM led to an important shift… focusing instead on the health and mental health needs of LGBTQIA+ patient populations" (Drescher 2015:572).

Though homosexuality has been removed from the DSM, there are still a proliferation of sexual disorders listed within the DSM-V. These disorders affect the socio-cultural landscape of lives being lived in the United States. “Paraphilic Disorders” from the DSM-V are now brought under scrutiny. “Transvestic Disorder” has its own diagnostic criteria, despite the World Health Organization’s removal of this disorder from the ICD, the global classification of mental health diagnoses.

The “Diagnostic Criteria” for “Transvestic Disorder” are “A. Over a period of at least 6 months, recurrent and intense sexual arousal from cross-dressing, as manifested by fantasies, urges, or behaviors. B. The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning” (302.3). Its diagnostic features include, “The diagnosis of transvestic disorder does not apply to all individuals who dress as the opposite sex, even those who do so habitually. It applies to individuals whose cross-dressing or thoughts of cross-dressing are always or often accompanied by sexual excitement (Criterion A) and who are emotionally distressed by this pattern or feel it impairs social or interpersonal functioning (Criterion B).” (302.3).

The clinical construction of crossdressing as a mental pathology creates social stigma by acting outside of one’s socially prescribed gender norms. In this way, psychology reifies socially prescribed notions of appropriate gendered behavior. It could be augmented that crossdressing causes mental distress because of the creation of a mental pathology. The iconic associations of

being diagnosed as having a mental pathology affects lived experience and shifts individual and collective social identities.

Deploying Foucault's critique of Freud, we can glean insight as to why bringing sexuality under scrutiny in the DSM is a biopolitical mechanism. Critiquing sexuality in a medicalized discourse demonstrates the biopolitical underpinnings of policing sexuality. This is congruent with Foucault's critique of Freud, as policing sexual deviancy works to maintain the alliance of family in the United States. Crossdressing in the DSM-V, demonstrates how psychology functions as a biopolitical control mechanism which turns one in upon themselves. An individual is coerced to view their behavior as pathological because it is different from social conceptions of appropriate gendered behavior.

Gender Dysphoria is another disorder which focuses upon scrutinizing the sexuality of individuals in clinical settings. The DSM-V provides a definition for gender, "In this chapter, *sex* and *sexual* refer to the biological indicators of male and female (understood in the context of reproductive capacity), such as in sex chromosomes, gonads, sex hormones, and nonambiguous internal and external genitalia" (302.4) Gender in the DSM-V, is based off of a biological conception of gender adopted from the medicalization psychology undergoes. The biological model views gender as inherent and fixed. Whereas social scientists argue that gender is a social construct and gendered experience is subjective. This difference between the two, demonstrates how biology as ideology forms the basis for considering gender identity as an actual issue in a population. If the epistemological frameworks which informed psychology considered gender as a social construct, this would make sexual disorders obsolete as a pathological diagnosis.

"Thus, *gender* is used to denote the public (and usually legally recognized) lived role as boy or girl, man or woman, but, in contrast to certain social constructionist theories, biological factors are seen as contributing, in interaction with social and psychological factors, to gender development. *Gender assignment* refers to the initial assignment as male or female. This occurs usually at birth and, thereby, yields the "natal gender." *Gender-atypical* refers to somatic features or behaviors that are not typical (in a statistical sense) of individuals with the same assigned gender in a given society and historical era; for behavior, *gender-nonconforming* is an alternative descriptive term" (302.5).

The DSM-V argues that the criteria for gender-nonconforming is based off a statistical sense of gender normality. Therefore, psychology is actively reifying a binary and colonial conception of appropriate gendered behavior. The DSM-V focuses upon social deviants from a collectively understood notion of "normal" gender experience in the United States. Identity is subjective, so while it is hard to say what normal gender experience is; the DSM-V clearly focuses on and demonstrates what is considered "abnormal" gender behavior. The DSM-V effectively medicalizes an individual's lived experience as clinically pathological because it deviates from social norms and conceptions of social behavior.

In "Diagnostic Features" of Gender Dysphoria it states, "Individuals with gender dysphoria have a marked incongruence between the gender they have been assigned to (usually at birth, referred to as natal gender) and their experienced/expressed gender. This discrepancy is the core component of the diagnosis. There must also be evidence of distress about this incongruence. Experienced gender may include alternative gender identities beyond binary stereotypes. Consequently, the distress is not limited to a desire to simply be of the other gender

but may include a desire to be of an alternative gender, provided that it differs from the individual's assigned gender" (302.5).

The DSM-V states that there is a tension between one's "assigned" natal gender and the gender an individual associates with. This biological construction of gender reified by the field of psychology creates a clinical pathology and mirrors colonial conceptions of "normal" gender identity and roles. If an individual were allowed to choose their gender, rather than a biological basis for gender, then no pathology would exist. The existence of a "trans" diagnosis as a clinical mental pathology is not explored as a cause for psychological harm in an individual. Rather, the individual is blamed for their psychological distress. Here, we can see how the individual is turned in upon themselves. This is being done without questioning the meta-narrative which is being adopted by the field of psychology, and imposed upon individuals accused of acting out of accordance with gender norms. The biopolitical function of psychology is carried out through the creation of clinical diagnosis.

Continuing in this section, "Gender dysphoria manifests itself differently in different age groups. Prepubertal natal girls with gender dysphoria may express the wish to be a boy, assert they are a boy, or assert they will grow up to be a man. They prefer boys' clothing and hairstyles, are often perceived by strangers as boys, and may ask to be called by a boy's name. Usually, they display intense negative reactions to parental attempts to have them wear dresses or other feminine attire. Some may refuse to attend school or social events where such clothes are required. These girls may demonstrate marked cross-gender identification in role-playing, dreams, and fantasies. Contact sports, rough-and-tumble play, traditional boyhood games, and boys as playmates are most often preferred. They show little interest in stereotypically feminine toys (e.g., dolls) or activities (e.g., feminine dress-up or role-play). Occasionally, they refuse to

urinate in a sitting position. Some natal girls may express a desire to have a penis or claim to have a penis or that they will grow one when older. They may also state that they do not want to develop breasts or menstruate" (302.85).

The DSM-V demonstrates how socially constructed definitions of normative gender behavior are brought under scrutiny in a medicalized setting. In reality, none of these behaviors are causing any real harm. This is just a way to exercise control over definitions of gender in order to exercise a biopolitical control of the population. Foucault's critique of Freud is again relevant as he argued that the reason that sexuality was brought under scrutiny was due to the alliance of family. If women do not act like women, they cannot reproduce with men and produce a family unit to serve the sovereign in economic and social roles.

It is hard to ignore the parallels between the inclusion of transvestic diagnosis as clinical pathology and the legacy of homosexuality being included in the DSM. The erasure of homosexuality from the DSM provided real sociocultural shifts and political recognition. Therefore we could expect similar results if trans disorders were removed from the DSM. This could alleviate social stigma and physical violence which transgender individuals in the United States face.

The erasure of Battered Women's Syndrome within the DSM-V is investigated to highlight the lack of gender specific trauma incurred upon women suffering from domestic violence. The DSM-V rejected adding Battered Women's Syndrome to the DSM-V and asserts that Post Traumatic Stress Disorder could be used as a diagnosis. However, there is no reference to domestic abuse within the DSM-V itself. This can be observed through an evaluation of diagnostic criteria, "The directly experienced traumatic events in Criterion A include, but are not

limited to, exposure to war as a combatant or civilian, threatened or actual physical assault (e.g., physical attack, robbery, mugging, childhood physical abuse), threatened or actual sexual violence (e.g., forced sexual penetration, alcohol/drug-facilitated sexual penetration, abusive sexual contact, noncontact sexual abuse, sexual trafficking), being kidnapped, being taken hostage, terrorist attack, torture, incarceration as a prisoner of war, natural or human-made disasters, and severe motor vehicle accidents" (309.81).

By deploying theories from feminist psychologists, it is clear that this erasure of the experience of battered women is intentional. The erasure also contributes to social stigma for women who suffer from domestic violence in an androcentric social order. A quote from *Women and Gender: A Feminist Psychology* sheds light upon this issue, "Androcentric biases have led to important omissions in DSM. For example, during the creation of the DSM-IV, the proposal to add battered women's symptoms to DSM was not accepted… appears to be a special case of *post-traumatic stress disorder*… However, PTSD does not fully describe the complexity of battered women's experience" (Crawford, Unger 2003:499).

Due to psychology's foundation in Cartesian Dualisms the mind and body are separate, so psychosomatic disorders are also under-investigated. Psychosomatic disorders are an issue that impact mostly women who have been historically diagnosed with disorders such as, "hysteria". This highlights the ways in which suffering women have been socially construed as being "overly emotional." This can be explored through the historical example of Multiple Sclerosis. Multiple Sclerosis or M.S. is now recognized as a disease but was historically diagnosed as "hysteria" in women. This went on until the invention of C.T. machines which then demonstrated the very real neurological effects of the disease (Brea:2017).

## VI. Conclusion

Through a thorough evaluation of the DSM-V, areas of critique from a sociological perspective are brought to light. Trans disorders being reified in the DSM surely have contributed to a political struggle to gain recognition for trans individuals. This has also affected the lived experience of transgender individuals in the United States. This point is further demonstrated by drawing a parallel to the effects of homosexuality being reified as a mental pathology in previous versions of the DSM. By exploring how gender is reified in the DSM-V, androcentric biases have also been clearly demonstrated. Erasure of women's specific experience is also demonstrated through the exclusion of Battered Women's Syndrome from the DSM-V.

The colonial implications of psychology are demonstrated not only through reifying colonial understandings of binary and biological gendered behavior but also through the erasure of marginalized experience. The erasure of marginalized experience and the monocultural methods adopted in group talk therapy settings demonstrate the colonial function of psychology in praxis. The hegemonic social culture is reinforced in these settings. Psychology also controls an individual's inner referents and forces an adoption of linguistic frameworks. These linguistic frameworks impose an internalized inner reference for exploring psychological distress. Together these practices demonstrate how the colonization of consciousness is deployed through talk therapy practice in clinical praxis. Amalgamated, these examples highlight the insidious colonial underpinnings of psychology which has worked as a colonial technology to govern individual and group psyches in a colonial order.

Forged in colonialism, cultural movements in the United States have begun to reckon with its historic violent colonial formation. As social scientists and academics, we have a

commitment to study and understand how our systems must be reworked to serve a more socially just and conscious landscape. This is why a thorough critique of not only psychology, but all paradigms forged in colonialism, are necessary to serve our contemporary moment and social justice movements. Only through critique can we understand what needs to be adjusted and changed going forward.

To close with a quote from Franz Fanon about colonization, “There is not occupation of territory on the one hand and independence of persons on the other. It is the country as a whole, its history, its daily pulsation that are contested, disfigured, in the hope of a final destruction” (Fanon:2021). We must reckon with the impact of colonialism on the formation of the United States as a country. This includes deconstructing academic fields which were impacted by a most violent legacy. Only through a thorough reckoning with our past can we move towards building a sustainable and inclusive society for all.

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