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Introduction

During my seminary training I worked at one of the oldest psychiatric hospitals in the nation in an urban context and visited “chronic” patients who had been in the hospital for decades. Working at this large institution exposed me to the practice of confinement that is unique to mental hospitals. I noted the racial stratification of psychiatry, with white doctors organizing treatment and African Americans cleaning the rooms. I noticed how staff rarely talked to patients.

In a separate experience I worked at another psychiatric hospital/addiction treatment unit in a suburban context where patients stayed a few days or weeks. At this small institution, with more resources, the predominantly white staff seemed to offer in-depth education and therapeutic programming.

These two hospitals, about 17 miles apart, were two different worlds that resemble our divided nation. Indeed, in this book I argue that psychiatric treatment is one of the chief mirrors through which we can explore the true values of our times, namely, who is seen as worthy, who is understood, who is cherished, and who is abandoned. In these two different hospitals “patients” were being treated in different ways. Thus, mental illness becomes an interpretive frame through which to understand our society. The difference in social setting and activities reflected important messages given about class, race, and identity in America.

This book is about the psychological impact of social class in an age of massive income inequity, rising unemployment, and soaring debt. Also, it is a book about how this psychological impact from the social world is inadequately interpreted when people are understood through an exclusively biomedical framework, as in much of modern American psychiatry. I argue that understanding the mental distress impact of the new economy can lead to greater solidarity with psychologically affected persons by redistributing necessary resources to them and also
recognizing their voice. Redistribution is about making sure that persons have what is necessary to survive; recognition is about making sure their voices are heard.

Books about mental illness in pastoral care and counseling tend to favor the psychiatric frame, often accepting biomedical diagnostics without critiquing the power of psychiatry. Indeed, ministers and pastoral caregivers often feel ill-equipped to care for persons with mental difficulties so they refer them to other “experts” with similar class and educational backgrounds to themselves. Current approaches to mental illness in the pastoral counseling literature thus implicitly foster the diagnostic frame of psychiatry by reinforcing its categories, perhaps encouraging churches to be more hospitable to the mentally ill while leaving the framework of mental illness largely intact. At the same time, any redistribution that is offered by churches and ministers is often done under the rubric of charity, seen as a one-time gift for uplift. Since mental illness is often bound up with economic injustice, it is our responsibility to prevent it, and not just treat it.

I write as a white Presbyterian minister who teaches pastoral care at a Catholic school of theology. While growing up in Bangkok, Thailand, and then in Anderson, Indiana, I saw two sides of globalization in a neoliberal era. As an adolescent in Indiana, I saw my friends diagnosed with mental illness when their families were disintegrating. All around us rose the spectral ruins of automobile manufacturers, abandoned and covering the landscape in vast acres, a dystopic nightmare. Much of the social suffering I saw around me in the Rust Belt community where I was raised was related to vast unemployment and economic inequity. There was a palpable feeling of public despair, which was sometimes attributed to the psychologies of presumably mentally ill individuals. In my professional life as a board-certified chaplain in mental health institutions, counselor, and minister, I have been increasingly moved by the fact that we misinterpret much of the social suffering of our time with our given categories for mental illness. My own journey from working-class roots to professional identity has been a complex one. While now a beneficiary of middle class status and prestige, a privilege that comes through being an academic and a professional, I still sometimes feel estranged from both the middle class and my working-class roots. These are the issues that undergird the book, whose argument attempts to address the economic suffering that underlies this despair in a complex fashion, interpreting the distress not as a sign of something unbalanced in one’s brain, rooted in one’s genes, but rather rooted in the stress and trauma of working-class experience.
Social Class and Mental Distress

An exclusively biomedical approach to mental illness is missing something significant since much of what people are suffering from today could be described as economic oppression. Today people are working in worse conditions than ever before, often with less pay and fewer rights. They face frequent unemployment and carry heavy debts simply to survive. All of these factors have direct psychological effects that are not described clearly by dominant medical frameworks for mental illness.

Emerging research indicates that class dynamics directly contributes to mental distress. Mounting evidence shows links between mental turmoil and one’s position in a less-privileged social class. Persons in working-class positions are more likely to experience mental distress than managers, as are persons who feel that their labor has been exploited. Some of the most pressing effects of the current economic crisis—income inequity, unemployment, debt, and home foreclosure—have distinctive impacts on psychological well-being.

Research suggests that persons who own a home or a car are less likely to experience mental distress, while chronic unemployment is a leading cause for suicide. Studies have even demonstrated how impoverishment impacts persons in childhood, producing stress that influences early childhood development and leads to anxiety and depression in adolescence. Since biomedical models of mental illness systematically exclude all but the most general economic information, these links between economic factors and mental suffering are not theorized effectively.

The paradox is that an exclusively biomedical model of mental illness obscures from us the distinctive causes and sources of suffering that stem from these new economic times. The changes that we have seen in our society in the last 20 to 30 years can be described as neoliberalism, which David Harvey defined as

a theory of political and economic practices that proposes that human well being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, and free trade.

It is important to note that neoliberalism is not simply an economic system; it is also a culture that promotes a certain view of the person. A distinctive aspect of this culture is its tendency to place internal blame for suffering that is rooted in the social realm. At the same time, there is the implicit expectation that everyone should be able to succeed.
As the market increasingly comes to define various aspects of persons’ lives, neoliberalism silences organizing and labor movements, as well as movements for self-definition and intersectional rights. For example, major depression first entered the diagnostic manuals in 1980, just when neoliberal governments told us “there is no society, only individuals [and their families].” Bruce Rogers-Vaughn argues that biomedical psychiatry, which broadened the mental illness framework at the same time that it individualized the consumer of mental health, has turned suffering into a market and thus created a culture. This culture has been fostered by direct-to-consumer advertising that has promoted an individualized view of mental distress that is simply meant to be overcome.

Rogers-Vaughn carefully nuances his point, stating that depression is a complex phenomenon, and argues that an exclusively biomedical view of depression as rooted in the brain or the genes obscures the fact that, with rising economic inequity, depression should be considered, in the words of Ann Cvetcovitch, a “public feeling.” If a greater number of people sense that they do not quite measure up and that they may be failures in an economic world intent on cutthroat competition, and if more opportunities are available to see their suffering as being treatable by medication only, then we are obviously missing much of the tenor of our emotional times. Rather than silencing the voice of depression, Rogers-Vaughn argues that we must listen to it, noting how it reflects on our wider society.

Rogers-Vaughn makes a compelling case that mood disorders are more prevalent in societies with a great deal of inequality. Neoliberalism seeks to maximize profits, and in the process incites persons to measure themselves primarily in economic terms. He argues that depression in persons is a response to the message that their monetary value is the only meaning placed on their lives. He interprets the rise in antidepressant medication as a stifling of the potential for political resistance against the imposition of an unjust system.

What we have on our hands is widespread confusion about what ails us and what we should do about it. Indeed, there seem to be a range of professionals in a variety of disciplines who are happy to individualize a person’s mental suffering as a disease and chart its course, applying medicine to the problem. By contrast we need to find ways of listening to the distinctive suffering of our times and enabling persons to respond directly to what causes that suffering.

In this book I argue that social class is an important way to understand the suffering of neoliberalism. On one hand, social class could
just refer to the fact that these changes under neoliberalism were made by persons who were elite and who fostered their own interest by moving companies abroad, eviscerating unions, and keeping wages low. On the other hand, social class is a more complex phenomenon since it involves the relationship between workers and employers. For this book, social class means not simply “collections of families and individuals who have similar levels of, and access to, scarce and valued resources over time” but also the interdependent antagonism that links workers and owners together over time as owners exploit the surplus labor of workers primarily to further capitalist profit and thereby forcefully exclude many seeming nonproducers. Note that this definition—which I explore further in chapter 1—includes relationships of production and talks about the core conditions of capitalism. Unfortunately, many of our current ways of describing and managing psychological distress do not grapple with the concrete realities of social class.

The Psy-Complex

Nikolas Rose coined the term the “psy-complex” in his discussion of the development of psychological testing in the United Kingdom during World War I, and his definition indicated that it included various disciplines of psychiatry, psychology, and social work, as well as the institutional settings in which they are deployed. Drawing heavily from Michel Foucault, he argued that the psy-complex helped persons describe various aspects of their lives under the rubric of an overarching theme and that this contributed to the production of a certain kind of identity, an identity as a psyche. In this book, I address how the system of mental health diagnosis and treatment exerts a social control over persons that obscures some significant aspects of their suffering.

In chapter 2, I state that the psy-complex includes the tendency to posit internal structures of thought or mind to interpret factors that are inherently social. It often includes a kind of “methodological individualism” along with a preference for organic medical explanations of mental health rooted in the brain or genes of an individual. Persons who work in the psy-complex are, by virtue of their training, often middle class or upper class, although their own class position rarely enters into their official judgments.

Rose emphasizes that the psy-complex constitutes the collaboration of official human sciences with technologies of control and normalization. He did not adequately describe what this control or normalization might be for, or what use it served in society.
What purpose does the psy-complex play in the twenty-first century? It offers metaphors that structure a person in individualistic terms, with mental health or illness located squarely within their own brain or genes. This individualizing tendency does not adequately attend to social explanations for suffering, such as those drawn from social psychiatry and mental health epidemiology, that look at how economic, racial, and gender oppression interact with mental illness. Even when the psy-complex may attend to some contextual factors, it tends to do so as “risk factors” incidental to a larger pathology. The psy-complex is both reified and supported by training schools and official credentials, and it is supplemented by major federal grants that are interested in organic causes of mental illness but not social and environmental stressors.

People who are seen as poor are often diagnosed with a mental illness. Given the rise in the neoliberal perspective in which capital accumulation is highly valued over other social goods, working-class communities become sites of state-based interventions. For instance, social workers and other professionals within the psy-complex intervene in the lives of working-class persons to determine whether they are still eligible for government aid. In this sense, persons who work hard to survive every day are more heavily managed by the language and practices of the psy-complex. At a wealthy private psychiatric hospital, case files for persons covered by Medicaid were bulging with reports, while private-pay patients had only a few documents in their files.

The language of psychiatry and psychology, when applied to the conditions of poverty, can implicitly naturalize poverty by making it seem as if the poor person is responsible for a problem existing inside him or herself or within his or her community. The “culture of poverty” discourse describes poor persons as “unwilling or unable to respond appropriately to the values, rewards, and expectations that formed the . . . larger society.” This kind of discourse lays primary blame for poverty on working-class persons, thus contributing to their stigmatization while obscuring structural changes that have led to more widespread poverty for many. Here is an example of what can happen when being in the working class becomes the object of the psy-complex discourse: if poverty universally has these effects on people, and if they need expert help to “break out of” its cycles, then poverty again becomes the responsibility of the individual rather than the result of structural injustices perpetuated by vested interests. Impoverished persons are often described as implicitly “dangerous” or delinquent and needing correction.
Once people are perceived as poor, they enter into the psy-complex as subjects to be managed. This transformation of discourse offers an internalized interpretation of their economic suffering, when in fact social causes have contributed to their distress. Economic realities are increasingly being represented in medical terms through biological and psychological models that do not account for the role that working-class experience plays in our understanding of health. In my description of the two psychiatric hospitals at the beginning, one of the most startling facts was the radically different economic condition at each hospital. Among the most problematic effects of psy-complex discourse about poverty is that it implicitly blames impoverished persons and their communities for effects that are structural and even global, thus reinforcing a sense of interiority and shame when political resistance would be a more appropriate response.

Persons who work in the psy-complex are often responsible for identifying problems within persons and ameliorating them. They are involved in a system in which social control is often exerted through psychological medicine. Yet they are also able to resist social control, as when a social worker challenged her supervisor’s diagnosis in a case conference meeting, or when a counselor in a welfare office worked with clients to make sure that they could get the maximum benefits. The psy-complex tends to focus on individuals and their families rather than social factors, positing an “ideal” world of thoughts and motivations whereas the horizon of corporate, media, and global factors is actually even more significant than one’s own thoughts, cognitions, and family relationship in influencing one’s behavior.

The psy-complex is the conceptual category that emphasizes biomedicalization of distress in ever-widening variations, such as the pathologization of grief at the loss of a loved one. The psy-complex is reinforced by daily television advertisements that promise happiness through psychotropic medications and also by the massive corporate infiltration of psychiatry by pharmaceutical companies who run the agenda for the mental health industry. The difficulty with the psy-complex is that if it defines a person’s suffering as primarily originating from their own personality, body chemistry, or family, it underestimates the complex and interconnected levels of oppression inherent in modern-day neoliberalism by positing individual blame for social problems.

Psychology’s Marginalization

On the opposite end of the psy-complex’s social control is a positive and helpful version of psychology, one that attends to subjective interpersonal
experience such as the attempts to survive chronic and debilitating conditions. This kind of psychology that counts attends to factors such as work, money, gender, race, privilege, and personal as well as structural feelings that interpret these realities. This psychology would have little to do with illness or treatment and would not be a scientific psychology based on a pragmatic cure for behavior, but would attend to the subjective experience of what it feels like to live in a neoliberal era.

David Smail offers one such reframing of psychology. He notes, “It’s hard to see how I can avoid ‘psychology’ at least as part of my enterprise,” but he insists that his version of the discipline is as much concerned about what goes on in the world as it is with what goes on in a person’s head. He clarifies his project as aimed at what it means to experience “avoidable” human suffering in our bodies and selves, and he suggests that psychology should give us tools to understand and respond to this suffering. Critiquing a psycho-complex notion of the importance of an individual’s thoughts or intentions, he argues that most psychology focuses persons on an inner world that does not go beyond what is inside their own skulls. Likewise, it makes a similar error of focusing treatment on what is proximal to that person—their own family and kin-network—rather than focusing on influential outside power structures. By contrast, Smail argues for what he calls a “social environmentalist psychology,” which, rather than helping the person in their own thoughts discover insight into their behaviors, would “help the person achieve ‘outsight,’ such that the causes of distress can be demystified and the extent of their own responsibility for their condition put into its proper perspective.”

Psychology should help us map the widespread emotional distress of our times, as Ann Cvetkovich has done in her work on depression. She argues that depression is a “public feeling” related as much to political events as interpersonal ones. Maintaining that we must find ways to bring feelings back into politics and bring the political into our discussion of feelings, she indicates that this could mean hearing widespread national and chronic trauma such as racial oppression, class suffering, and the marginalization of various sexual identities through the lens of a revitalized psychology.

Additionally, we must find ways of talking about what is painful and shameful. Voicing marginalized experiences allow these silenced themes to emerge. In her book Where We Stand: Class Matters, bell hooks describes how her own family of origin never talked about money. When her family moved into a middle-class neighborhood, a kind of pride kept her mother from being too glad about leaving
the other past behind. Likewise, when hooks wanted to go to an expensive out-of-state college, her desire was named “sin” rather than class transgression.\textsuperscript{33} The primary dynamic that hooks describes in talking about class is “shame.” She notes, “When I went to fancy colleges where money and status defined one’s place in the scheme of things, I found myself an object of curiosity, ridicule, and even contempt from my classmates because of my class background. At times I felt shame.”\textsuperscript{34} Rogers-Vaughn suggests that greater inequality leads to greater shame, as persons engage in shame-based expenditure cascades in which they shop as a way of shoring up their image of themselves.\textsuperscript{35}

Without addressing the central role that shame plays in many of our social encounters, it is difficult to address why consumer culture is such a powerful influence on US society. Persons who are influenced by class shame are impacted by the feelings of emptiness and need. In a world in which people bombarded by images of very wealthy individuals and their consumptive patterns, a kind of chronic shame and rage set in for persons who are excluded from this wealth and seemingly unable to “make ends meet.”

Addressing painful and unspoken realities that surround social class is one important step in changing the systems in which we unconsciously operate. To do this means that we plumb the best of our traditions and also critique them. On the one hand, this kind of psychology could be used, as in the work of early social psychology pioneers such as Harry Stack Sullivan as described by Philip Cushman, to “identify and ameliorate the ‘root causes’ of poverty, racism” and other oppressions.\textsuperscript{36} In order to do this, Sullivan suggested, we must challenge universal ahistoricism in our disciplines along with its “unanalyzed class bias.”\textsuperscript{37}

I argue that psychology involves attention to subjective interpersonal experience, especially that of unnecessary suffering, and that it also highlights persons’ attempts to cope with and survive chronic and debilitating conditions. With careful attention to the biomedicalization of everyday experience, such as people’s tendency to describe themselves as a “risk” or “liability,” this kind of psychology attends to the suffering of the perceived failure to be a neoliberal subject, and the uncomfortable feelings that can attend such experience, such as shame and personal failing.

Rather than positing elaborate inner conceptions of selfhood to respond to social suffering, this approach turns to the world outside with political feelings, challenging the divisions between public and private and the exclusion of emotions from the public sphere.\textsuperscript{38} The critique of the psy-complex rested on its methodological individualism. This kind
of psychology, by contrast, approaches public realities with personal feelings and addresses these feelings directly in a public venue.

Psychology’s marginalization has happened through market-based models of mind and body that tend to reduce people to certain quantifiable factors. Recovering psychology from its marginalization means taking account of the social environmental psychology that comes from living in a neoliberal age, often psychically “well beyond our means,” and grappling with this in a public fashion. Bringing hidden feelings of shame, rage, and powerlessness to bear on circumstances of mass oppression involves revealing the pain that has come from decades of marginalization and despair.

As I argued previously, this book is about the psychological impact of social class in an age of massive income inequity, rising unemployment, and soaring debt. Also, it is a book about how this psychological impact from the social world is marginalized when persons are understood through an exclusively biomedical framework, as in modern American psychiatry.

Too little attention has been focused in pastoral care and counseling on the conditions in which people have to work and how these conditions contribute to their social suffering. Researchers have discovered that a lack of money does produce unhappiness, but an excess of it does not contribute to happiness at all. A focus on money, investments, and social inequity shows how people are increasingly invited to measure themselves on the basis of capital rather than meaning making, leading to an elision of significance for many persons who measure themselves based on money alone rather than social relationships, community, neighborhood, or other supports. Indeed, other sources, such as theological anthropology and reflections on the importance of work must be used to supplement our pastoral theology at this point, because our reflections on social class seem to be absent and our analysis of mental illness lacks a rigorous exploration of the economic impact on emotional distress.

On one hand, this book is about economic inequity and its psychological effects: it is fundamentally an argument for more just redistribution (the redistributive pole), which is economic restructuring to reduce differences in income and wealth that are unjust. Redistribution refers not only to income, but also to how wealth transfers across the generations. My argument in this book is that the redistribution pole has been weakly theorized in academic life and in my discipline of pastoral care and counseling specifically. Understanding the psychological impact of social class means directly addressing the subordination of workers and those excluded from the economy through redistribution.
At the same time, dealing with this kind of suffering often involves a struggle for recognition (the recognition pole) and the effort to create a world in which different types of people would not be stigmatized and would have a chance to fully participate in society. In writing this book I have discussed that it is seldom possible to write about social class without also writing about race, but I have also found that it is impossible to understand class strictly in terms of an analysis of race. Dealing with the problems of economics often engages with the politics of identity—are the “poor” a particular kind of people with their own identity? Understanding the identity politics of the new economy means grappling with how the marginalization of the poor includes stereotypes about them. As Nancy Fraser has argued, many struggles for justice involve both the pole of redistribution and recognition, and throughout this book we keep both in view.

In this book I argue that the biomedicalization of psychiatry keeps us from seeing a crucial factor at play in the new economy—how many people are suffering mental distress as a result of income inequity, lack of proper housing, despair from the lack of hope, and other economic factors (the redistributive pole). The issue of mental illness is, in our times, frequently an issue of proper redistribution, since much mental and emotional suffering could be prevented through social class change. There are cases in which economic factors do not play a role but these are few.

Nevertheless, once people come into contact with the mental health system, they often come away with a new identity label drawn from psychiatric nosology to describe their symptoms (the recognition pole). They sometimes join a new social category as a person who has been psychiatricized. In this condition, people sometimes band together to collectively name their own experience over-against an expert definition. Some of the research in this book is dedicated to exploring the recognition pole of psychiatric survivor movements and how these movements intersect with social class. Yet even these recognition movements require advocacy on the redistribution pole, since mental distress frequently leads to homelessness and lack of social support.

**Disability and Mental Health**

In the United States we are not very tolerant of different behaviors. We tend to medicalize and pathologize difference, hoping that persons who exhibit differences will go away. Indeed, we reward psychologists and psychiatrists who are able to name difference by linking it to an
internal life. It is altogether too easy then, once someone has a different name attached to him or her, to render that person invisible by placing them in a community without mental and emotional supports. Indeed, it seems natural in our time to do so.

Yet all of us are potentially different. In the 1980s differently abled rights activists coined the term “temporarily able bodied” to describe the experience of those deemed to not have a disability. \(^{45}\) Likewise, we might say that many of us are “temporarily sane.” \(^{46}\)

Taking this perspective would mean that we value the concerns of persons diagnosed with mental illness as our own, joining in a form of active solidarity with them. In order for this solidarity to be effective, it is necessary to hear their concerns from their own viewpoint rather than from an outsider’s “expert” perspective. Solidarity is possible only through sustained attention to another’s voice, to how they name and define their own experience, and ultimately to how they create conscious communities around these stories. \(^{47}\) There are a range of forces that impact the lives of persons who have a mental health diagnosis—the stunning multiplicity of these factors can be overwhelming—from unemployment to chronic pain; and from disrupted family relationships to limited options for fulfilling work. Especially given the widespread economic downturn, the lack of proper social safety nets, and the psychological effects of these changes, achieving solidarity with persons who have had mental illness also means advocating for economic solidarity.

Sometimes a person is considered a problem because they are of a different gender, race, class, or sexual orientation than the person in power in a given situation. At other times a person is described as being a problem when that person is poor. Even one who talks differently or walks differently than others is sometimes considered a problem. What I have found in this research is that a person who is perceived as different is more likely to be diagnosed as mentally ill and this diagnosis can make others take that person less seriously, leading to a potential diminishment of the person’s rights.

Through these pages I hope that you can imagine what it would be like to be diagnosed with a mental illness because of economic stress and how you might respond to the experience, especially if you sensed that the daily stress and pressures of making ends meet had lead to a mental health diagnosis. Named by others with a category, measured by a battery of tests, put through any number of therapeutic techniques, persons can become fatigued from or frightened by their encounters with these systems-that-treat-symptoms. When these forms of difference can be
thought of as “symptoms,” symptomatology can overshadow everyday life. People seek to be known and heard as more than simply an object to be acted upon to remove symptoms.

**C/S/X Activism**

Since the 1960s and 1970s persons diagnosed with mental illness have begun organizing so that their own perspective could be heard and so that they could negotiate with psychiatric power. Early efforts, deemed “anti-psychiatry” by its detractors, stated that mental health users needed to be able to define their own realities rather than having a name imposed on them. The movement has advocated for a range of rights in relation to the experience of being diagnosed with mental illness, from informed consent—including discussion of the side effects of psychiatric medication—to psychiatric advanced directives in which certain treatments could be refused. At the same time, some activists have organized against involuntary commitment. Chapter 3 turns to consumer/survivor/ex-patient (hereafter c/s/x) narratives to see how these narratives challenge the social and economic structures of our time.

On one end of the movement are “consumers” who may accept the epistemological categories of mental illness while advocating for greater rights within the system. On the other end are “survivors” who describe “treatment” methods as being torture and advocate for the end of psychiatry. “Ex-patients” criticize the permanent status of being labeled as mentally ill. C/s/x groups offer peer support that critiques how social power is used in psychiatric practice from an insider perspective, often using first-person language rather than third-person clinical terminology. This line of critique is quite different from a stigma-busting emphasis, which can be accomplished while holding in place psychiatry’s capacity to classify experience.

In order to understand the importance of psychiatric power and its links to pastoral care and counseling, we must attend to the voices of those most impacted by a biomedical model of mental illness. There has been an important trend toward analyzing the impact of economic factors in these groups, especially those who have critiqued institutionalization in favor of jobs and housing. C/s/x narratives often lead to practical considerations, such as good employment and lodging, freedom from harassment, exemption from criminalization in the penal system, as well as the voice necessary for self-determination, and these are all significant avenues of activism. Rather than seeing c/s/x communities as objects which society must act upon, this approach sees these
Pastoral Power Beyond Psychology's Marginalization

communities’ concerns as a prism through which to take stock of modern US society, especially the fact that many persons are still isolated from others and subjected to cruel and degrading practices because of their presumed difference. In a religious sense, hearing the communal stories of c/s/x activists makes one a “partner” who has ethical responsibilities rather than a mere spectator.51

At the same time, a national study suggests that class and economic analysis may still be a very important and undertheorized aspect of c/s/x activism.52 In examining the benefits of c/s/x organizing efforts, a group of researchers and c/s/x activists found that net income was the only social position factor that made a difference in whether people could benefit from c/s/x organizing.53 This indicates that c/s/x activism must be integrated with broader movements for economic justice since the achievement of rights in this arena is closely connected to economic goals such as earning just wages, having appropriate chances in one’s life, or work that is free from exploitation.54

Pastoral Power

Ministers are often sought out to make sense of mental suffering by persons in their communities and are thus front-line responders to emotional distress so prevalent in a neoliberal era. I describe the ability to interpret suffering as a form of power, and religious leaders in communities have pastoral power regardless of whether they are officially ordained. Michel Foucault used the term pastoral power to describe the clergy’s responsibility.55 I use the term more broadly to indicate the symbolic religious power that is used to help persons understand and interpret their faith in relationship to their life circumstances. Ministers could be chaplains (hospital, psychiatric, or military), church educators, congregational and parish clergy, pastoral counselors, religion teachers, or campus ministers.

Pastoral power refers to the ability to help people interpret their lives that is conferred through the interplay of three sources. These sources include the establishment of trust (which is accumulated from the amount of time a minister has travelled with another and the extent of the invitation extended to help them make sense of their suffering); the symbolic authority accorded to the minister (which refers to the official religious power given through the ordained status or license, indicating the combination of professional licensure, education, and religious symbolism granted with a particular community’s meaning-making system); and intercultural status (which is the extent to which
one shares culture, gender, sexual orientation, national identity, extent of physical disability, age position, and the extent to which this helps build a bridge of shared understanding through similarity). Once these three factors intersect, a person has pastoral power in a situation that includes the ability to help persons name and interpret their suffering. Although pastoral power is the site of the misuse of power it is also potentially the site of resistance against various forms of reductionism and social control.

Understanding social class is essential to the proper exercise of pastoral power in the twenty-first century. There is an unprecedented extent of economic suffering in people’s communities today and ministers are often first responders in a variety of psychiatric and psychological events that follow from this distress. A congregant attempts to take her life after a period of unemployment; another enters into despair after he is removed from his rental property. This leads to his hospitalization in a psychiatric hospital. In these circumstances, ministers engage in a variety of forms of interpretation of suffering. Some of these interpretations may be drawn from the language of faith and prayer and others may be drawn from an exclusively biomedical model of mental illness.

Structure of the Book

In chapter 1, I explore the nature and extent of economic suffering and argue that this suffering impacts the emotional lives of persons, contributing to what are described as mental illnesses. In this chapter I describe massive changes that have occurred to the economy under neoliberalism in the last 30 years and explore the psychic effects on persons impacted by unemployment and debt. This chapter shows how neoliberalism is actually the effect of social class, and describes how understanding of social class as a relationship can lead to shared solidarity between persons in working-class positions.

In chapter 2 I explain the psy-complex biomedical model of mental illness and historicize it as a development in modern neoliberalism. An exclusively biomedical concept of mental illness reduces psychic suffering to brain diseases and searches for an organic basis for the illness. I describe the rise of psychopharmacology as a corporate practice that has reinforced descriptive psychiatry. Relativizing psychiatric discourse as a context-specific practice with sweeping power implications, this chapter shows how psychiatric discourse becomes a way of labeling persons from particular classes, genders, and races, and how this often occurs as a way of managing the poor, reifying them as an identity,
and treating them as a sick subgroup. Exploring deinstitutionalization, transinstitutionalization—moving persons out of mental hospitals and into prisons—and the rise of managed care, this chapter explains the crisis of emotional suffering in an era when everyone is expected to be responsible for themselves.

In chapter 3 I analyze counter-voices that challenge the psy-complex’s exclusive reliance on a biomedical model. Since the voices of persons affected by psychiatric power are rarely included in the official discourse of the psy-complex, I focus on group discussions of c/s/x activists who deploy the language of rights to critique the psychiatric frame, insisting on their capacity to name their own experience and locate these discussions in an intersectional analysis. Exploring the narratives of c/s/x communities as having overlapping concerns for both recognition and also redistribution, this chapter looks at the importance of intersectionality, how being diagnosed as mentally ill can interact with other forms of oppression such as belonging to the working class or to a racial or ethnic group that has been marginalized. Understanding the intersecting nature of oppressions is only possible when the redistributive pole is kept in the forefront. This chapter explores how social class intersects with a variety of rights-based issues in c/s/x activism, such as forced hospitalization and/or medication, psychiatric advanced directives, shock treatments (ECT) and other human rights concerns.

In chapter 4 I explore the practice of pastoral counseling as a potential site of resistance. Although pastoral counselors are frequently responsible for psychiatric diagnoses and thus share the power of the clinical frame, they are also capable, through a psychology that engages the entire social environment, of attending to the oppressions of social class. I operationalize Wright’s notion of social class as a relationship into a series of pastoral counseling inquiries. The particular goal of this exploration is to reduce the potential shame of being in a working-class position and foster a sense of solidarity. This requires a redefining of the practice of counseling, away from idealistic models that emphasize the mind and cognitions or interpersonal family relationships. Instead, the counselor becomes a social-class advocate by examining their own class position and engaging in macro-level advocacy even while doing the micro-work of pastoral counseling.

In chapter 5, I explain the notion of pastoral power (shared trust, symbolic authority, and cultural similarity/difference) as it relates to broader ministry. In this chapter I explain Foucault’s idea of the counter-conducts of pastoral power, namely mysticism, community, asceticism, scripture, and eschatology, as being border practices within Christianity.
In my distinctive take on the counter-conducts, I argue that they make this power available directly to the community as a source of authority and site of transformation.

In chapter 6 I make a claim that the perspectives of those who have suffered from pastoral power must transform religious communities. This chapter sets forth an integrative proposal that links the oppression of social identity with a practical argument for the transformation of religious communities around c/s/x concerns. This does not mean simply bringing the message of working-class activists to religious communities but rather understanding how the churches themselves can organize around the contextual oppressions that are involved in mental illness and working-class identities.

This book is about the kinds of power that ministers have to name another’s suffering and how this power exists in a continuum with the psychiatric power to diagnose, treat, and administer medication. It links heretofore separated fields of discourse: economic analysis, social critical theory, and pastoral care, in order to show how pastoral care and counseling is itself a form of power. The goal is to craft more strategic practices that can foster the opportunity for voice and agency among those working-class persons effected by the practices of psychiatry and pastoral care.

There are several results that I hope come from this book. First, I believe that deconstructing the psy-complex in this manner should lead to engaged community action around a range of intersectional rights, including economic, gender, racial, ethnic, and differently abled activism. The priority remains on economic justice since it appears that this is crucial in c/s/x activism and since this focus has the ability to mobilize across differences. In this approach, ministers and pastoral counselors will still do their ministry work of counseling but will link it more closely to political action, advocacy, and community organizing. In order to engage in this activism, ministers need to understand the pervasiveness of economic suffering and how it has shaped the climate in which so many are diagnosed with mental illness. They also need to use their authority to create communities of resistance in which people can organize greater rights and access to limited goods, as well as greater capacity for self-determination.
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