

Domination, Deficiency and Psychotherapy

Nick Todd
Calgary, Canada
Alan Wade
Cobble Hill, Canada

The practice of psychotherapy is generally understood to have developed within the past one hundred years. This truncated view of its history obscures the influence of much older social and political traditions which continue to affect how psychotherapy is practiced. Lately, however, efforts have been made to demonstrate the continuity of psychotherapy with practices originating in much older social institutions, such as colonization (see, e.g.

Manganyi (1985), Kearney, Byrne & McCarthy (1988), Amundson, Stewart & Valentine (1993). This paper will expand on these efforts by examining some specific psychotherapeutic practices which derive from the grand colonialist narrative of civilization and progress. In Part One we will show how the appropriating and objectifying practices first extended against nature during the Agricultural Revolution and then against human beings during the Age of Colonization, were turned inward during a process of "psycholonization" which accompanied the Industrial Revolution.

Colonialist discourse produced the native as a deficient and therefore exploitable subject; a subject to be contained, civilized and assimilated into nor-

mative (i.e., European) modes of conduct. The various professions claiming jurisdiction over psychotherapy have embraced essentially the same approach, though with a diverse and highly refined discursive machinery applicable to their own unique theatre of operations. Through routine and efficient professional acts such as diagnosis and prescription, persons experiencing difficulties can be produced as deficient and simultaneously

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positioned to be treated according to the proscriptions and prescriptions of the practitioner. Many of these practices may be experienced as oppressive yet, as in colonization, portrayed by their inventors as beneficent. Part Two will examine some of the implications for therapy that flow from an examination of the objectifying and appropriating aspects of therapeutic discourse. By examining psychotherapy within the tradition of colonialist domination, we hope to promote a critical reappraisal of practices routinely undertaken in response to persons attending therapy.

Part One

A Brief History of Objectifying Practices

Objectification could be described as a code of relationship in which the One

who objectifies reduces the status of the Other to which he/she relates to that of an object. This can be accomplished through practices which isolate the objectified person or thing from its natural context, strip it of connections or attributes seen as extraneous by the objectifier, implant attributes which better suit the purposes of the objectifier, and constrain its options so that it is more likely to behave in ways which fulfill the expectations and

desires of the One. Many of these objectifying practices originated at the time of the Agricultural Revolution and evolved and diversified into the manifold social and technological changes that swept through European civilization during the Industrial/Scientific Revolution (see Fig. 1).

The Agricultural or Neolithic Revolution marked an important shift in man's relationship with the natural world which was critical to the evolution of objectifying practices. For hundreds of thousands of years man's dominant subsistence pattern had been hunting and gathering. Man made a living as nature made it available; his welfare was not separate from the rhythms and cycles of his environment. For his first two million years of existence, man accommodated nature. With the advent of agriculture, man began to anticipate what he would need and arrange the world around him in such a way that it would be more likely to provide what he wanted. A gap developed between the cultivator, the agricultural man, and the cultivated, those plants and animals against which he applied his cultivating practices. In hunting and gathering societies this gap is much narrower, as the hunter can become the hunted, the devourer the devoured, with alarming swiftness. Hunting and gathering societies also took great pains to emphasize

Nick Todd
Men's Crisis Service
255, 495-36 St. NE
Calgary, Alberta
Canada, T2A 6A3
(403) 299-9680

Alan Wade
RR 1
Cobble Hill, BC
Canada, V0R 1L0

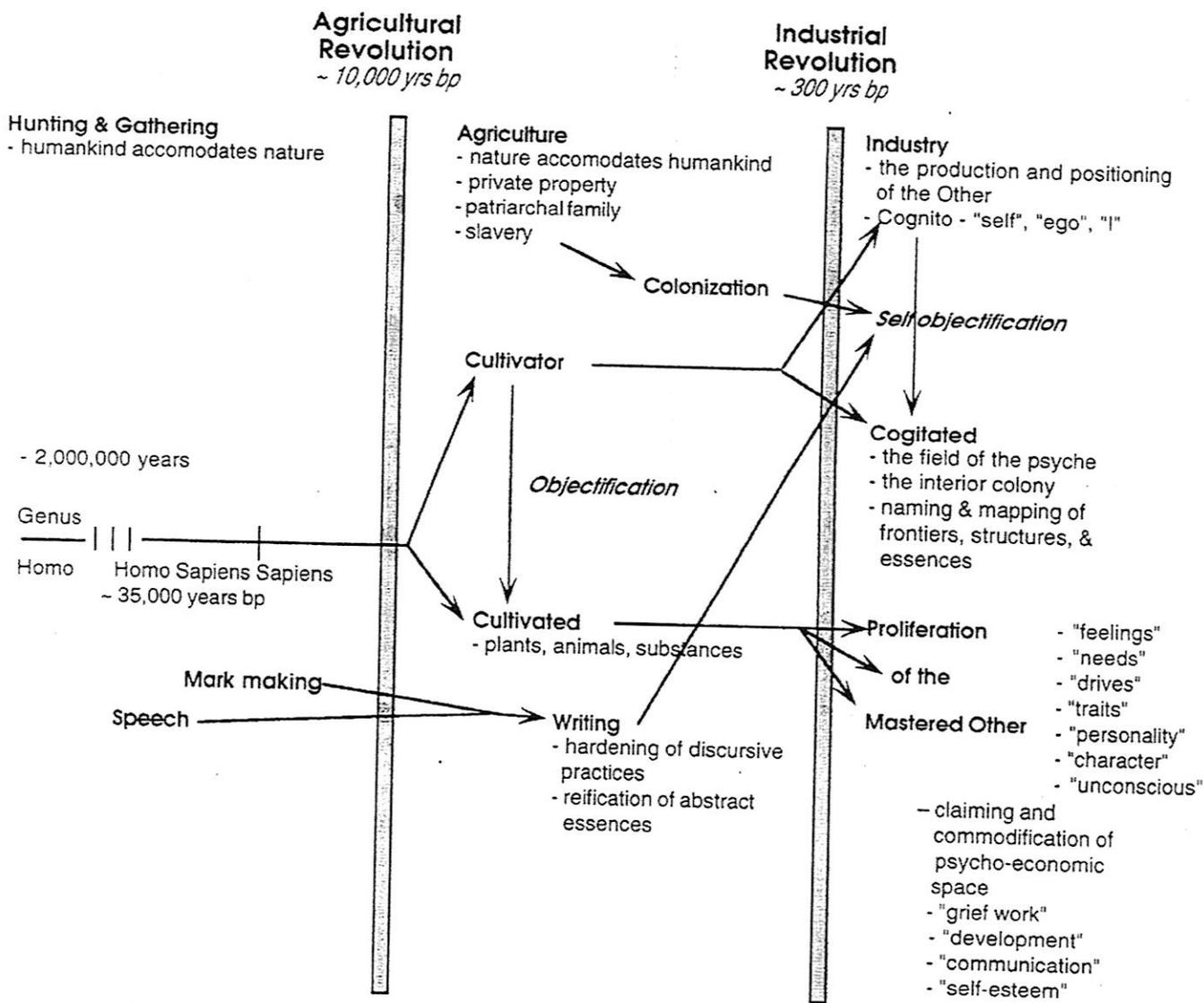


Figure 1. A geneology of some dominant social practices as relevant to the practice of psychotherapy.

and esteem the continuity of spirit between the hunter and the hunted; in the spiritual realm as well as on the hunt man and animal could readily change places. Agriculture tamed the contingency of procuring food, replacing happenstance with predictability and setting up the unprecedented expectation that nature might accommodate man instead of he it.

This expectation of mastery which developed in the Neolithic man brought about a new code of relationship between the One who masters and the Other who is mastered. Those plants and animals deemed most desirable by the cultivator were favoured and propagated at the expense of those seen as interfering with or irrelevant to the desired ones. This

skewed the natural equilibrium in favour of those aspects of nature deemed most desirable by the cultivator. This code of relationship was also extended into human affairs. In hunting and gathering societies, social units generally comprised about twenty-five individuals and required little formal organization (Leaky & Lewin, 1977, pp.159-60). With cultivation, permanent settlement became possible, human population increased enormously, and stratified social structures developed. Eventually, hierarchical relations arose between different social strata, or castes (from the Greek *kazein*, "to split"). Relationship between these castes were characterized by the same instrumental, mastery-based code of relation-

ship which had developed in the gap between the cultivator and the cultivated. This code of relationship manifested, and continues to manifest, most clearly in the practice of slavery.

Slavery is a scion of agriculture. In hunting communities slavery had been largely unknown (Durant, 1963, p.19). The required work of hunting and gathering could be done with ease with the internal resources of the community (Leaky & Lewin, 1977, p.172). With the advent of agriculture there arose the notion of private property and of the accumulation of wealth, originally in livestock and products of the soil, later in money. The English word "capital" derives from the Latin *caput*, meaning

head, and referring originally to a head of cattle (Durant, 1963, p.17). Thus, it became economically meaningful to produce a surplus and the need for labour increased. Captives in battle now became more useful alive than dead and the appropriation of conquered peoples became a standard practice of the expanding city states of the Neolithic world. Slaves were also acquired within agricultural societies through the appropriation of persons of lower caste by those above them in the social order [see Bodley (1970), Taussig (1987) for an account of these practices in colonization.] In these ways the cultivating practices were extended against the social other, both within and outside the community, and the human being was added to the stable of Others over which the One had dominion.

Psycholonization: The Inward Drift

At the time of the Industrial Revolution, the second great economic revolution of human history, there was a highly significant development in terms of the social practices being examined here - an inward turning of the colonizing process. From the 17th century on, the outward movement of objectifying practices began to recapitulate itself as a movement into the interior. At first there were but a few lonely inposts, pioneered by Descartes's tormented cogito, but once established, these inposts provided a vantage point for the mapping of an infinite-

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ly receding inner space. Remarkable new vistas were opened for the intrepid inner explorer. J.H. Van den Berg (1961) summarized these developments in the following passage:

James Joyce used as much space to describe the internal adventures of less than a day than Rousseau used to relate the story of

half a life. The inner self, which in Rousseau's time was a simple, soberly filled, airy space, has become ever more crowded. Permanent residents have even been admitted; at first, only the parents, who could not stand being outside any longer, required shelter; finally it was the entire ancestry. As a result the space was divided, par-

titions were raised, and curtains appeared where in earlier days a free view was possible. The inner self grew into a complicated apartment building. The psychologists of our century, scouts of these inner rooms, could not finish describing all the things their astonished eyes saw.... Everything had been put into it. The entire history of mankind had to be the history of the individual. Everything that had previously

belonged to everybody, everything that had been collective property and had existed in the world in which everyone lived, had to be contained by the individual. It could not be expected that things would be quiet in the inner self. (p.232)

The movement into the field of the psyche established a new jurisdiction for cultivating and colonizing practices. Where colonization had previously occupied itself with the production of exploitable subjects, there now opened up the possibility of constructing exploitable subjectivities. The individual self was constituted with terms, tropes, and metaphors borrowed from a variety of sources. The words which now name

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properties, states or conditions internal to individuals, such as "feelings," "needs" and "drives," can generally be traced to an original social meaning: "ambition" from the Latin *ambitionum*, to canvass for votes; "acumen" from *acuere*, which originally described the sharpness of an insect's sting, "will" from a Hittite term signifying copulation, and so on. The very word "feeling", originating from the Old English term *fel* meaning skin (hence the German word for doubt, *zweifel*, literally "two feelings"), has now been stripped of its original meaning and treated instead as an internalized abstract essence. Other words, such as "worry", maintain both an internal and external connotation, but the external connections are increasingly imperiled as the inward drift of language continues.

Discursive configurations were also imported wholesale from other disciplines and sciences. From geology and geography came the terminology of space, boundaries, distance, depth, topography and levels (of consciousness). From physics came hydraulic metaphors, dynamic forces, pressures, drives and equilibrium. From the grand colonialist narrative of civilization and progress came the ideology and lexicon of progress, development, potential and maturity. These discursive configurations were — and still are — deployed quite unselfconsciously in the constitution of

Figure 2. Parallel Objectifying Practices in Therapy and Colonization

Colonization

- Casting those outside the dominant culture as poor savages living in filth and ignorance; God's children in need of salvation
- Braving the wild frontier, going it alone, giving up comforts, contacting the dangerous natives
- The seminary, convent, monastery, academy and associated authoritative texts (scholarly and religious)
- Chants hymns, incantations, bleached histories, minimization and rationalization of violence, imposition of "good intentions"
- Of the wild, the frontier, the heathen soul
- Identification and naming of salient features of the landscape, production of geo-economic space-fronts, frontiers, spaces for settlement
- Traditional healers and practices are naive

Discursive Practice

Adopting the Position of Benevolent Expert

Adopting the Stereotype of Self-Sacrifice and Rugged Determination

Ritualized Initiation into Select Brotherhood of Expert Knowledge

Development of Captive and Opaque Discourse

Penetration

Mapping

Displacement of Indigenous Services and Knowledges

Psycholonization

- Casting those outside the norm as poor, suffering, mentally ill, needing our guidance to cope with the infirmity
- Working with the "under-privileged," helping with depressing and difficult people and conditions
- University, undergoing one's own "analysis," surviving the pressure and rites of initiation
- Psychiatric and psychological terminology, clinicizing of experience, intake meetings without patients, secret (confidential) correspondence
- Of the patient, the mind, the unconscious, denial, the defenses
- Psychological structure and essences, unconscious id, ego, self, self-esteem. The interior colony; naming of psychojurisdictional spaces-grief, moral development, self-actualization, etc.
- Family and friends are well-meaning but inept

Figure 2. continued – Parallel Objectifying Practices in Therapy and Colonization

Colonization

Discursive Practice

Psycholonization

Displays of Certainty

- Pronouncements, decrees, edicts, authoritative definitions of natives, assertions of superiority and inevitability of assimilation to European cultural norms.

- Assertions, assurances of scientific accuracy, "objective" descriptions of traits and needs, prognostication

Diagnosis

- Heathen, savage, dark, lazy, primitive, child-like, over-sexed

- Deficiency, disorder, syndrome, dysfunction, lack

Prescription and Imposition of Corrective Measures

- It is better to live by Christian, European principles and traditions

- Adaptation to norm signifies proper adjustment, "be more assertive", have more self-esteem, learn to communicate better, correct chemical imbalance

Pathologizing of Alternative Viewpoints

- Non-compliance with European principles and practices are punished, alternatives discredited

- Transformation of insurgency into disorder, use of psychiatry to manage resistance

Isolation of Target Populations

- Placing children in residential schools, internment, reserves, recruitment of native missionaries

- Marginalization, exclusion from "normal range", implantation of pathology, nosological placement

Incitement of Self-Inspection

- Criticism of own culture equals intelligence

- Self-policing and criticism is the hallmark of insight

Deploying Discourses of Progress and Development

- European ways are the most progressive and sophisticated

- Normative model provides the template for optimum development

Attribution of Credit to the Therapist/Missionary

- Progress is a result of the presence of the colonialist

- The client improves because of "professional treatment"

supposed universals of "human nature."

The exploration of self was often conducted and described through metaphors of penetration. The colonizing practices of exploration and laying claim were used to generate psycho-economic space. The field of the psyche was divided into continents and sub-continents, plots and sub-plots. Disputations over territory and juris-diction arose over who would establish the right to inscribe the inner atlas. As in colonization, resistance to being named and contained had to be confronted by the explorer; crushed, broken down, or "worked through". Under the right conditions, it was presumed, the hidden interior would project itself upon the world; forces from the depths would surface, where they could be rendered transparent through acts of interpretation and assimilated into the normative models of the psycholonizer. Figure 2 summarizes some of the parallel objectifying practices in colonization and psycholonization.

The elaborate discursive machinery deployed in the production of exploitable subjectivities reflected a new and modern form of power. Foucault (1979) has shown how social power in post-industrial society, "bio-power," differs from the dominant form of social power in pre-industrial society, sovereign power. The great innovation of bio-power was the development of an incorporeal mode of power. This was done by utilizing techniques of documentation, segregation, and surveillance to establish a continuous subjective feeling of being "under the gaze" for the subjects of that power. By incorporating a subjective feeling of the presence of power within the subjects of that very power, bio-power eliminated the need for an actual person who embodied The Gaze. This established a continuous and invisible mode of power which far exceeded in efficiency the intermittent and visible power of the sovereign. Power no longer emanated from a king or queen who would administer punishment if his/her rule was challenged, but became a disembodied gaze of normalizing and totalizing judgment which recruits persons into their own subjection and incites them to establish their own

disciplines of the self.

Building on Foucault's work, White (1991) has outlined how bio-power, which originated as a means of holding workers to desired norms of production, now operates autonomously to constrain individuals within normalized specifications of personhood. Over time, the norms of production, originally imposed from without, become internalized and the worker becomes more and more self-governing. Eventually, the norms of productivity invest the life of the worker like a parasite; one becomes a coal miner like one's father and grandfather, and declares personal pride in this fact: "That's what I am." What was originally a functional requirement of the Industrial/Scientific Juggernaut becomes constitutive of the individual worker's personal identity. This is the constitutive aspect of bio-power; rather than restraining and punishing, it invests and recruits. Persons in such a normalizing society are governed

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from the inside out; the specifications of the disembodied One, the Industrial/Scientific Juggernaut with its associated bureaucracies and institutions, its autonomous mechanical functioning, and its insatiable demands for productivity, are dispersed and implanted continuously and invisibly, recruiting persons into a rigid dressage of personhood. Ten thousand years after the Agricultural Revolution, humankind is being cultivated by its own cultivating practices, mastered by its own expectation of mastery.

The Production and Positioning of the Deficient Other

Establishing dominion over human beings required a greater warrant than was necessary in the case of plants and animals. Initially this was accomplished through war-engendering discourses

which rendered the other barbarous and thereby justified acts of conquest, annihilation and subjection (Said, 1993). As colonizing practices proliferated, so did the discourses deployed to render the Other as deficient, ignorant and uncivilized while constituting the One as beneficent, proficient and progressive. The North American aboriginal, for example, was constructed in 17th century French writings as

'a statue of flesh and blood, an artificial man who could only be moved by the use of force.' He was without heart for his natural responsibilities, had no eye for the beauties of nature, did not even have names for painting and sculpture. (Quoted in Dickason, 1984, p. 65)

Much later, at the end of the 19th century, the Reverend William Duncan, whose "success" as a missionary in B.C. is publicized in the Royal British Columbia Museum (and on the forward walkway, promenade deck of the B.C. ferry, Queen of the North), described aboriginal communities as "dens of darkness and iniquity", full of "atrocities" and "heathenism":

The dark mantle of degrading superstition enveloped them all, and their savage spirits, swayed by pride, jealousy and revenge, were ever hurrying them to deeds of blood. Thus their history was little else than a chapter of crime and misery. (Quoted in York, 1989, p.30)

At the peak of the missionary effort, individuals in the mainstream of European and North American society experienced a series of sweeping social changes; "the emergence of large factories and corporations, the appearances of activist governments, an increase in physical and social mobility, the rise of cities, the immigration of a new underclass" (Abbot, 1988, p.282), not to mention increased literacy and pressure for participation in public education. Traditional work habits had little place in the new

economy, and the weakening of the usual sources of support, such as family and local charities, made people more dependent on the emerging organizations. According to Abbot these social changes were experienced in a new way, "as personal problems in particular individual's biographies" (ibid). Nevertheless, employers wanted a stable and productive work force, and legal and medical practices were developed which would assist in the identification and amelioration of aberrant behaviour. It was at this time that public drunkenness and other minor misbehaviours were defined as crimes and the concept of addiction gained prominence. There was an increased interest in social order and, interestingly, "a mass of 'positive thinking' movements and psychic cults arose" (ibid, p.284). And, in response to a dramatic rise in "nerve ailments", Americans radically increased their intake of hypnotic medications:

Even sickness was regulated. On the one hand, invalidism lost its legitimacy and sickness was allowed only in hospitals. On the other, the regularization of economic life assigned illness a clear economic importance, and for the first time, employers studied work time lost to minor illness.

There resulted an extensive social and individual interest in the adjustment of individuals to the new working conditions. Since there was little likelihood that conditions would change, the men must be changed to fit them (ibid., pp.283-84)

A number of factors combined to make it possible at this time for psychiatry to establish virtually total dominion over problems of personal adjustment; its transformation of lunatic asylums into mental hospitals, its association with universities, its appropriation of scientific discourse, its association with neurology, its prominence in the First World War (in treating shell shock, dealing with desert-

ers, etc.), and last but not least, its association with Freud and the brilliant new method of psychoanalysis. Freud, it should be noted, remained anchored in colonialist notions of primitivism and deficiency (for a discussion of these same notions in the work of Marx and Hegel, as well as Freud, see Manganyi (1985). Here, for example, Freud builds on the solid foundation already constructed by his colonialist forebears in establishing

this theory were (1) that all social factors in nervous and mental disease were important only through their effect on the individual, (2) that any violation of social rules ("the mildest psychopathies, the faintest eccentricities") signified mental problems, and (3) that the proper approach to such problems was individual, not social. These

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the continuity of the "neurotic" with the "primitive":

In our children, in adults who are neurotic, as well as primitive peoples, we meet with the mental phenomenon which we describe as a belief in the 'omnipotence of thought.' In our judgment this lies in an overestimation of the influence which our mental (in this case intellectual) acts can exercise in altering the external world. All the magic of words, too, has its place here, and the conviction of the power which is found up with the knowledge and pronouncing a name. (Quoted in Manganyi, 1984, p.153)

Despite (or perhaps because of) their colonialist heritage, Freud's ideas attained remarkable prominence. The elite training institutions became dominated by Freudian ideas, and it was determined that all analysts must undergo their own analysis, a requirement that effectively excluded many potentially critical voices from the club. In addition, American psychiatry had developed its own comprehensive theory of adjustment. According to Abbot:

The implicit assumptions of

assumptions made psychiatry's general theory of adjustment an enormous popular success. They accepted the new order of society ... and thereby anchored the borders of the new world. (ibid., p.298)

Psychology also made important contributions to the objectification of the subject. As Kurt Danzinger (1990) outlines in the following passages, by the end of the nineteenth century psychology was developing means of apprehending individuals as aggregates of traits and factors that could be named and fixed according to normalized statistical distributions:

Although personality ratings and inventories were essentially an exercise in the application of certain verbal categories, they were presented as somehow analogous to natural scientific measurement. A particular set of natural language terms could therefore be made to take on the guise of categories of nature. The question of how terms like "ascendance" or "dependence" functioned in the language games characterizing certain social relationships was not the kind of question that motivated these investigative practices. Instead, "ascen-

dence", "dependence", and the rest, were treated as unambiguous properties of the natural world that were to be investigated much as a 19th century physicist might have investigated electrical resistance.... What this amounted to was a masquerade in which categories generated by a very specific social order were held to represent an a-historical natural order.

By the closing years of the nineteenth century, it was common, especially in the United States, to formulate the human problems of urbanization, industrial concentration and immigration in terms of the problems of individuals conceived as members of statistical aggregates. Crime, delinquency, feeble-mindedness and so on were easily attributed to these statistical distributions of certain individual characteristics. That meant the transformation of structural social problems into the problems of individuals, which were to be dealt with not by social change but by administrative means.

If all social problems were nothing more than the aggregate of individual problems, they could be handled by appropriate treatment of individuals and required no questioning of the social order. (pp. 162, 80, 110)

The implantation of disembodied abstract essences such as "ascendance" or "dependence" allowed for the production of exploitable subjectivities, as the implanted essence could be diagnosed as deficient and corrective procedures, be they chemical, emotional, or educational, could be prescribed. Persons were apprehended, and learned to apprehend themselves, against normalized distributions of various putative internalized essences: "assertiveness", "autonomy", "initiative", "motivation", "self-esteem", "ego-strength", etc. The continuous manufacture and dissemination of new categories of "traits", "needs", "personality factors", etc., ensured a vast corpus of malleable subjectivities infinitely responsive to the shifting norms of the dominant culture.

Rhetorical devices such as Maslow's "hierarchy of needs" ensured that even so-called "normals", mercifully left largely alone hitherto, could now be rendered deficient, and be incited to render themselves deficient, through evaluation against abstract essences drawn from Maslow's select sample of "self-actualizers." A relative lack of "B-values", for example, could once again indicate a continuity with the dreaded neurotic:

[B-values] are not separate or distinct. Ultimately they are all facets of Being rather than parts of it. Various of these aspects will come to the foreground of cognition depending on the operation which

The net result ... was the establishment of a comprehensive rhetorical machinery capable of objectifying any aspect of the subjectivity encountered ...

has revealed it, e.g., perceiving the beautiful person or the beautiful painting, experiencing perfect sex and/or perfect love, insight, creativeness, parturition, etc.

Not only, then, is this a demonstration of fusion and unity in the old trinity of the true, the good, and the beautiful ... but it is also much more than that. I have elsewhere reported my finding that truth, goodness and beauty are in the average person in our culture only fairly well correlated with each other, and in the neurotic person even less so. It is only in the evolved and mature human being, in the self-actualizing, fully functioning person that they are so highly correlated that for all practical purposes they may be said to fuse into a unity. (Maslow, 1968, p.84)

The net result of all these developments was the establishment of a compre-

hensive rhetorical machinery capable of objectifying any aspect of the subjectivity it encountered and fixing its place within the ideological and conceptual idiom of the dominant scientific/industrial culture. Colonialist discourse construed the "savage" as deficient-irresponsible, uncivilized, pagan, cruel and thereby established a jurisdiction for the application of various "civilizing" practices. Based on this construction, the North American Indian was confined to reservations and "educated" in missionary schools, all "for their own good." In the same way, psychologizing discourse rendered the "neurotic" as a primitive other bound by magical thinking, thereby establishing the jurisdiction for further objectifying prac-

tices. The doctor was now justified, even obligated, to Adopt the Position of Benign Expert, to engage in practices of Diagnosis with accompanying Displays of Certainty, before Penetrating the defences of the patient and imposing the Corrective Measure of European rationality on the wayward magical thinking.

Such productions of the deficient Other provide the warrant for the psycholonizer to take charge; to put the subjectivity of the Other under the gaze of normalizing and totalizing judgment, to name and fix its deficiencies, and to enter into the psychological space of the Other in order to establish the authority of the One. This is explicitly mandated in the interviewing guide for the DSM-IV

Assess Insight - Become an Ally

There are three levels of insight: full, partial, and no insight. a patient who describes his psychiatric symptoms as a result of his disorder [sic] demonstrates full insight. For instance, a patient with panic attacks who recognizes them as "ill" [sic] has full insight.

Show Expertise

Empathy goes a long way, but empathy is not enough ... Convince him you are an expert. Use three techniques to convince him that you understand his disorder: a. make him understand that he is not alone, put his illness into perspective; b. communicate to him that you are familiar with his illness — show knowledge; c. deal with his mistrust.

This expertise sets you above well-meaning family members or friends. It distinguishes you as a professional.

Establish Authority

While empathy roots in your compassion with the patient's suffering, and expertise in your knowledge of his problem, authority originates from your ability to handle him. Establish authority at the moment you meet your patient by taking control of the situation. Take responsibility for his welfare.

The acid test for your authority is his acceptance of your explanations and his willingness to comply with your treatment plan. (Othmer & Othmer, 1989, 36-37).

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Conclusion

The relationship of colonizer to native is recapitulated in many respects in the relationship between psychotherapist and client/patient. In both cases, the dominant One — the bearer of imperial wisdom and culture on the one hand, the bearer of expert clinical insight on the other — participates in producing the Other as deficient through the implantation of attributes and abstract essences. This code of relationship is based on the following premises:

- 1) You are deficient/I am proficient
- 2) Therefore, I have the right (duty, privilege, responsibility) to perform proscribed operations upon you, with or without your consent.

- 3) These operations are undertaken for your own good.

From these premises derive a five-part ritual of objectifying the Other:

- 1) Naming
- 2) Fixing
- 3) Implantation
- 4) Diagnosis
- 5) Prescription

Thus a person seeking consultation with regards to a troubling pattern of being overlooked, taken for granted and badly treated might be recast as a person lacking assertiveness or self-esteem. This naming of the problem apprehends the person and fixes his/her place within a totalizing ideology which maintains that persons are made up of enduring and manageable "traits" or "characteristics" which can be individually factored out and objectively measured. This "rhetoric of autonomous and enduring disposition" (Gergen, 1990) decontextualizes the diffi-

culties being experienced by the person and implants them as characterological defects which can then be diagnosed according to various dogmas of deficiency such as the DSM-IV. This in turn justifies the prescription of corrective measures - anti-depressants, cognitive therapy, assertiveness training - which will bring about a better "adjustment" to the norm.

One important difference between colonization and psycholonization still exists. While it is now generally agreed that colonization involved the annihilation, subjection and forced "assimilation" of millions of persons worldwide, psychotherapy is still perceived as an inherently beneficent process intended ultimately to liberate the client from his/her difficulties, including the effects of traumatic experience. At the level of discursive practice, however, apparent differences between colonialist and psychotherapist disappear. In psycholonization as in colonization, the other is named and fixed as a knowable object. Persons presenting for therapy are apprehended within clinical nosologies which name and fix them as deficient, damaged, dysfunctional. Under the knowing gaze of the therapist/expert, the lived experience of the "patient" is recast in the privileged idiom of the psycholonizer. Dividing and segregating practices are employed which marginalize as trivial some aspects of the patient's narrative while marking others as signs of a putative pathology held to have causative influence over the "surface" problems the person is experiencing. In this way, the person experiencing trouble with some aspect of his or her fit with their social milieu is produced as a deficient Other and corrective measures can be applied which will bring about a better assimilation into the dominant culture. It is precisely by participating in the production of these deficiencies that colonialist and psychotherapist reproduce themselves as authorities invested with the right and the responsibility to perform objectifying operations upon the other.

When the person seeking therapy is confronted with discursive practices which seek to locate the source of their difficulties in some putative personal deficiency, they face the same choice as the indigenous person confronted by the colonizer: compliance or resistance. Generally, because of the overwhelming technical superiority of the colonizer and his/her presentation as beneficent master, the indigent will first attempt compliance. Only after the veil of benevolence is rent and the face of oppression revealed will the option of resistance become compelling. Since the practices of the colonizer contain many provisions for cloaking their violence, it may be decades before the oppression can be detected and articulated by the oppressed, as has been the case for North American natives interned in residential schools. The psycholonizer has an additional advantage over the colonizer in that his ideological repertoire includes an allowance for "resistance" which sees it as part of the problem and so allows him to maintain

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his benevolence in the face of increasing resistance. This ideology holds that if the psycholonizer is able to maintain a position of benevolent "neutrality", the resistance may eventually be "worked through" and become part of the solution instead of part of the problem. This homogenization of resistance is a hallmark of any therapy of assimilation. Part Two of this paper (to come in the 1995 Spring issue of *The Participator*) will outline an alternative therapeutic approach which uses the indigenous resistance knowledge of the person seeking therapy as a point of entry into therapeutic conversations which celebrate resistance to objectification, oppression and bad treatment.

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