

## Book review

The psychological complex: Psychology, politics and society in  
England, 1869-1939 (1985)  
by Nikolas Rose

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### **Psychology as social work: A response to Nikolas Rose's "The psychological complex"**

There may be something perverse about basing a deliberately polemical review upon a work which is neither significantly wrong nor surprisingly and originally right. Certainly Nikolas Rose's **The psychological complex** (1985) is neither of these controversial things.

In fact at the outset Rose makes it clear that his study is a history, perhaps a genealogy, not a critique of individual psychology and it is certainly not intended to be provocative. I would like to think that this is because he is a rigorous but modest Foucauldian who knows that the master has already made all the important demonstrations with the controversial consequences perfectly intact before him (1). But perhaps it stems from the fact that he is after all both British and a psychologist.

Be this as it may, despite himself what Rose does has unmistakably controversial consequences. By way of a detailed and admirably coherent account he demonstrates that anything which might lay claim to the status of an indigenously psychological enquiry arises (in Britain at least) in the period 1869-1934 when the fact of individual variation comes to be perceived as a problem for social transmission -- that is, as a problem for power.

Psychological modernity he argues, may appear to be "traceable through a long tradition of reflections on the human psyche stretching back across the span of written history" (Rose, 1985, p2), but not so. While psychology to-day

may be aligned to general concepts of the mental and is both enlivened by and relevant to everyday life, its status as a knowledge is quite independent of either. What is coherent and individuated in psychology as a discourse emerges by way of quite another history, that of what Foucault calls the closed institutions: the prison, the asylum, the hospital and their more respectable counterparts, the school and the army. It is to these institutions that we must look for the first truly psychological subjects and to the task of their delineation and assessment for the first specifically psychological method.

If Rose is right and there is every reason to believe that he is, then the inescapable conclusion is that psychology both originates in and is formulated upon, what we would now call its applied or clinical wing. Its fate in other words devolves upon the validity of its diagnostic status. While it may appear to be a knowledge of variation per se, only implicitly concerned with that class of variation which is problematical or erroneous in some sense, the historical facts demonstrate that we should view it the other way round. That population which is a privilegedly psychological one is picked out by way of sociological or political criteria - those targeted for study and crucially, for potential rehabilitation, are those upon whom the social as normalising has failed to take.

Psychology is then minimally the individual study of those with "social problems". And the title of this journal is strictly tautologous for there is no other psychology but that in society and no discourse appropriately called psychological that is not socially implicated. Which is one of the reasons Rose's work warrants reviewing in this context.

If it is true that psychology is constituted in direct relation to the social why then is it precisely the social or political function of the psychologist which regularly emerges as questionable? Is the crisis for psychology which South Africa's political and ethical crisis is seen to have precipitated simply the result of confusion or forgetfulness? Or is psychology's problem no different from that which confronts all disciplines not explicitly structured as interventionist on the political level?

Two responses suggesting that the problem is internal to psychology as a knowledge of individual variation, emerge. The first argues by way of an ethically grounded pragmatics that when an unjust political system generates human misery on an extreme and widespread scale, then intervention confined to the individual level is an unjustifiable luxury. Psychologists who wish to construe themselves as activists must know that activism cannot be psychologically based.

The second, characteristic of the anti-psychiatry movement, attacks the foundations of psychology's knowledge and practice by suggesting that the



construal of variation itself as somehow unacceptable and therefore as a site for intervention is at best unjustified and at worst unethical. Where psychology practices as curative at all it is necessarily psychiatry; it then ceases to be purely descriptive and its selection criteria because socially determined, are suspect as both value-laden and relative. In fact the more suspect the society the more suspect the psychology.

Both these views raise the important and inescapable question as to whether a radical psychology is possible and each suggests correctly in my view, though for different reasons, that it is not.

**The psychological complex** provides the kind of backing for the view that I respect. Rose's faultless account demonstrates that psychology is constituted in contradiction because while it is enjoined at the outset to make claims to the status of a diagnostic discourse its object is produced by way of descriptive human science procedures.

To count as diagnostic at all, a discourse must minimally be able to do two things. Firstly, it must be able to provide a consistent explanation (but not necessarily a theory) of pathology as different from variation. And secondly, aligned to it, it must suggest a rationally defensible practice of the cure.

The human sciences, as we know, have enormous difficulty meeting these criteria for if the first cannot be met then the second necessarily also flounders. Here psychology's difficulty is especially acute on grounds implicit in Rose's work. In so far as it derives its results from the statistical accumulation of a myriad empirical measurements (carried out primarily in the closed institutions) psychology emerges with the abnormal in the place of the pathological and no way to tell the difference. The problem is that measurement alone as a quantitative operation cannot provide the logical or qualitative grounds which are necessarily required in order to distinguish abnormality from pathology. A world which includes both surgeons and obsessionals does not allow us to determine by means of counting alone how many handwashes a day indicate pathology. And a world which also includes both nuns and prostitutes finds it very difficult to decide when an orientation to the sexual which could be determined by ideological or economic factors alone can legitimately be described as pathology.

The result is that those whom psychology knows and upon whom cure now more appropriately called remediation can be practised, are strictly deviant and not necessarily sick. The normal becomes by these means transparent and the abnormal surfaces only as the arbitrarily determined tailenders or forerunners on the bell curve.

There is perhaps no need to point out and it is almost embarrassing to do so, that what we are dealing with here is a vitiating circularity. The title

"Psychology as semantics" might have done just as well at this point. What is meant by abnormal is confined to those who vary "significantly" from the norm and if the norm is success in the social then abnormality is obviously that very failure of socialisation to which prisons and special schools attest. And the number of abnormal individuals, the number of prisoners, failing scholars or people in need of psychotherapy, directly reflects the degree of abnormality of the society producing them. At some arbitrary point this body of deviant individuals slip illegitimately into a class now labelled sick, and after some equally unspecifiable number of individuals have entered this class the society which produced them is described as pathogenic.

The difficulty psychologists encounter when called upon to justify any form of intervention is, by way of this analysis, shown to be a serious and predictable one. Any discipline which can only specify its object (individual variation) by way of a descriptive apparatus and that of another discipline (sociology) to boot, has no coherent way of defending the particular expertise which can alone support a particular intervention. Psychology is of course, not alone in this; all human science knowledges, sociology, economics and liberal politics share in this dilemma.

The three characteristic itineraries taken by committed South African psychologists make this quite clear. Each direction reveals more or less explicitly that uneasy amalgam of abnormality and pathology as object, which demonstrates that psychology cannot think the difference between (extra)ordinary human unhappiness and neurotic misery and cannot therefore choose between the need for compensation or cure.

The first itinerary is that of a surreptitious return to a loosely medical model. South African society is pathogenic in much the same way as a society at war is. Its victims be they of direct political repression, economic hardship or moral doubt, are seen to suffer variations of executive anxiety and post-traumatic stress. The psychologist's role then, in her or his dealings with individuals approximates that of the enlightened prison or family doctor. And on the wider or group level, psychological intervention takes the form of rethinking and then attempting to implement alternative mental health delivery systems.

The second response is to move directly towards a terrain where political and psychological questions can apparently be aligned. The topic may be a psychological one on the surface but the work is done by way of political or historical analysis and critique. Nicolas Haysom's extra-ordinary paper on the vigilante phenomenon under the auspices of the Wits "Psychology and violence" series is a case in point. All the discussion which his analysis gave rise to, bar one question, was correctly political in orientation. The one psychological question -- that as to why vigilantes were quite so violent could



not under the circumstances yield an indigenous answer - the psychoanalytic one available since **Totem and taboo**, that a question of this kind should rather be framed the other way round: Under what conditions is human violence held at bay?

Haysom's analysis had of course, made it absolutely clear that these conditions are strategically undermined by the state precisely because black on black violence is practically and ideologically in its interests. Neither the ego attributes of black South Africans in the Pietermaritzburg district nor the fact that the existence of the superego is sufficient precondition for violence has anything to do with the particular situation this analysis explained. The phenomenon therefore has nothing to do with psychologists or psychoanalysts for that matter.

The final route is that involving a shift in direction within a classically psychotherapeutic model. It takes the form in South Africa of training an increased number of black clinical psychologists orientated towards the needs of an increasing number of black patients. But even here, the problem refuses to disappear.

Again a concrete example is revealing. A psychotherapist called upon to treat a black hospitalised patient suspected of suffering from delusions (those of writing a book!) reported great success. However, it was clear that this success admirable as it was, only occurred when the perfectly straight-forwardly stressful events associated with the lack of work, humiliating accommodation and a quarrel with a lover came to an end and the psychologist was also able to point out to the medical staff that the suspicious book was in fact, being written.

This classic victim of apartheid was not suffering from neurosis but from South Africa; from more than the usual amount and an undoubtedly unfair share of ordinary human unhappiness. The therapist's success was probably attributable to time, commonsense and most important, good social work. If poor social conditions rather than intrapsychic conflict (which may or may not be implicated in these conditions) account for the "patient's" difficulty then the appropriate intervention is one directed towards changing those conditions, that is, to do social work.

This outcome, polemical as it might be is a perfectly logical one. In diverging from psychoanalysis (certainly the first and perhaps the only thought to date able to think and then operate on the basis of an essential distinction between abnormality and pathology in the mental), psychology must make do with abnormal behaviour as its object and give intervention over to politics and its clinical practice over to social work.

As Freud has made absolutely clear, there is no excuse for treating the victims of the real as though they were neurotic and certainly no hope of curing them by clinical means (2). Nor is there any excuse for pretending that the equally real political conditions which sustain injustice and victimisation and thereby produce an extraordinary amount of ordinary human unhappiness, is not the major target for any strategic intervention.

The apparent correlation between unjust, discriminatory or violent societies and the psychological state described as stress is probably correct. It would not be commonsensical to assume otherwise. However, a distinction between stress which is simply a slightly more technical sounding term than unhappiness and slightly less so than psychosoma, and neurosis has to be made. No diagnostic discourse can do without it, a point which Rose's work explains and the political conflicts of South African psychologists reveals to be true. A psychologist not concerned with pathology coherently defined, that is with psychoanalysis and who wishes to function as both activist and psychologist had therefore better be prepared "to dwell in contradiction without irritable searching after fact and reason", a fine ability, but only for a poet.

#### Notes

- (1) See in particular *Mental illness and psychology*, *The birth of the clinic*, and *Discipline and punish*.
- (2) See in particular *Studies in hysteria*, *Mourning and melancholia*, and *Beyond the pleasure principle* - Part 2.

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