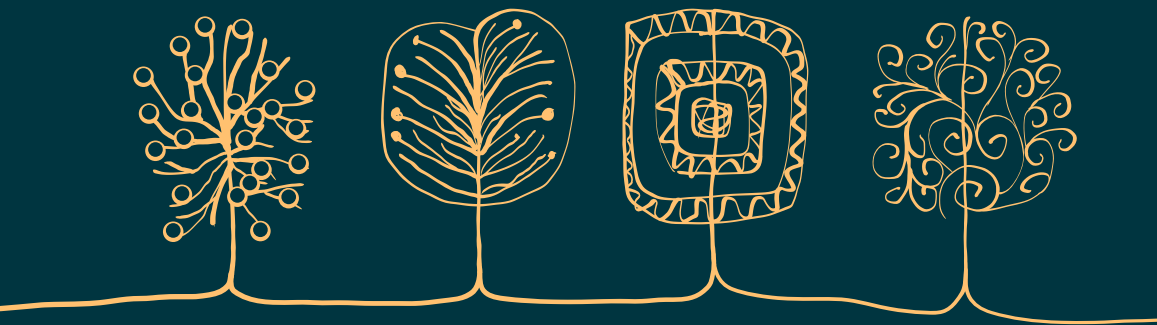
Miraj Desai

Travel and Movement in Clinical Psychology



The World Outside the Clinic

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This book is dedicated to my beloved wife
and fellow traveler, Usha Reena Rungoo

Foreword

I feel a strong kinship and admiration for Miraj Desai's movement and travel in this passionate text. Desai is restless, on the move, searching for a more constructive clinical psychology. He wants his profession, his colleagues and himself, to leave the confines of the clinic and journey into the world, across geographical regions, time, cultures, and intellectual disciplines. All is connected, Desai emphasizes, and truth can be discerned through eyes that are open to that connectedness.

It is natural, I believe, that as an economic practitioner I should feel that kinship. I once defined my own approach as Clinical Economics, out of my deep admiration for clinicians (especially my wife, a gifted clinical pediatrician). Clinicians must translate general truths and extensive scientific knowledge to the very specific and urgent context of an individual patient in need. Clinicians must recognize that their patients are whole human beings, with histories, social connections, family ties, work responsibilities, and life contexts that transcend an infection, a broken bone, or a mental disorder.

Most of all, clinicians must heal. That is their goal, their telos to use Aristotle's term. And to heal a patient is not to treat a symptom or even cure a disease. It is to treat a whole human being in a given social context.

Desai is not happy with the standard protocols of clinical psychology as practiced in the confines of the office. Standard procedures isolate the individual from the social context; they tend to emphasize the adjustment of the individual to the prevailing social conditions. But what if the society is sick—with racism, greed, violence, oppression—rather than the individual? Treating the patient in isolation can't heal the patient when it is the broader society that needs healing.

Therein lies Desai's journey, to take clinical psychology out to the world. But which world? The world of clichés, social norms, and prevailing power structures? That of course won't do. The psychologist may travel from the clinic, but still not beyond the social maladies that are causing deep suffering and morbidities in the society. The psychologist must travel with eyes open, to see the world fresh and beyond preconceptions. Desai suggests that Husserl's phenomenology and Zen Buddhism can help to open our eyes to fresh realities and scientific truths.

Desai glows and inspires us with his embrace of Clinical Psychopolitics, his term for the healing practices of Mahatma Gandhi and his great follower, Martin Luther King, Jr. Clinical Psychopolitics in Desai's insightful rendering is a kind of community therapy, wherein the oppressed not only are helped to rediscover their own human dignity and freedom of choice, but the oppressor too is also led to discover a renewed sense of moral justice. For Desai, Gandhi and King were not merely great moral leaders, but great practitioners of Clinical Psychopolitics, who helped to treat their sick societies using profound psychological insights bound tightly with the unflinching commitment to social justice.

Desai's journey is one of enlightenment, specifically an enlightenment of action. His goal is a clinical psychology that heals both individuals and communities in a world that is too often gone mad. Clinical psychologists see individuals wounded by hatred, isolation, abuse, discrimination, war, and contempt. The psychologist must boldly address the society as well as the individual patient and to aim to heal both together. Of course, Desai knows that this task is not the job of an individual practitioner alone, even one as great as Gandhi or King. Desai's message is that professions, working together with other fields of knowledge and practice, will have to collaborate in social healing.

As an economist, I heartily concur with this mission. My own field naively and adversely presses for "economic growth" in a world that is already rich but deeply unjust, that is technologically productive but ecologically destructive, and where, to quote John F. Kennedy, "man holds in his mortal hands the ability to end all forms of human poverty and all forms of human life." Desai's call to his professional colleagues therefore extends amply to economists as well, and to other social scientists, engineers, and indeed across society. Our shared telos is clinical healing, to save a world that is too close to self-destruction through war, greed, and ecological abuse.

This will require our eyes open, and with the psychological insights of empathy, respect for others, and humility. We will need a moral purpose joined together with professional excellence. Miraj Desai's superb book will help us on this crucial journey.

New York, NY, USA

Jeffrey D. Sachs
Columbia University

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Ken Kessel, who has served as our guiding teacher in NH, and to SDT Paul Bloom. Ken generously reviewed drafts of this work and provided helpful and kind comments, and Paul is always generous in answering my questions. I also thank Frederick Wertz, my PhD mentor, for his tireless support and encouragement over the years and for this project. At Yale, I also offer deep gratitude to Stephen and Jenny Davis, who have been such gracious hosts at Pierson College before and during my Resident Fellowship, and to Rob Dubrow who invited me to the Climate Change and Health Initiative.

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Most of all, I am grateful for my wife and true life partner Usha Reena Rungoo. Her invaluable support, careful review, encouragement, and beauty were the winds to my writing sails. She is a constant source

of wonder to me, as well as a model of strength, courage, intellect, and elegance. I cherish our adventures together and always long for the next. If she were a book herself, no library would be worthy enough to hold her. Sending you deep love, Always.

Contents

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Clinical Psychology, Insularity, and the World Outside the Clinic

Cue the scene.

A person leaves the house one morning for their appointment at a mental health clinic. It is a regular day, like any other. This morning is an early one, though, too early for their liking, so they stop at a store for coffee along the way. Adorning the front of the store is a sign that says "Welcome." The owner's eyes, however, say something else. As our traveler walks through the store, the owner's eyes suspiciously follow. The traveler, feeling that awful feeling of being monitored, soon makes their purchase and leaves the store. Upon exiting, their leg pain, dull and nagging, begins acting up again. They sit on the sidewalk for a breather. Before taking a few breaths, the security guard near the store suddenly approaches and asks, "Are you supposed to be here?" Rest time abruptly ends. "Move along please."

Moving along, on their way to the appointment, the traveler accidentally takes a wrong turn and ends up in a neighborhood rather than the clinic site. A resident from one of the houses emerges on their way to their car, sees our traveler, and stops cold. Fumbling for words, the resident eventually asks: "Are you lost?" But our traveler knows from

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experience, from the countless times when nothing good came out of wrong turns, that the question is actually an imperative: Get lost; you don't belong here. It is a regular day, like any other. The traveler finally enters the mental health clinic. As they await their appointment, the waiting room TV is reporting news of a violent hate crime—and the victim, who was victimized because of the way they look, looks just like our very traveler.

The appointment time finally arrives. During the session, the clinical psychologist empathically attempts to help the traveler with the social anxiety they have been inexplicably facing for the last several years, where they can suddenly feel unsafe in everyday situations. In order to tackle this anxiety, the provider asks them to focus on their faulty cognitions, their interpersonal relationships, or their family history, and makes referrals for medication. The session ends. As the traveler leaves their appointment, they suddenly need to go to the bathroom. As they walk down the hallway, empty except for fading carpet, they are asked by an approaching staff member some questions, all-too-familiar, but no-less-distressing: "Are you supposed to be here? Are you lost?" It is a regular day, like any other—but not for everyone or for every color. In that sense, it is not a regular day, and is unlike many others. The burdens faced by the traveler, due to color of their skin, weighs heavily on each and every day, but is often invisible to the clinical gaze.

The question that emerges for us as a field of clinical psychology dedicated to the amelioration of suffering is: where all are we supposed to be? How can we make our work better for those like this traveler, whose world is itself socially anxious about, and unwelcoming toward, them, and is much the source of the problem as any other? This book attempts to explore these questions.

The Problem of Clinical Psychology's Insularity

There seems to be something within the very notion of a "clinical" psychology that tends to discourage disciplinary engagement with the wider world. Within a clinic's walls and doors, after all, the world outside—where culture, history, society, and economy are found—can

appear out of view. Unfortunately, what may also recede from view are the ways in which that surrounding world is structured to produce the very distress that clinics are seeing, and that communities are facing. That is, these worldly problems, while often concealed from the clinical gaze, inevitably gaze back. They affect us. They effect us. They are us. Thus, clinical psychology's insularity may actually be limiting the discipline from realizing its full potential for understanding and effective healing in and of the world. While good work can and does occur within the clinical space, what else might we be missing? What other possibilities are out there? The present work offers one possible suggestion for exploring these questions—venture outside the clinic.

Travel and Movement

The themes of travel and movement form the core of this book. Travel and movement, I argue, are antidotes to insularity, narrowness, and near-sightedness. They open one up to the world and to the diversity of life as found in everyday, community contexts. Travel and movement, I also argue, are central components of good clinical psychological science and practice in general, taken here as participating in the movement of life forward. However, the kind of movement I am alluding to is that which moves life forward in *all* of its domains—not just the psychological, but also those worldly terrains to which the psychological, whether it likes it or not, is intimately connected. This sense of movement thus involves personal *and* social movement. Overall, the goal of the present work is to make a stronger connection between the day-to-day science and practice of clinical psychology and the suffering world around us. Fostering these connections, however, may require some important shifts in the ways we typically do things in the realms of science, methods, theory, and practice. That is, movement may be called for in the field itself.

In a previous work, I argued for travel as a research method in psychology (Desai, 2014). The current work builds on this theme and focuses on the field of clinical psychology in particular. Here, travel and movement—as both experience and metaphor—will be suggested

as ways to allow clinical psychology to better understand people's lives in their communities, to more deeply perceive social structures, to help challenge the field's theoretical and cultural presuppositions, to better engage diverse viewpoints, voices, and practices that often get marginalized, and to more directly partner with those groups fighting for social change. Given the book's focus on worldly change and movement, it aims to position social justice as a central component of clinical psychology. I acknowledge that this present work is itself not done in isolation but in solidarity with a growing number of voices within the field that seek to broaden the horizons of clinical psychology, and the mental health fields in general, beyond their traditional boundaries. A movement is growing.

One major task of this introduction will be presenting the case for why and how the world matters to clinical psychology and then assessing the limitations of clinical psychological science and practice when this connection is not made. We will see how the world, far from being an extracurricular concern, already infiltrates everything we do. We actually do not need to venture far afield to see as much.

What's the World Got to Do with a Psychology of the Clinic?

The words "clinical psychology" often bring to mind a clinic, a couch, or a therapist's office. Perhaps it brings to mind an individual, two individuals, or a group of individuals in discussion. But what about the world we see on the news—economic devastation, environmental catastrophe, racial conflict, and so forth. Clinical psychology has typically sought to help people in their personal lives with their personal problems or "disorders," with the disordered world often taking second stage. However, the world, and the way we structure it, may be more central to clinical psychology than once thought, and may be a far more integral component of the issues that typically concern our field (mental health, suffering, healing, treatment, etc.) than we realize. Related subfields like community psychology have long made the link between the personal and the contextual (Nelson & Prilleltensky, 2010), but clinical

psychology has not followed suit in as sustained or foundational a manner. There is, however, a growing concern that various assumptions and habits held by clinical psychology may be limiting the full awareness of all that is out there with respect to the question of mental health.

To bring together this concern under one overarching theme, I suggest that the main problem facing clinical psychology today is the problem of *insularity*. Insularity involves closure to the world outside the clinic, to the detriment of the field. I identify four broad, interrelated forms of insularity: social/ecological; practical; cultural; and scientific/philosophical.

1. Social and Ecological Insularity is insularity with respect to the areas beyond the psychological that influence our experience, including but not limited to, historical, social, political, cultural, economic, and environmental influences;
2. Cultural Insularity is insularity with respect to other possible ways of doing things beyond the dominant, particularly as found in the viewpoints and practices of other cultures;
3. Practical Insularity is insularity with respect to possible, effective, and evidence-based interventions beyond the usual, that may additionally intervene at the levels of influence mentioned in (1);
4. Scientific and Philosophical Insularity is insularity with respect to philosophies of science beyond the orthodox philosophies, that may allow for deeper exploration of context, culture, values, and meaning.

I will discuss each of the above in turn. Fortunately, there is a rich history of scholarship and critique from which to draw, to detail fully what is at stake with things-as-usual.

Social and Ecological Insularity

The world is in pain. We can start first with the rivers, streams, and seas, the air and earth, all of which come together to create the conditions for the sheer miracle of life. These are in peril, a peril which grows by the day, and which has been on a steady increase since the dawn of the

industrial age. This industrial age came to coincide with the colonial age, where whole groups of peoples lived under the subjugation of other whole groups of people, and served as sources of economic and cultural exploitation. These historical realities not only live on today, in some shape or form, but have led up to our current moment when countless individuals face uncertain existences and unstable livelihoods. While there may be much to acknowledge with respect to gains in the social arenas, there is much left remaining in disarray (Patel, 2015). As Patel states:

> The global economic system has led to a massive increase in global wealth and a remarkable reduction in levels of absolute poverty in most countries. But, at the same time, the rapid growth of the global economy – particularly fierce in the new millennium as several large, previously low-income, countries accelerate their march toward "development" and global financial markets are deregulated – has also led to the worsening in several other determinants: increase in financial instability for countries, sometimes leading to unexpected and dramatic economic collapses; a gathering pace of climate change and environmental degradation fueling increasing uncertainty in livelihoods; conflicts driven by the need to control fossil fuels and other natural resources; growing insecurity of employment as businesses operate globally, moving to any location where they can minimize the cost of labour; and the massive growth in income inequality in most countries creating deeply divided societies. These changes are not the ingredients for promoting public mental health. (p. 43)

Where does clinical psychology, positioned as a science and practice of ameliorating suffering, fit into all of this? While the discipline has made some gains in terms of acknowledging the relation between mental health, context, and culture, there is still far more work to do, to more fully "let in" the social. We can locate some of these problems for clinical psychology within a type of "psychologism" (Davidson 1988; Davidson & Cosgrove, 1991, 2002). First delineated by the phenomenologist Edmund Husserl in the context of philosophy and introduced into clinical psychology by the work of Larry Davidson and colleagues, we take psychologism to be the practice of attempting to force fit all of reality into a psychological framework. Psychologism is a problem of

narrowness, of near-sightedness, and as with other "isms," a problem of bias. It incorrectly presupposes that psychology lives by itself and can provide its own foundation, thereby excluding other considerations of reality. This problem leads to something like mental or behavioral health being located solely within the self rather than also involving the world around us. The psychological dimension does have an important role to play, but, as we will see and argue throughout the text, it needs to travel alongside other dimensions and, importantly, within the context of a broader perspective on life.

We already know that social, cultural, economic, gender, and environmental issues have a profound effect on well-being and mental health (Compton & Shim, 2015). To list but a few, poverty, housing instability, discrimination, unemployment, environmental degradation, as well as all of the 'isms' (racism, sexism, ableism, etc.), cut deeply (Compton & Shim, 2015). A psychology of the clinic can certainly help persons deal with the aftermath of such issues. It can also help free people from psychological difficulties that may get in the way of a flourishing life. But in addition to "freedom from," there is "freedom to" (Fromm, 1962/2006)—The freedom to live a flourishing and full life in the community, which involves putting the spotlight on social relatedness and the world out there.

Sen's (1999) notion of development as freedom is particularly apt here. Human development, according to Sen, fundamentally involves promoting the expansion of capabilities and freedom, which, at times, requires removal of unfreedoms that obstruct the former.[1] This rendering, for instance, encourages us to peer into the complex interrelated segments of community living that may facilitate or impede full human potential, rather than focus on isolated indicators of health. For example, one may be able to help someone reduce symptoms of social anxiety, but their water may still have lead in it, their local government may be unresponsive, their employment outlook may be dire, all due in part

[1]Professor Sen was among the earliest influences on my thinking, a personal opportunity for which I remain deeply grateful. Recent work in mental health circles suggests there remains considerable potential for application of Sen's theories within the field (e.g., Davidson, Ridgway, Wieland, & O'Connell, 2009; Desai, 2012; Fernando's "recovery as freedom" in Eversley, 2014).

to the situation into which they were born. They may be at increased risk of violence and harm due to the color of their skin, their gender, or their sexual orientation. They may be working through generations and legacies of genocide and colonialism, or the torrent of climate devastation. They may lack access to green spaces and nature, have a crumbling public infrastructure, and face dwindling opportunities for genuine human connection due to increasing levels of social isolation. Further, media and cultural narratives may have been flooding them since birth (or before) with a near constant delivery of social meanings regarding what it means to be valued, worthwhile, beautiful, productive, successful, normal, and human (see also Fanon 1952/1967 in Chapter II). All told, their "mental" disorder may be improving but the disordered world remains. Their personal, economic, and political freedom suffer as a result.

Cultural Insularity

In addition to the above focus on worldly issues, *in toto*, there is a more specific problem of culture plaguing the field. Namely, there is growing awareness that psychology as a whole, clinical psychology included, has been operating under certain cultural assumptions that do not hold universally. These presuppositions have rendered the cultural validity of various concepts and practices questionable, leading to a situation where the diversity of life may not be adequately represented in a field designed to further that life. The cultural presuppositions in question include those pertaining to the meaning of psychology itself (Kim, Yang, & Hwang, 2006; Shweder, 1995), the mind (Gone, 2004), identity (Bhatia, 2007), personality (Lewis-Fernández & Kleinman, 1994), health (Fernando, 2014b; Gone, 2004; Shweder, 2008), emotions (Sundararajan, 2015), psychopathology (Gone & Kirmayer, 2010; Kirmayer, 2006), and far beyond. This is just a brief sampling. It is not a stretch to say that nearly every concept in psychology has been reconsidered on the basis of a critical, cultural reexamination. In sum, some of what was taken to be generally true may often have been based, at least in part, on a particular cultural framework (Bhatia, 2014; Fernando, 2014b; Gone, 2004; Henrich, Heine, &

Norenzayan, 2010; Kazdin, 1999; Kim, Yang, & Hwang, 2006; Patel & Kim, 2007; Shweder, 1995; Sue, 1999; Watters, 2010). This is not an argument for a loose relativism, but more the point that aspects of what we take to be psychological knowledge and practices may be based on one seriously limited viewpoint.

With respect to the practice of science and knowledge production, recent experimental reviews of behavioral science show that much of the literature is WEIRD science, that is, based predominantly on western, educated, industrialized, rich, and democratic societies (Henrich et al., 2010, p. 61). Further, low and middle income countries receive scant attention in the global literature on mental health—less than 4% of total output (Patel & Kim, 2007). Marginalized and underrepresented communities struggle to have their own voice heard in research, due in part to traditional research designs that view their perspective as irrelevant or peripheral to science (Wallerstein & Duran, 2006; Wertz, 2011). Feminist psychology pioneers have long shown the deep incongruities of psychological science with the experience and lives of women, with recent work radically moving toward a decolonial feminist praxis that better engages women's perspectives from non-WEIRD contexts (Kurtiş & Adams, 2015). Overall, these trenchant critiques reveal the picture of a field that is largely not of, by, and for the global citizenry.

So, on the one hand, there has been cultural insularity, but on the other hand, there are well-documented problems in the history of psychology when other cultures were actually encountered, but treated as if they were exotic objects of study and catalogued within a framework stemming from researchers' own worldviews rather than making efforts to incorporate the viewpoint of the other. These trends mirror the forms of scientific colonialism and forced acculturation which plagued the early history of anthropology and sociology before they turned to an emancipation framework (Vidich & Lyman, 2000; Wertz, 2011). Bhatia (2014), in expounding Edward Said's (1979) notion of Orientalism for psychology, discussed the general pattern of these problematic engagements, many of which were closely tied to, and helped constitute, colonialism and related practices. "An army of scholars, travelers, governments, military expeditions, and natural historians brought the Orient

in the archives of Western learning, by creating an elaborate system of representations about the natives living in the Orient" (p. 1295; see also Bhatia, 2002). It was a system of, for, and by (other) people.

A collective known as indigenous psychology is bringing attention to some of the ramifications of cultural insularity for psychology, through its ongoing efforts to bring to light previously unacknowledged cultural viewpoints from around the world (Bhatia, 2014; Sundararajan, 2010). Though not always self-labeled as a "psychology," these alternative perspectives nonetheless speak to the diverse ways that peoples around the world have characterized the psychological. In unison with these trends toward indigenization, there have been increased calls for decolonizing psychological sciences (Adams, Dobles, Gómez, Kurtiş, & Molina, 2015; Watkins, 2015), as well as advancement of liberation psychologies (Martín-Baró, 1994; Watkins & Shulman, 2008). Both are premised on critiques of the export of "Euro-American psychology" around the world, which has arguably not paid sufficient attention to issues of the social world, including oppression, discrimination, and marginalization (Fernando, 2014a, 2014b; Martín-Baró, 1994; Wertz, 2011).

Overall, there is movement astir. Indigenous, cultural, decolonial, and liberation movements are bringing to light problematic assumptions that psychology and related fields have held and are insisting on a different way. They question for whom psychology has been built and are demanding that other voices and positions be heard, that other perspectives and practices be recognized.

Practical Insularity

Recent advances in the wider world of health care, particularly in the efforts to broaden the scope of intervention beyond solely disease-based models, so that context, culture, and community become more centrally placed, have arguably not influenced clinical psychology to as much of a degree as other disciplines. For instance, the movements of person-centered care (Mezzich, Snaedal, van Wheel, & Heath, 2010; Mezzich, Snaedal, van Wheel, Botbol, & Salloum, 2011; Wertz et al., 2018), upstream healthcare (Bierman & Dunn, 2006; Rose, 2001; Whitehead & Popay, 2010; Williams, Costa,

Odunlami, & Mohammed, 2008), recovery (Davidson, O'Connell, Tondora, Lawless, & Evans, 2005; Davidson, Rakfeldt, & Strauss, 2010), multiculturalism (Ponterotto, Casas, Suzuki, & Alexander, 2010), and culturally informed evidence-based practices (Gone, 2015), to name a few, have witnessed a burgeoning in the sister disciplines of nursing, medicine, primary care, social work, and counseling, but the question remains as to whether, or when, contemporary clinical psychology will witness as much of an impact.

Regardless of the uptake of these innovative approaches, it is clear that there are untapped and effective options in the world that can be enlisted to secure collective well-being, which clinical psychology could embrace. It could only help the work. Given, for instance, that the research is overwhelmingly clear on the fact that social conditions can hinder or facilitate mental health, and that societal level interventions may be necessary in the former case (Compton & Shim, 2015; Priebe, 2015), we could learn from, and offer our own skillsets to, those approaches that have proven effective in dealing with these domains. Further, optimally attending to diverse groups in general benefits most from cultural responsivity and interdisciplinary collaboration, which is at odds with practical insularity.

In the hopes of contributing to productive movement on these issues, some of the questions that guide the current work are as follows: How can we effectively bring the world more into the clinic and, humbly and noninvasively, bring healing more into the world? What would a clinical intervention on the world even look like? These are of course open-ended questions, but ones that the present work, and the travelers therein, may help us better approach.

Scientific and Philosophical Insularity

Presupposition

The forms of social, ecological, cultural, and practical insularity outlined above are closely linked to a more general scientific and philosophical problem of *presupposition* (Husserl, 1954/1970; also Drummond, 2008,