

Book Review / Compte rendu

Morrow, M., & Malcoe, L. H. (Eds.). (2017). *Critical Inquiries for Social Justice in Mental Health*. University of Toronto Press. ISBN: 978-14426-2662-1, xvi + 504 pp.

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ABSTRACT

The voices of nearly 40 scholars, activists, and practitioners are brought together in *Critical Inquiries for Social Justice in Mental Health*. Their diverse contributions are united around a fundamental goal of deconstructing mental health systems to reveal how they produce and sustain social injustices. This review is structured around the three central organizing principles that Morrow and Malcoe weave throughout the book: (a) challenging dominant epistemologies, (b) emphasizing individuals' resistance to social injustices, and (c) reimagining mental health systems. We offer our reflections about the book's utility from the perspectives of a professor and a graduate student.

RÉSUMÉ

L'ouvrage *Critical Inquiries for Social Justice in Mental Health* rassemble les voix de près de 40 universitaires, activistes, et praticiens. Leurs contributions diverses sont réunies autour d'un objectif fondamental de déconstruction des systèmes de soins de santé mentale afin de révéler de quelle façon ceux-ci produisent et maintiennent des injustices sociales. Les auteures de ce compte-rendu structurent leur examen autour de trois grands principes organisationnels que Morrow et Malcoe tissent tout au long de l'ouvrage : (a) la remise en question des épistémologies dominantes, (b) l'accent sur la résistance individuelle à l'encontre des injustices sociales, et (c) la réinvention des systèmes de santé mentale. Nous proposons notre réflexion quant à l'utilité du livre du point de vue de l'enseignante aussi bien que de celui de l'étudiante universitaire.

Let us not promote any one model with a fixed concept of Indigeneity, gender, sexuality, or other aspects of identity. Programs that can respond to the unique

needs and experiences of diverse urban Indigenous youth will be able to foster more meaningfully holistic mental health, healthy resistance and resilience, and community connectedness. (Clark et al., Chapter 6, p. 183)

Edited by Marina Morrow (professor and chair, School of Health Policy and Management at York University) and Lorraine Halinka Malcoe (associate professor, Joseph J. Zilber School of Public Health at the University of Wisconsin–Milwaukee), *Critical Inquiries for Social Justice in Mental Health* invites readers to consider how taken-for-granted assumptions and ideologies underlying the industry of Western mental health research perpetuate practices that recast systemic ailments as individual pathology. The contributors to the volume employ a multitude of critical theories to deconstruct these practices, such as Mad studies, decolonization, and intersectionality. Readers will be equipped with knowledge, supported by practical examples and evidence generated from critical paradigms, of how some of the prevailing approaches intended to alleviate suffering can instead maintain it, often compounding discrimination and oppression.

A bold and engrossing collection of 15 chapters, the book is organized into five parts: (1) Foregrounding Social Justice Theorizing, (2) Decolonizing Research and Practice, (3) Gendering, Discourse, and Power, (4) Media as a Site of Social (In)Justice, and (5) Refashioning Research for Social Justice Praxis. Furthermore, three “cross-cutting strategies” (p. 20) introduced in the first chapter are intended to reduce power differentials and to humanize mental health research. Rather than summarize each chapter, we summarize examples and situate this review around the following three strategies: (a) challenging dominant epistemologies, (b) affirming resistance, and (c) reimagining mental health systems.

By employing critical epistemologies and frameworks, the contributors make visible the complex ways in which dominant discourses and normative thinking interact to create and perpetuate social injustices. Morrow (Chapter 1) demonstrates how biomedicalization and neo-liberalism work together to constitute “the twin ideology” (p. 46) that renders social problems the failure of individuals. Similarly, Mills (Chapter 3) reveals the mutually reinforcing nature of colonialism and psychiatry in her analysis of the global mental health movement in India. In their examination of seemingly innocuous, routine invocation of prevalence in awareness campaigns (e.g., “One in five [Canadians] will suffer a mental illness”; p. 312), Titchkosky and Aubrecht (Chapter 11) demonstrate discursive consequences of professionalizing and medicalizing mental health care while glossing social and political elements in population-wide mental health issues.

The contributors highlight and affirm people’s resistance to “psychiatrization, criminalization, and normalization in their day-to-day actions and reactions to unjust social policies, research and institutional practices, and mental health systems” (p. 22). Notable illustrations include Ussher and Perz’s (Chapter 7) demonstration that women can experience premenstrual changes without

constructing them as a psychiatric disorder (i.e., premenstrual syndrome) or experiencing associated distress. They use their results to redefine premenstrual changes as an intersubjective experience, showing how partners' responses to such changes bolster women's resistance of gendered discourses of female self-castigation. Tosh (Chapter 9) reveals how the DSM-5 diagnostic criteria of *gender dysphoria* do not account for the distress gender non-conforming people experience because of the cisnormative ideals embedded within society. Rather, gender-variant individuals are seen as "refusing to comply with the gender that has been assigned to them by those in a position of (medical or scientific) authority" (p. 265), and they are consequently held responsible for the discrimination they experience.

By exposing dominant ideologies and affirming people's resistance to unjust social systems, the contributors take on the final strategy of reimagining mental health structures and practice through the knowledge of those who have been historically disenfranchised by the mental health industry. Ibrahim (Chapter 4), in writing about historical and contemporary effects of colonial psychiatry in Africa, discusses the user-led, human-rights-based countermovement by the Pan-African Network of People with Psychosocial Disability. Alongside similar networks around the world, this organization played an active role in drafting the UN Convention on the Rights of Persons With Disabilities (United Nations, 2006). Several contributors used community-based participatory research to centre the voices and the needs of community members in reimagining mental health and support systems (e.g., Boyd, Murray, & NAOMI Patients Association, Chapter 13). The epigraph above emerged out of such research conducted by Clark et al. (Chapter 6), through a partnership with Indigenous youth in British Columbia. Collaboratively achieved knowledges offer us the vision of non-pathologizing, decriminalizing, decolonizing, and human-rights-based mental health and support systems.

Written nearly exclusively by Canadian-based researchers, activists, service providers, and community partners, the book is extremely relevant to counselling and psychotherapy within a Canadian context. There are also insightful contributions from international authors (Mills, Chapter 3; Ussher & Perz, Chapter 7) that offer readers an understanding of Western mental health practices worldwide. These authors illuminate the colonial forces and normative thinking that transpire within the global arena of mental health, wherein medical and psychiatric discourses of the Global North predominate. In addition to this obvious relevance, we decided to review this book together as it had much to offer each of us as a junior faculty member and a doctoral student from a self-proclaimed social-justice-oriented program in counselling psychology.

For Kaori Wada, this edited volume offers rich theoretical and methodological backbones that are needed to push our discipline's social justice agenda. For

example, Josewski (Chapter 2) provides a critical reading of social justice theories in moral and political philosophy, ranging from utilitarian and libertarian approaches to contemporary theorists such as Iris Marion Young and Nancy Fraser. Rather than take any social justice claim as *bona fide* virtuous, Josewski urges us to examine these theories' relevance and limitations to our work in mental health, so that our work does not arise from an "improvised conception" of social justice (Wildeman, 2012, as cited in Josewski, p. 66). Josewski is not alone in such a call for critical reflexivity in examining social justice (see Arfken & Yen, 2014; Thrift & Sugarman, 2019).

Alyssa M. West was inspired by the united focus the contributors brought to disrupting and deconstructing hegemonic knowledge, which presents a particular challenge to students who are enrolled in mental health degree programs. We are called to recognize the power and the influence we will inherit in defining the boundaries between normal and abnormal. We are invited to turn our attention toward those who have been subjugated by these demarcations. This profound responsibility necessarily also involves the difficult task of fully acknowledging the oppressive impacts of some mental health research and practices. Encouragingly, however, the authors pair their arguments with specific suggestions for how to refashion mental health. Accordingly, the critical perspective is refreshingly inspiring because it offers readers practical ways forward. Readers are invited to consider how the remedy to pathologizing practices within mental health involves reframing mental health issues from individual responsibility to systemic accountability.

With its strength in theoretical richness, this volume is densely written and can be a challenging read. Confusion may arise from divergence among contributors in their use of certain terms. For example, a social determinants framework is introduced in Chapter 1 as one of the emerging frameworks that is useful for social justice, whereas the same framework is critiqued for its inadequacies in Chapter 2. Constructs such as resilience and harm reduction are also discussed as facilitative of or limiting for social justice, depending on the contributors. These differences, however, illuminate how quickly innovative frameworks and tools can be co-opted and thus reinforce this volume's overall claim that we need to examine mental health research and praxis constantly from a critical lens.

As much as mental health is a leading site for social injustice, it is also "a key site for social justice action" (p. 20). The meaningful and holistic models of mental health systems envisioned in the epigraph by Clark et al. apply to other marginalized populations. Morrow and Malcoe's edited volume thus contains an abundance of critical tools and examples that are useful to examine and transform mental health research and practices. We, in the discipline of counselling and psychotherapy in Canada, have the choice to join in this transformative force, rather than to remain the part of the system that reinforces the status quo.

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