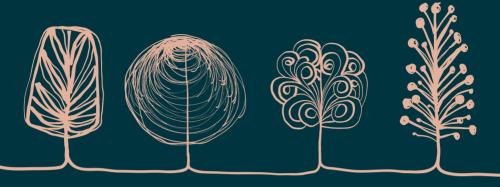
Miraj Desai



Travel and Movement in Clinical Psychology



The World Outside the Clinic



Travel and Movement in Clinical Psychology

Miraj Desai

Travel and Movement in Clinical Psychology

The World Outside the Clinic



Miraj Desai Yale Program for Recovery and Community Health Yale School of Medicine New Haven, CT, USA

ISBN 978-1-137-57173-1 ISBN 978-1-137-57174-8 (eBook) https://doi.org/10.1057/978-1-137-57174-8

Library of Congress Control Number: 2018934661

© The Editor(s) (if applicable) and The Author(s) 2018

The author(s) has/have asserted their right(s) to be identified as the author(s) of this work in accordance with the Copyright, Designs and Patents Act 1988.

This work is subject to copyright. All rights are solely and exclusively licensed by the Publisher, whether the whole or part of the material is concerned, specifically the rights of translation, reprinting, reuse of illustrations, recitation, broadcasting, reproduction on microfilms or in any other physical way, and transmission or information storage and retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology now known or hereafter developed.

The use of general descriptive names, registered names, trademarks, service marks, etc. in this publication does not imply, even in the absence of a specific statement, that such names are exempt from the relevant protective laws and regulations and therefore free for general use.

The publisher, the authors and the editors are safe to assume that the advice and information in this book are believed to be true and accurate at the date of publication. Neither the publisher nor the authors or the editors give a warranty, express or implied, with respect to the material contained herein or for any errors or omissions that may have been made. The publisher remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Cover credit: LokFung/getty images

Printed on acid-free paper

This Palgrave Macmillan imprint is published by the registered company Macmillan Publishers Ltd. part of Springer Nature
The registered company address is: The Campus, 4 Crinan Street, London, N1 9XW, United Kingdom

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

Foreword

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

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

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

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

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

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

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

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

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

New York, NY, USA

Jeffrey D. Sachs Columbia University

Acknowledgements

The journey of a book is impossible without the support, encouragement, solace, and guidance of others. I am immeasurably grateful for that which I received throughout the process of writing this book.

I would first like to thank my mentor at Yale, Larry Davidson. He is beyond a mentor. He is a secure and calm compass, a warm and welcoming presence, and a model of creativity, courage, and community. He was always there to discuss ideas, provide invaluable encouragement, and review full drafts. I am proud to be a part of the Yale Program for Recovery and Community Health. At PRCH, I was able to discuss ideas that went into this book, learn from great community pioneers, and enjoy friendship and solidarity. PRCH members include: Kimberly Antunes, Chyrell Bellamy, Patty Benedict, Billy Bromage, Mark Costa, Merarilisse Crespo, Miriam Delphin, Beth Flanagan, Kimberly Guy, Annie Harper, Yolanda Herring, Stephanie Lanteri, Becca Miller, Maria O'Connell, Luz Ocasio, Anthony Pavlo, Michael Rowe, Maria Restrepo-Toro, Mary Snyder, Janis Tondora, Bridget Williamson, and many others!

I thank the sangha of the New Haven Zen Center and the Kwan Um School of Zen, whose teaching, guidance, and fellowship are naturally embedded in this book. A special acknowledgment goes to Zen Master Ken Kessel, who has served as our guiding teacher in NH, and to SDT Paul Bloom. Ken generously reviewed drafts of this work and provided helpful and kind comments, and Paul is always generous in answering my questions. I also thank Frederick Wertz, my PhD mentor, for his tireless support and encouragement over the years and for this project. At Yale, I also offer deep gratitude to Stephen and Jenny Davis, who have been such gracious hosts at Pierson College before and during my Resident Fellowship, and to Rob Dubrow who invited me to the Climate Change and Health Initiative.

Many sincere thanks go to Jeffrey and Sonia Sachs for their leadership, solidarity, bravery, and truly wonderful support. I am also very grateful for those who reviewed sections and graciously provided their time and expertise, including Karuna Mantena, Daniel Burston, and Lewis Gordon. Their feedback was crucial and much appreciated. I also thank Karuna for allowing me to participate in her courses at Yale on nonviolent and political philosophy. They were among the best and most inspiring courses I have ever taken. Craig Wilder also provided important and timely advice during that challenging final phase of completing the manuscript.

I thank my Editors at Palgrave, including Joanna O'Neill, Grace Jackson, and Nicola Jones, who provided initial encouragement, excellent conversation, and helpful feedback. Palgrave's vision in and for psychology are both important and refreshing.

This book also includes the love and support of countless friends and family, including my mother Maya, who taught me empathy, wisdom, spirituality, and grace; father Upendra, who taught me about generosity, history, and politics; and brother Neil, my model for reason and comrade in humor. A special acknowledgement goes to my dear friend Michael Seifried who helped shape the form of the book through endless discussions.

I must not forget to thank nature, which often nurtures me during hours and hours of writing—the trees, streams, birds, mountains, and moon. And libraries, from the BSG in Paris to Sterling Library at Yale.

Most of all, I am grateful for my wife and true life partner Usha Reena Rungoo. Her invaluable support, careful review, encouragement, and beauty were the winds to my writing sails. She is a constant source of wonder to me, as well as a model of strength, courage, intellect, and elegance. I cherish our adventures together and always long for the next. If she were a book herself, no library would be worthy enough to hold her. Sending you deep love, Always.

Contents

1	Clinical Psychology, Insularity, and the World Outside the Clinic	1
2	Travel and Movement in History: Frantz Fanon, Karen Horney, and Erich Fromm	27
3	Travel and Movement as Science and Inquiry: Zen and Phenomenology	65
4	Travel and Movement in the World Outside the Clinic: Gandhi and King	97
5	Travel and Movement Reflections: Where We've Come	153
6	Travel and Movement as Practice: Rhythm, Movement, and Shaking the Foundations	159
Bi	Bibliography	
Index		209
		χv



1

Clinical Psychology, Insularity, and the World Outside the Clinic

Cue the scene.

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

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

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

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

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

The Problem of Clinical Psychology's Insularity

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

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

Travel and Movement

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

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

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

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

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

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

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

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

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

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

Social and Ecological Insularity

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

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

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

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

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

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

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

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

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

Cultural Insularity

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

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

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

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

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

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

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

Practical Insularity

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

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

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

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

Scientific and Philosophical Insularity

Presupposition

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

p. 169; Wertz, 2005). Presuppositions, as we understand from work in phenomenology (an approach we describe in detail in Chapter 3), are often characterized by that which a field takes for granted as true, often implicitly, but without a necessary grounding in evidence. When a field rigidly holds onto such presuppositions—and most do—not only is there a risk of operating on shaky foundations, but certain matters might get left out that are nonetheless crucial for a thriving humanity and world. Presuppositions limit and foreclose our capacity to see and, importantly, to respond. Such examples from our own field might include the idea that context is irrelevant to concept, that culture is a secondary concern to cold hard psychological facts, that there is only one or a few correct ways to enhance well-being, and that values and meaning are hindrances to, rather than friends of, science. Perhaps most pressing among clinical psychology's risks of presupposition arises from its usual focus on individuals, which, in its disciplinary localization, may unintentionally leave out the world beyond the individual, the world around us-and, in some cases, to leave out the "us" altogether, that bare and pervasive interconnectedness which provides the backdrop to our lives as "individuals" (e.g., Davidson, 2018; Davidson & Solomon, 2010; Husserl, 1954/1970).

Foundationless Foundation via Zen and Phenomenology

What is called for is a way to systematically free ourselves of such presuppositions, or at the very least, reexamine them based on renewed engagement with original evidence. Two world traditions that offer much in this regard, by situating their approach within a foundation-less foundation, thereby eschewing preconception from the start, are of the Buddhist (esp. Zen) and phenomenological varieties. Both, as I will argue, have tried to come up with ways to free ourselves of these limitations of seeing as best as possible, via sustained, focused, and continually practiced methods. In doing so, they attempt to liberate a more basic openness with respect to reality.

The Original Intent of Western Science

The founder of phenomenology, Edmund Husserl (1954/1970), saw that the goal of radical openness was, after all, one of the original intents of Western science and philosophy itself—to be free from dogmas and to go forth in their investigations in as unbiased a manner as possible (see section §3, especially p. 8). The problem, however, was that Science, due in part to its unimaginable levels of success, started to veer toward becoming a dogma of its own. In other words, the very manner of openness and unbiased method that was the intended or ideal feature of the scientific method started to sail adrift when, for instance, the technical methods and concepts of such science were uncritically transferred into other domains and taken to be the arbiters of any kind of truth, validity, or reality. Attachment to Science of a particular type, or Science as dogma (with a capital "S"), meant that one's ability to see clearly, in an unbiased, systematic, rigorous, and critical way, was muddied. Foundations were presumed, presuppositions were forgotten. So, it became assumed, for instance, that the world as abstract nature was the only knowable world, and that the methods that studied this world—which by definition required discarding subjectivity and values—were the only way toward truth. Radical openness was no longer needed, given that the real was found. So-called psychology could then be studied in a similar way, without needing recourse to the thorny issues of consciousness, meaning, context, values, and so forth. What was lost was that these notions of nature and psychology were not only abstractions from a more basic engagement with the world of everyday affairs, but that these notions were themselves products or achievements of a more primary sense of openness, or consciousness, that grounded the very study and pursuit of science. The prior status quo of abstracting science from everyday life, to the detriment of values, meaning, and culture, eventually led to Husserl's diagnosis of a crisis of European sciences that was unable to respond adequately to the crumbling world around him in early-to-mid twentieth century Germany.

Phenomenological Method

What was needed was an approach that remained unbiased, systematic, rigorous, and critical, but that was able to move forth responding to the demands of the subject matter rather than proceeding from accepted doctrine. Husserl's phenomenological answer was of course not to abandon genuine natural science, indeed he regularly celebrated its accomplishments (Husserl, 1913/1983, p. 39; Husserl, 1954/1970, p. 3), but to establish an open method that could free ourselves of the taken-for-granted, to open our eyes anew, and to iteratively ground the sciences in direct reality. One could then build and rebuild systems of inquiry and the sciences from the ground up, in a series of infinite tasks (Husserl, 1950/1999; Natanson, 1973), while not leaving out such important matters as value and meaning.

We will address important components of this method in detail in Chapter 3. For now, we can say that through the freeing open glance of the phenomenological method, we see that there is more than meets the eye of what we may typically call self, world, and reality as such, which has direct implications for this current discussion. The so-called world, for instance, is not indifferently disconnected from self, as if it were mere wallpaper in a restaurant. Nor is it just "there," static and unchanging. It is instead *constituted*, by all of us, and in a process of continual change. Psychological life therefore is not just statically there, nor easily isolated from that changing world. It is directly tied to it (Davidson & Cosgrove, 2002; Husserl, 1954/1970).

Essential Interconnectivity

The world outside the clinic matters, and it matters essentially. Everything is interconnected. As Buddhist teacher Thich Nhat Hanh (2013) would say, just as a flower is made up of non-flower elements—"the sun, the soil, the rain, and the gardener" (pp. 9–10)—so is the self. This, as the teacher reminded us, is *advaya jñana*, or the wisdom of nondiscrimination. The self is made up of nonself elements. I take this to mean that what we call "I" is not what it seems at first thought or utterance. I have been nurtured from outside of I, by plants, trees, air, water, others, the sun, the moon, the stars, and so forth.

If the sun was not there, we would not be here, and the tree would not be there. The wisdom of nondiscrimination is the wisdom that comes from seeing this interconnectedness and constant reciprocal flow. Put another way, it is seeing that what appears is related to what does not readily appear, which, strangely, is related back to what appears.

Further, the very ways in which we talk about matters of the self, others, and world, including our understandings of them, are based on evolving words and languages that themselves are related to particular, ever-changing histories and contexts. In English, for instance, a regular way of denoting this personal pen is to say "I have a pen"; in Hindi, the analogous phrase for the same state of affairs would be "mere paas ek kalam hai," loosely translated as "the pen is by my side" (Boss, 1959/1966, pp. 122-123). Being by the pen's side, rather than having—co-habitating, rather than property—may change the way we view the world. Our understandings of our own immediate contexts, therefore, are dependent on that context itself. In addition, connected to self-experience is, unfortunately, what others see as you, as we will see soon in the case of Fanon. This tyranny of the you² includes all of the preexisting social meanings attached to, for instance, one's skin color, gender, abilities, physical features, hair, facial hair, voice, accent, gait, clothing, resemblances, posture, and build—to name a few. The traveler from the outset of the chapter encountered this tyranny firsthand. What they have come to experience is that they are often not welcome, that others tend to react in certain negative ways toward them, and that their movement in the world can reasonably expect to encounter these racial roadblocks at a not infrequent regularity. Much of the world, as it stands now, does not seem capable of nurturing, supporting, or accepting their existence. Everything, alas, is interconnected.

In the sciences, to lose sight of this basic worldly interconnectivity, and the ensuing delimitation of any one field of view (as being only one part of an interconnected whole), runs the risk of what we above described as psychologism (Davidson & Cosgrove, 1991, 2002). Psychologism is a form of insularity that presupposes one segment of reality as being *the* segment or, even, the basis for all other segments,

²With homage to Horney's concept of the tyranny of the should, which I discuss in Chapter 2.

forgetting the more basic and primary openness and holism. It mistakes something relative for something absolute. Psychologism would not be the only possible "ism" in this regard, as naturalism, sociologism, anthropologism, biologism, and so forth could also proceed along similar lines. When we begin to lift ourselves of these types of insularities, we not only begin to awaken to our original openness, we also see the diversity of possible sources of influence in the world, which itself is subject to movement, change, and positive transformation. We feel less isolated, more interconnected, and more concerned with the well-being of the whole. We are all in this together.

In this movement, other crucial sights start to appear that have bearing on how we might conduct our clinical field interested in the amelioration of suffering. Following Husserl (1954/1970) and Davidson and colleagues (Davidson & Cosgrove, 1991, 2002; Davidson & Solomon, 2010), we can see, for instance, that the shared world may present more problematic starting points and conditions for different people. That is, not everyone starts off with the same ingredients. Someone born in one part of the world may experience the world radically differently than someone born in another part, and may be subject to various challenges and roadblocks unencountered by others. For psychology and clinical psychology, this means that one does not just make one's experience, world, or context out of scratch; social processes and meanings, for instance, related to race, gender, class, etc., are there before one ever arrives on the scene (Davidson & Cosgrove, 2002). These social meanings include the skin color that looks too "threatening," the accent that sounds too "foreign," the gender that makes one "unacceptable," the culture that is "backwards" or "inferior," the abilities that are not "useful," and the life that is not "successful." Luckily, these "building blocks" need not remain static; harmful and oppressive systems can be collectively contested and changed. Movement is possible. Possibility is possible. This world is not the only possible world (Davidson, Staeheli, Stayner, & Sells, 2004).

The above helps us realize that clinical psychology cannot take the world for granted. "The world" is an open question that is always in flux, which suggests the need for our field to travel through it to be aware of its ongoing march, so that we better understand people's differential experiences of it. It also suggests that the world can change, that other

worlds are possible. "The world" can move and move for the betterment of all, particularly those currently disadvantaged by it and suffering as a consequence of its constitution. This includes all of us. Travel and movement then become integral components of clinical psychology.

Possible Correctives to Insularity: Travel and Movement

The present work aims to offer travel and movement as possible ways of better connecting clinical psychology to the world around it, to recover our sense of openness. That is, in order to help the field move beyond insularity, and move forward, I suggest the possibility of deepening our engagement with other domains of the world (social, economic, political, etc.), cultural viewpoints, innovative practices, types of action, philosophical perspectives, and scientific approaches. As we do so, we can better participate in the movement and movements of the world. The four problems of insularity are limiting our ability to attend to the suffering world. We need not accept this.

Travel and movement will be advanced as experiences, as experiences found in history, as methods, and as critical practices. Travel is as much a metaphor about humbly moving between worlds, between structures, between disciplines, between cultures, and between ideas than it is about physical or privileged travel. It entails openness to difference and different perspectives. It challenges one's own worldviews while remaining open to others' views of the world. As I have noted before, travel need not entail journeying that far. Travel need not even be travel, in the literal sense, nor should it, especially in light of pressing concerns about sustainability and ecology (Desai, 2014; O'Hara, 2010).

What is suggested by the focus on travel and movement is also not a type of neocolonial encounter, touristic exoticism, or, as my colleague Patty Benedict notes in the context of the tragedies inflicted on the Native American community, a civilizing hero mission (see also Gone, 2008, cf., Adams et al., 2015). It advocates respect for other cultures, attentiveness to history, and awareness of power and other imbalances. It is rooted in empathy, humility, and compassion. It aims to be a type of noncolonial travel that is decolonial in its impact.

Before we begin this sojourn, the following presents a brief sketch of the remaining chapters.

Sketch of Remaining Chapters

Chapter 2: Travel and Movement in History

In the second chapter, we³ embark upon a historical journey, examining aspects of the lives and work of three individuals who attempted to incorporate the world outside the clinic into their theorizing about psychology and mental health: Frantz Fanon, Karen Horney, and Erich Fromm.⁴ These "worlded" clinicians waged important critiques of the psychological theories and practices of their time, particularly along the lines of race, gender, and political economy. I will pay attention to how elements of their own life travels informed their understanding of the importance of context vis-à-vis psychology. I will close with a concrete example of supportive intercultural travel by exploring the cross-cultural engagement of Zen Buddhism and D. T. Suzuki with Horney and Fromm. My analytic approach to these and subsequent central thinkers is informed by phenomenology (detailed in the next chapter), which allows for the generation of insight through analyses of these thinkers' concrete experiences and works (Husserl, 1925/1977).

Chapter 3: Travel and Movement as Science and Inquiry

In the third chapter, I provide a methodological and theoretical justification for travel and movement in clinical psychology. I draw on various world traditions—Buddhism (especially Zen) and phenomenology

³The pronoun "we" will be often used. It is intended to encourage the view that we are engaging in this journey together. It is also a way to acknowledge those who have influenced and guided my thinking. But of course, any errors, omissions, or absurdities in this work are those of my own.

⁴None of these figures were trained as clinical psychologists. Here, we travel into other related disciplines to improve our own.

(especially Husserl)—in order to both analyze, and to offer ways to overcome, the problems of insularity. In so doing, I attempt to reposition the world and its betterment as integral to clinical psychology. I then examine the possibility of traveling into the world, without presupposition, in order to see how suffering appears in all its forms—psychological, social, cultural, and beyond. Social justice and other social movements naturally become an integral component of this work.

Chapter 4: Travel and Movement in the World Outside in the Clinic

In the fourth chapter, I examine the work of "worldly clinicians"—those whose efforts directly helped change the world and, as a result, helped enhance well-being for a great number. I explore the lives, work, and respective movements of two worldly clinicians in particular: Gandhi and King. The task of this chapter is to elucidate some of the key methods and ideas of Gandhi, King, and the social movements of which they were a part, particularly as they relate to the intersections of well-being and the world. For case material, I will look at the early organic campaigns of Gandhi in South Africa and King in Montgomery. The analysis in this chapter (as well as Chapter 2) benefits from autobiographical and biographical information, which Allport (1942) argued were fruitful, though underutilized, forms of data for psychological science. Overall, I aim to discover ways these movements, or collective forms of travel, helped initiate positive movement in social systems and individual lives.

Chapter 5: Travel and Movement Reflections: Where We've Come

In the brief fifth chapter, we pause to take stock of where we have come in our journey. We also rejoin our traveler mentioned at the outset and revisit their situation, now with an even greater awareness of the complex world they are facing. This brief pause, and moment of reflection, prepares us for the final leg of our journey, in which we return, with renewed rhythm and flow, to our field of clinical psychology.

Chapter 6: Travel and Movement as Practice

In conclusion, I discuss travel as practice and examine how clinical psychology can better participate in the life and movement(s) of the world. I draw on contemporary innovations in practice, as well as the movements of Gandhi and King, to broaden our categories of and for good mental health. I attempt to link—or, collapse the distinction between—the world inside the clinic and the worlds outside the clinic. Healing is revealed to be needed at multiple levels. Here I suggest seeing our role as traveling alongside others in their lives and circumstances, understanding not only their personal conditions but the social conditions in which they live. I also suggest the importance of community building, collective travel, and social movements in general.

These may appear as peripheral topics for clinical psychology. Some may opine that this work is better suited for social psychology or social work. But therein lies the point, which is that a more worldly perspective is very much needed in clinical psychology. So, in essence this book is about considering how clinical psychology, a science and practice traditionally devoted to inner life, mind, or behavior, can become more responsive to the world around it. This book is about travel and movement. At the same time, it is not about travel and movement. It is about the world we inhabit on an everyday basis, the world we shape, and our evolving place in it.

References

- Adams, G., Dobles, I., Gómez, L. H., Kurtiş, T., & Molina, L. E. (2015). Decolonizing psychological science: Introduction to the special thematic section. *Journal of Social and Political Psychology*, *3*(1), 213–238. https://doi.org/10.5964/jspp.v3i1.564.
- Allport, G. W. (1942). The use of personal documents in psychological science (Bulletin 49). New York: Social Science Research Council.
- Bhatia, S. (2002). Orientalism in Euro-American and Indian psychology: Historical representations of "natives" in colonial and postcolonial contexts. *History of Psychology*, *5*(4), 376–398. https://doi.org/10.1037/1093-4510.5.4.376.

- Bhatia, S. (2007). Rethinking culture and identity in psychology: Towards a transnational cultural psychology. *Journal of Theoretical and Philosophical Psychology, 27–28*(2–1), 301–321. https://doi.org/10.1037/h0091298.
- Bhatia, S. (2014). Orientalism. In T. Teo (Ed.), *Encyclopedia of critical psychology* (pp. 1294–1300). New York: Springer.
- Bierman, A. S., & Dunn, J. R. (2006). Swimming upstream. *Journal of General Internal Medicine*, 21(1), 99–100. https://doi.org/10.1111/j.1525-1497.2005.00317.x.
- Boss, M. (1966). *A psychiatrist discovers India* (H. A. Frey, Trans.). Calcutta: Rupa. (Original work published 1959).
- Compton, M. T., & Shim, R. S. (Eds.). (2015). *The social determinants of mental health*. Washington, DC: American Psychiatric Publishing.
- Davidson, L. (1988). Husserl's refutation of psychologism and the possibility of a phenomenological psychology. *Journal of Phenomenological Psychology*, 19(1), 1–17. https://doi.org/10.1163/156916288X00103.
- Davidson, L. (2018). Transcendental intersubjectivity as the foundation for a phenomenological social psychiatry. In M. Englander (Ed.), *Phenomenology* and the social context of psychiatry (pp. 7–26). London: Bloomsbury.
- Davidson, L., & Cosgrove, L. A. (1991). Psychologism and phenomenological psychology revisited, part I: The liberation from naturalism. *Journal of Phenomenological Psychology, 22*(2), 87–108. https://doi.org/10.1163/156916291X00082.
- Davidson, L., & Cosgrove, L. A. (2002). Psychologism and phenomenological psychology revisited, part II: The return to positivity. *Journal of Phenomenological Psychology*, 33(2), 141–177. https://doi.org/10.1163/15691620260622877.
- Davidson, L., O'Connell, M. J., Tondora, J., Lawless, M., & Evans, A. C. (2005). Recovery in serious mental illness: A new wine or just a new bottle? *Professional Psychology: Research and Practice*, *36*(5), 480–487. https://doi.org/10.1037/0735-7028.36.5.480.
- Davidson, L., Rakfeldt, J., & Strauss, J. S. (2010). *The roots of the recovery movement in psychiatry: Lessons learned.* Chichester: Wiley Blackwell.
- Davidson, L., Ridgway, P., Wieland, M., & O'Connell, M. (2009). A capabilities approach to mental health transformation: A conceptual framework for the recovery era. *Canadian Journal of Community Mental Health*, 28(2), 35–46. https://doi.org/10.7870/cjcmh-2009-0021.
- Davidson, L. & Solomon, L. A. (2010). The value of transcendental phenomenology for psychology: The case of psychosis. In T. Cloonan (Ed.), *The re-direction of psychology: Essays in honor of Amedeo P. Giorgi* (pp. 73–93). Montreal, QC: Cercle interdisciplinaire de recherches phénoménologiques.

- Davidson, L., Staeheli, M., Stayner, D., & Sells, D. (2004). Language, suffering, and the question of immanence: Toward a respectful phenomenological psychopathology. *Journal of Phenomenological Psychology*, 35(2), 197–232. https://doi.org/10.1163/1569162042652236.
- Desai, M. U. (2012). Caring in context: Parenting a child with an autism spectrum disorder in India. Doctoral dissertation. Retrieved from Proquest (3563395).
- Desai, M. U. (2014). Travel as qualitative method: Travel in psychology's history and in Medard Boss' sojourn to India. *Journal of Humanistic Psychology*, 54(4), 494–507. https://doi.org/10.1177/0022167813517942.
- Drummond, J. J. (2008). *Historical dictionary of Husserl's philosophy*. Lanham: Scarecrow Press.
- Eversley, J. (2014). Is there an emancipatory psychiatry? In R. Moodley & M. Ocampo (Eds.), *Critical psychiatry and mental health: Exploring the work of Suman Fernando in clinical practice* (pp. 43–54). London: Routledge.
- Fanon, F. (1967). *Black skin, white masks* (C. L. Markmann, Trans.). New York: Grove. (Original work published 1952).
- Fernando, S. (2014a). *Mental health worldwide: Culture, globalization, and development.* Basingstoke: Palgrave Macmillan.
- Fernando, S. (2014b). Transcultural psychiatry and mental health. In R. Moodley & M. Ocampo (Eds.), *Critical psychiatry and mental health: Exploring the work of Suman Fernando in clinical practice* (pp. 13–21). London: Routledge.
- Fromm, E. (1956/2006). The art of loving. New York: Harper.
- Gone, J. P. (2004). Mental health services for Native Americans in the 21st century United States. *Professional Psychology: Research and Practice*, 35(1), 10–18. https://doi.org/10.1037/0735-7028.35.1.10.
- Gone, J. P. (2008). Introduction: Mental health discourse as western cultural proselytization. *Ethos*, *36*(3), 310–315. https://doi.org/10.1111/j.1548-1352.2008.00016.x.
- Gone, J. P. (2015). Reconciling evidence-based practice and cultural competence in mental health services: Introduction to a special issue. *Transcultural Psychiatry*, *52*(2), 139–149. https://doi.org/10.1177/1363461514568239.
- Gone, J. P., & Kirmayer, L. (2010). On the wisdom of considering culture and context in psychopathology. In T. Millon, R. F. Kruger, & E. Simonsen (Eds.), *Contemporary directions in psychopathology: Scientific foundations of the DSM-V and ICD-11* (pp. 72–96). New York: Guilford Press.
- Hanh, T. N. (2013). Love letter to the earth. Berkeley: Parallax Press.

- Henrich, J., Heine, S. J., & Norenzayan, A. (2010). The weirdest people in the world? *Behavioral and Brain Sciences*, 33(2–3), 61–135. https://doi.org/10.1017/s0140525x0999152x.
- Husserl, E. (1970). *The crisis of European sciences and transcendental phenomenology* (D. Carr, Trans.). Evanston, IL: Northwestern University Press. (Original work published 1954).
- Husserl, E. (1977). *Phenomenological psychology* (J. Scanlon, Trans.). The Hague, Netherlands: Martinus Nijhoff. (Original work published 1925).
- Husserl, E. (1983). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy. First book: A general introduction to pure phenomenology* (F. Kersten, Trans.). The Hague: Martinus Nijhoff (Original work published 1913).
- Husserl, E. (1999). *Cartesian meditations* (D. Cairns, Trans.). Dordrecht: Kluwer. (Original work published 1950).
- Kazdin, A. E. (1999). Overview of research design issues in clinical psychology. In P. C. Kendall, J. N. Butcher, & G. N. Holmbeck (Eds.), *Handbook of research methods in clinical psychology* (pp. 3–30). New York: Wiley.
- Kim, U., Yang, K.-S., & Hwang, K.-K. (2006). Contributions to indigenous and cultural psychology: Understanding people in context. In U. Kim, K.-S. Yang, & K.-K. Hwang (Eds.), *Indigenous and cultural psychology: Understanding people in context* (pp. 3–25). New York: Springer.
- Kirmayer, L. (2006). Beyond the new cross-cultural psychiatry: Cultural biology, discursive psychology and the ironies of globalization. *Transcultural Psychiatry*, 43(1), 126–144. https://doi.org/10.1177/1363461506061761.
- Kurtiş, T., & Adams, G. (2015). Decolonizing liberation: Toward a transnational feminist psychology. *Journal of Social and Political Psychology*, *3*(1), 388–413. https://doi.org/10.5964/jspp.v3i1.326.
- Lewis-Fernández, R., & Kleinman, A. (1994). Culture, personality, and psychopathology. *Journal of Abnormal Psychology*, 103(1), 67–71. https://doi.org/10.1037/0021-843X.103.1.67.
- Martín-Baró, I. (1994). Writings for a liberation psychology. Cambridge, MA: Harvard University Press.
- Mezzich, J., Snaedal, J., van Weel, C., & Heath, I. (2010). Toward person-centered medicine: From disease to patient to person. *Mount Sinai Journal of Medicine: A Journal of Translational and Personalized Medicine, 77*(3), 304–306. https://doi.org/10.1002/msj.20187.
- Mezzich, J. E., Snaedal, J., van Weel, C., Botbol, M., & Salloum, I. (2011). Introduction to person-centred medicine: From concepts to practice. *Journal of Evaluation in Clinical Practice*, 17(2), 330–332. https://doi.org/10.1111/j.1365-2753.2010.01606.x.

- Natanson, M. (1973). Edmund Husserl: Philosopher of infinite tasks. Evanston: Northwestern University Press.
- Nelson, G., & Prilleltensky, I. (Eds.). (2010). *Community psychology: In pursuit of liberation and well-being* (2nd ed.). Basingstoke: Palgrave Macmillan.
- O'Hara, M. (2010). Another inconvenient truth and the developmental role for psychology in a threatened world. *The Humanistic Psychologist*, 38(2), 101–119. https://doi.org/10.1080/08873267.2010.485915.
- Patel, V. (2015). Addressing social injustice: A key public mental health strategy. *World Psychiatry*, 14(1), 43–44. https://doi.org/10.1002/wps.20179.
- Patel, V., & Kim, Y. R. (2007). Contribution of low- and middle-income countries to research published in leading general psychiatry journals, 2002–2004. *The British Journal of Psychiatry, 190*(1), 77–78. https://doi.org/10.1192/bjp.bp.106.025692.
- Ponterotto, J. G., Casas, J. M., Suzuki, L. A., & Alexander, C. M. (2010). *Handbook of multicultural counseling* (3rd ed.). Thousand Oaks, CA: Sage.
- Priebe, S. (2015). The political mission of psychiatry. *World Psychiatry*, 14(1), 1–2. https://doi.org/10.1002/wps.20172.
- Rose, G. (2001). Sick individuals and sick populations. *International Journal of Epidemiology*, 30(3), 427–432. https://doi.org/10.1093/ije/30.3.427.
- Said, E. (1979). Orientalism. New York: Vintage Books.
- Sen, A. (1999). Development as freedom. New York: Anchor Books.
- Shweder, R. A. (1995). Cultural psychology: What is it? In N. R. Goldberger & J. B. Veroff (Eds.), *The culture and psychology reader* (pp. 41–86). New York: NYU Press.
- Shweder, R. A. (2008). The cultural psychology of suffering: The many meanings of health in Orissa, India (and elsewhere). *Ethos*, 36(1), 60–77. https://doi.org/10.1111/j.1548-1352.2008.00004.x.
- Sue, S. (1999). Science, ethnicity, and bias: Where have we gone wrong? *American Psychologist*, 54(12), 1070–1077. http://dx.doi.org/10.1037/0003-066X.54.12.1070.
- Sundararajan, L. (2010). *Task force on indigenous psychology of div 32*. Society for Humanistic Psychology. Retrieved from http://www.indigenouspsych.org/index.html.
- Sundararajan, L. (2015). *Understanding emotion in Chinese culture: Thinking through psychology*. Cham: Springer.
- Vidich, A. J., & Lyman, S. M. (2000). Qualitative methods: Their history in sociology and anthropology. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 37–84). Thousand Oaks, CA: Sage.

- Wallerstein, N. B., & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice*, 7(3), 312–323. https://doi.org/10.1177/1524839906289376.
- Watkins, M. (2015). Psychosocial accompaniment. *Journal of Social and Political Psychology*, 3(1), 324–341. https://doi.org/10.5964/jspp.v3i1.103.
- Watkins, M., & Schulman, H. (2008). *Toward psychologies of liberation*. New York: Palgrave Macmillan.
- Watters, E. (2010). Crazy like us: The globalization of the American psyche. New York: Free Press.
- Wertz, F. J. (2005). Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology*, 52(2), 167–177. https://doi.org/10.1037/0022-0167.52.2.167.
- Wertz, F. J. (2011). The qualitative revolution and psychology: Science, politics, and ethics. *The Humanistic Psychologist*, 39(2), 77–104. https://doi.org/10.1080/08873267.2011.564531.
- Wertz, F. J., Desai, M. U., Maynard, E., Misurell, J., Morrissey, M. B., Rotter, B., & Skoufalos, N. C. (2018). Research methods for person-centered health science: Fordham studies of suffering and transcendence. In M. Englander (Ed.), *Phenomenology and the social context of psychiatry* (pp. 95–120). London: Bloomsbury.
- Whitehead, M., & Popay, J. (2010). Swimming upstream? Taking action on the social determinants of health inequalities. *Social Science and Medicine*, 71(7), 1234–1236. https://doi.org/10.1016/j.socscimed.2010.07.004.
- Williams, D. R., Costa, M. V., Odunlami, A. O., & Mohammed, S. A. (2008). Moving upstream: How interventions that address the social determinants of health can improve health and reduce disparities. *Journal of Public Health Management and Practice: JPHMP, 14*(Suppl), S8–S17. https://doi.org/10.1097/01.PHH.0000338382.36695.42.



2

Travel and Movement in History: Frantz Fanon, Karen Horney, and Erich Fromm

In this chapter, we will look at how various thinkers and clinicians capably traveled into realms where others often did not venture. These thinkers kept a keen eye on the world around them, moving back and forth between psychological and social dimensions. The three in particular—Frantz Fanon, Karen Horney, and Erich Fromm—did not have to travel far. The world, in effect, came to them. Civilization indeed produced its discontents, doubly so for those caught in its webs of oppression, or its "undersides" (Dussel, 1996; Maldonado-Torres, 2008), some of whom took up the role of observers, chroniclers, and change agents. These clinicians, who were often seeing the outcome of such worldly pathologies as colonialism and authoritarianism on the level of the everyday, were observing the canaries in the coalmines. However, these canaries would largely go unrecognized by those in their own fields and professions.

In their worldly travels, Fanon, Horney, and Fromm came to realize that psychological theory had major blind spots. That is, the psy fields were missing what they or those like them were experiencing and seeing, which was a world or worlds structured along racial, patriarchal, and hyper-consumerist lines. Psychological theory, instead, had

continued to be modeled for the most part on a different world—a model that struggled to see the world around it, in its focus on the individual. In response, Fanon, Horney, and Fromm, each in their own way, tried to offer corrective interventions for the mental health fields themselves. In the following sections, we will take a closer look at some of their life travels, their intellectual travels, and their attempts to move the field forward.

Fanon (and the Racialized, Colorized, and Colonized Worlds)

Frantz Fanon, one of the leading theorists of colonialism and racism of the last century, was a journeyer. But his journey was far from a typical one. In his short life of 36 years, he directly encountered colonialism, world wars, political movements, leading intellectuals, clinics, and everything in between. Along his journey, he also happened to become a psychiatrist. As a result, Fanon became well-versed in the worlds inside and outside the clinic. In a way, he spoke both languages and translated between the two. This multiple fluency allowed him, for instance, to become adept at seeing how the workings of the world related to the workings of the mind, and vice versa (e.g., Hook, 2005; McCulloch, 1983). The worlds that occupied his analytic gaze the most were the racialized and colonized worlds. His work in this regard, which regularly involved—or necessitated—the coupling of psychological with social insights, would eventually earn him the title of, "the chronicler of colonialism" (McCulloch, 1983, p. 4).

Fanon's innovative analyses of racism and colonialism were a turning point in the way we conceptualize psychology and mental health vis-à-vis social problems. They were a landmark in helping us better understand the experience of millions (or even billions) of people around the world facing systemic oppression and discrimination, imploring us to refrain from perspectival insularity in our investigations of their experiences. He encouraged us, for instance, to realize that trauma was not just a personal or individual affair, but that systems themselves could be traumatic—the "pathology" was as much in

the wider world, often driving people to suffering, dehumanization, and bondage. His was a sociodiagnosis (Fanon, 1952/1967, p. 11). As Hook (2005) noted: "If there is a fact that Fanon's most vital writings impress upon us, it is that the violence of the colonial encounter is absolutely unprecedented, that the colonial moment of epistemic, cultural, psychical and physical violence makes for a unique kind of historical trauma" (p. 479). In effect, Fanon taught us to look continually outward with our clinical mindset, to keep questioning and examining this thing we call world with all of its layered complexities.

However, much like the historical landmarks of oppressed, marginalized, or colonized groups, the historical turning point that Fanon's work on trauma and other phenomena helped initiate has been disregarded by many. These insights, analyses, and ways of thinking are not well-known in traditional clinical or psychological circles, let alone textbooks on psychology and psychiatry. One could surmise that this is due to the controversial and challenging nature of his life and the topics he discussed, but the fact remains that, much like Freud, his work has often been utilized more in other fields, ranging from the humanities to other social sciences (e.g., Gibson, 1999, 2003; Gordon, Sharpley-Whiting, & White, 1996; Martinez, 2000; see Desai, 2014a, p. 59).

Nonetheless, his criticism and reworking of the psychology of his day continues to be pertinent for the psychology of today, particularly for a field increasingly concerned with deeply social questions of race, colonialism, historical trauma, inequality, power, privilege, excessive individualism, indigenity, and globalization (e.g., Adams, Dobles, Gómez, Kurtiş, & Molina, 2015; Blanco, Blanco, & Díaz, 2016; Bulhan, 1985; Burman, 2016, 2017; Desai, 2012; Gibson & Beneduce, 2017; Hook, 2005, 2012). As such, Fanon was a suitable candidate for inclusion in the present work, particularly given that among his major contributions to the history of ideas was his connecting the world of social structure to the world of psychology, affect, the body, and so forth (see Bhabha, 2004, p. xix; Desai, 2014a, p. 59; Hook, 2012; McCulloch, 1983). Fanon saw how colonial and racial structures, for instance, deeply and systematically impacted mental life, and waged a passionate critique of various types of psychologizing that continued to miss this broader interrelation in favor of world-naïve positions. At the same time, Fanon

remains relevant precisely because he did not reduce all of reality to social structure alone, at the expense of other dimensions. Specifically, he moved beyond reified forms of social critique by retaining the importance of a psychological understanding in investigating social problems and in identifying multiple domains of liberation; for example, because colonial structures also colonize minds, psychological liberation was argued to be a necessary component of liberation from oppressive structures (see Hook, 2005, pp. 483–484, 2012; also Bulhan, 1985; House, 2005, p. 57).

Fanon's work could thus be characterized as "psychopolitics", a blending and critical merger between the psychological and the sociopolitical (Desai, 2014a; Hook, 2005, 2012; Lebeau, 1998). In many ways, psychopolitics is a useful way of characterizing much of the present work, so it is fitting that we begin here with Fanon. We will later have a chance to see how psychopolitics featured in some of the travels and work of Gandhi and King in Chapter 5. We will now travel alongside Fanon.

Travel Encounters

Fanon's life and work were inseparable.¹ He was born in Martinique, then a colony of France, and subsequently lived in France, Algeria, and elsewhere (Macey, 2012). He saw the way race and racism played out in different cultural contexts, and told this story to the world (Macey, 2005). His insights into his and his peer's experience, and the radical validity of it, would present a strong challenge to the then history of ideas, a history that as a whole did not do justice to the lived experience of black and other communities of color.

His experience, and his courage to examine and describe it, was also a major foundation from which he waged his racial critiques appearing

¹I take seriously Gordon's (2015) criticism and call to avoid reducing an intellectual of color to their "experiences" and ignoring their own role in theory building. Instead, I aim here to learn more about those experiences that informed his own analyses and theories regarding race and psychology, in order to see how it could better inform our own work and struggles. This move is also emblematic of the fifth stage of Fanon studies (Gordon et al., 1996).

in his first major work *Black Skin*, *White Masks* (Fanon, 1952/1967; see House, 2005). And yet, as House argued, much of the ingenuity in this seminal text was in Fanon's depersonalizing personal experience, that is, placing the personal in its sociopolitical and cultural-historical contexts, without which we would not understand the full complexity of the everyday experiences in question. For a person constantly on the move in his own life, it is not surprising that we will find certain traveland movement-oriented experiences as integral to feeding his evolving insights about psychopolitics, race, and the racialized world. Fanon's travels through the world made it clear that he needed to move through varied analytic perspectives in order to make sense of his travels. In Fanon's case, a very literal *passage* of travel would serve as the origin point for a very influential *passage* of his writing—transportation was the site of experiences that engendered great, albeit painful insight.

Specifically, one of the most important and well-known passages in Fanon's work (Hook, 2005, p. 482) and, indeed, in the history of ideas regarding oppression since the 1950s (Gordon, 2015, p. 48) was Fanon's phenomenological analysis of a racist encounter on a train in France that profoundly devastated his sense of humanity, personhood, and embodied presence in the world. In this train passage, a devastation occurred, but the full extent of the damage could not entirely be seen from the outside. The devastation took the form of an utterance: "Look a Negro!...Look a Negro!...Look a Negro!...Mama, see the Negro. I'm frightened!" (Fanon, 1952/1967, pp. 111-112). It was a child who uttered the phrase, though this child was not just operating as child, but as the carrier of an entire culture and social world that was racialized to its core. This scene contributed to Fanon's realization that he was not himself, at least not to others' gaze. He was, in one sense, what others made of him and his skin color, "I am overdetermined from without. I am a slave not of the 'idea' that others have of me but of my own appearance" (p. 116).

This particular encounter, which could stand in for thousands of other scenes just like it, was revelatory (see also Bhabha, 1994; Burman, 2016). A young child became frightened and horrified by the color of Fanon's skin, his embodied presence in the world, rendering that embodiment

for Fanon a "racial epidermal schema" (Fanon, 1952/1967, p. 112). In an instant, with a gaze and a declaration, the young child made Fanon a racialized thing among other things, heaping all of the harmful stereotypes that existed in the social milieu and all of the objectifications that were condoned by society onto Fanon.

My body was returned to me spread-eagled, disjointed, redone, draped in mourning on this white winter's day. The Negro is an animal, the Negro is bad, the Negro is wicked, the Negro is ugly; look, a Negro; the Negro is trembling, the Negro is trembling because he's cold, the small boy is trembling because he's afraid of the Negro, the Negro is trembling with cold, the cold that chills the bones, the lovely little boy is trembling because he thinks the Negro is trembling with rage, the little white boy runs to his mother's arms: 'Maman, the Negro's going to eat me.' (Fanon, 1952/2008, p. 93)

Negated was his own subjectivity and awareness of self as self. Also, as we will see later with King's experience of segregation, part of the tragedy of these racist encounters was that they prevented an otherwise possible moment of connection between neighbors. It also stripped the person of color of the basic human experience of the joy of fellowship, the energy of shared purpose, and the peace of belonging:

What did this mean to me? Peeling, stripping my skin, causing a hemorrhage that left congealed black blood all over my body. Yet this reconsideration of myself, this thematization, was not my idea. I wanted quite simply to be a man among men. I would have liked to enter our world young and sleek, a world we could build together. (Fanon, 1952/2008, p. 92)

Each instance, therefore, wagered a deprivation of togetherness, and, instead, one is left further isolated, alone, and left out.

This train encounter was an all too everyday form of violence, however minimized and disregarded by those who do not experience it, that was multisystemic—social, cultural, historical, embodied, and psychological—obliterating Fanon's capacity to be recognized and represented as himself (Hook, 2005, 2012). He was as others perceived him (or, as others perceived "it," per the other's viewpoint), and this annihilation of

personhood was the consequence of living in a world prestructured with racialized and racist elements. It was a recurrent problem, a chronic trauma.

It is this early work of Fanon's (1952/1967), Black Skin, White Masks [BSWM henceforth], that is the organizing point for this present section on Fanon. My task in this section is to examine some of the integral moments leading up to this work, to shed light on the development of these ideas via travel and Fanon's existential "trajectory" (House, 2005). This existential trajectory illuminates the complex experience of encountering racism in varied forms and contexts, the shedding of presuppositions related to one's sense of place or acceptance in the world, and the revelation that racial dynamics are deeply ingrained in multiple shared structures (rather than mere one-off experiences). Finally, as we will see later with Gandhi, Fanon's analysis of culture and politics was greatly enhanced by his travels between cultures and contexts. I speculate that in addition to providing ample opportunities for evidence gathering, the capacity to stand in and outside of a particular context enhanced his own evolving understanding of race—this is the kind of travel that promotes a more objective observership of any one place. Travel, also, provided the opportunity to see that a pattern was social, shared, and extending beyond this instance in the first place.

Journey to the Text—Black Skin, White Masks

Fanon's globe-spanning experiences prior to the writing of BSWM provided the source material, and the cauldron, through which the product of BSWM was created. His main goals, as House (2005) detailed, were to demonstrate the reality of racism to those who had never experienced it, as well as to lay out the destructive effects of this social sickness on the lives, experiences, psychology, and mental health of those who encounter it. That is a perpetually difficult task, and one that is implicit in the entirety of the present book—how does one inculcate recognition of deep social problems and their effects in a context in which many do not directly experience such problems firsthand and may, therefore, be structurally prone to dismiss such problems as unreal? Travel

features centrally in the production of Fanon's case—he traveled the world and was able to see the varieties of racism from different vantage points, places, and settings. As House noted, by the time of the writing BSWM, including the train incident, Fanon would have an abundance of experiential source material to make the case in many contexts, connecting, for instance, racialized attitudes in the core of France to those in France's colonies. This involved a complicated "journey of experience" (Sekyi-Otu, 1996, p. 29), in which evidence was gathered, and insights were generated. House observed:

By the time Fanon came to study in Lyons [where the writing of BSWM was advanced] he had already had the opportunity to observe and experience many different cultures of racism within the French colonial order...Fanon comes to dissect 'metropolitan' French society with a particularly sharp scalpel, looking at racism and its manifestations in a great variety of degrees and forms, amongst social classes, generations and professions. Fanon probably has a unique experience in his overview of the different colonial contexts, from Fort-de-France to Lyons, Paris to Meknès." (pp. 48, 49)

He was not alone in the critical work made possible at that time by travel in and through the colonial world. For Fanon and other thinkers, "movement between different colonial areas fostered a radical comparativism" (House, 2005, p. 53). Public forms of transportation were indeed integral to this shared analytic process. Other noted anticolonial writers including Césaire also narrated racist encounters, objectifying racialized gazes, and harmful socially ordained stereotypes experienced in the course of riding a train: "Public transport arguably provided many examples of the social relations engendered by the colonial racial order since it was one of the very few sites of enforced—albeit transient—spatial coexistence between black and white people" (House, 2005, p. 59).

As was clear in the above passage from BSWM, Fanon (1952/1967) gave examples of the ways in which the cultures of colonialism and racism manifest on the level of the everyday. Harmful and dehumanizing social meanings pertaining to skin color and national origin were produced and reproduced among members in that society, and enacted and reenacted at countless junctures. The train scene was an excellent

example of this multisystemic process. Generations of colonial exploits and ideologies, domination abroad and domestic, meanings of skin color flooded the landscape of European society, building harmful houses of stereotypes, brick-by-brick-by-brick, to surround the families of those who live in them, from proud parent to naïve child, and culminated in one moment, which could represent countless others, on a train where people of color happened to appear. Racial superiority complexes started at a young age. They followed from an education and indoctrination into such mores, based on "sedimented stereotypes," fed through the formal teaching of schools and the informal teaching of entertainment (House, 2005, p. 58). People were overdetermined by social roles and symbols before they were born. I will return to this problem of prestructuration in each subsequent chapter.

Travel for Fanon helped generate the grounds for critical insights into social structure, cultural patterns, and global trends. This particular form of seeing was about worldly structures, about the realities of racial and colonial dynamics and their effect on everyday lives—an insight which relied on making connections across people and places, across individual and collective structures. Fanon's traveling occurred within the text as well. The work itself was a mosaic of travel, a moving text. Fanon (1952/1967) traveled analytically, employing an assortment of analytic strategies ranging from psychological to social to literary; he also utilized evidence from a variety of sources found in the world, including media and popular culture (Desai, 2014a; Hook, 2012; House, 2005, p. 53, 57). His was a "to and fro movement of registers" (Hook, 2005, p. 480), a necessary intellectual dance in the face of such a slippery and ubiquitous phenomenon as racism, which slithers, soaks, and saturates.

This dancing also required capable travel and movement with respect to intellectual traditions. Fanon engaged everything from Negritude writers Césaire and Senghor to Hegel and Freud, which he both drew from and criticized, the latter for their limits with regard to the lived experience of the black person (Silverman, 2005). He also drew extensively from existential-phenomenological literature, but even then, in focusing on race and racism, he was moving beyond where theorists in that tradition had ventured (Macey, 2012; Silverman, 2005).

Nonetheless, in searching for methodological tools that would help him capture what he was seeing and experiencing, he found the existential-phenomenology of Sartre, Merleau-Ponty and others appealing, given that it was "the most useful and the most concrete" (Macey, 2012, p. 161) and that, "of all the philosophical discourses available to him in the late 1940s, this was the philosophy that could be best adapted to an analysis of his own 'lived experience'" (Macey, 2012, p. 124).

Interestingly BSWM, in its earlier essay form, was submitted as his first doctoral dissertation (Macey, 2012, p. 136) but was deemed inappropriate subject matter, forcing Fanon to quickly turn around another thesis of a more conventional nature (Gordon, 2015). This is not surprising since what Fanon was doing was radically different from what had come before and had challenged various notions of the fields of psychology or psychiatry. Indeed, his journey of experience (Sekyi-Otu, 1996) up to this point, he would basically argue, could not be adequately understood via the existing psychological tools and concepts at the time.² The university setting in Lyon, however, gave Fanon the opportunity to expand his readings, given the resources and accessibility afforded by life in France as compared to the much poorer Martinique. As we will see with both Horney and Fromm, travel brought with it worlds of new ideas:

The plethora of notes and quotations [in BSWM] is an indication of a major change that had occurred when he moved from Fort-de-France to Lyon: he had moved from a book-poor to a book-rich culture, from the limited resources of the Bibliotèque Schoelcher to the bookshops and libraries of a large university town, and he was taking advantage of the facilities on offer. (Macey, 2012, p. 124, brackets mine)

All told, BSWM was a text that was informed by travel, that operated through travel, and that, itself, traveled. That is, the text, which was at first localized within a francophone context (Macey, 2005), became

²Even the composition of the work was conducted in the literal process of movement, with a great help from his partner Josie. While pacing back and forth, Fanon dictated most of the text to Josie (Macey, 2012).

highly influential to scholars and activists in many parts of the globe (Silverman, 2005; see also Burman, 2016, p. 80; Hook, 2012, p. 107). Like music or math, it spoke a language that could be appreciated and absorbed in diverse and disparate contexts: "the power of the text resides in its ability to travel across the frontiers of place, history and politics and speak in different voices to different readers" (Silverman, 2005, p. 2).

Concurrent Psychiatric Travels

What of the world inside the clinic? Fanon wrote BSWM during the time of his medical education, and from his biographical information, it is clear that psychiatry helped frame the approach in major ways, not the least of which was the fact that the text was essentially a type of self-examination or self-analysis (Macey, 2012). Macey intriguingly noted that psychiatry was the only medical specialty Fanon could choose that could allow him to explore his psychosocial and philosophical interests (p. 132). Yet, many of the psychiatric or psychological tools available to him at the time were ones that he would eventually deem as insufficient for a full psychosocial examination of the problem of race and racism. In a sense, the choice of psychiatry provided two openings—an initial opening to explore terrains outside of the strictly naturalistic, and a second opening by way of extant disciplinary limitation: the chance to provide a novel approach to the specific analysis of oppression that utilized but went beyond the traditional psychological—to move further into the world outside the clinic.

This journey into the world outside the clinic would be made that much more fruitful due to his journeying between different worlds of psychiatry. His psychiatric experience around the time of publication of BSWM notably included a time under the guidance of the social psychiatry pioneer François Tosquelles (Gordon, 2015). Tosquelles helped form a novel therapeutic community approach to psychiatry, in which boundaries between patient and doctor were dissolved and in which the goal was to recognize the "human value" of patients, who were seen as active participants in their recovery (Macey, 2012, p. 148). Macey recounted how Tosquelles took to the young psychiatrist

Fanon and was a keen observer of the latter's travels from the traditional approaches of Lyon to the therapeutic community and therapeutic social clubs of St. Alban (whose underlying school of thought also greatly influenced Félix Guattari). As Macey noted, Fanon's new humanistic psychiatry experience was deeply impactful and taught Fanon to straddle "two disciplines or even two clinical worlds" (p. 150) and to better "listen with a sympathetic ear to [the] pain and suffering [of persons in recovery]" (p. 149).

Journey Within the Journey: World War II and Martinique

Fanon would soon return to his birthplace of Martinique near the end of his medical and psychiatric training but it would be for the last time, as he would return across the Atlantic soon after (Macey, 2012, pp. 150-151). Martinique, however, had already left its imprint on Fanon's journey prior to BSWM and, as Macey (2005) discussed, was critical to his developing understanding of race and colonialism. Specifically, early encounters with racial dynamics, and particularly with the White colonial masters in Martinique, would be the crucial experiences whose meanings and wounds would be, first, sedimented and, later, reopened abroad. Through these gazes of the White colonial masters in Martinique, the whole history of colonial domination and trauma would be reenacted—one became instantly inferiorized in their eyes. The wounds of these early racialized gazes for Fanon, as Macey noted, would be reawakened through the racialized gaze of the infamous train incident. Overall, the experiences in Martinique, including the pervasive colorism and comparison culture that judged status by skin tone—i.e., degree of closeness to whiteness—served as an important basis through which Fanon was able to see that racial categorization was a social, psychological, economic, and even geographic process (Macey, 2005; Silverman, 2005).

Fanon's early globe-spanning journey to BSWM would also extend far beyond his island of Martinique during the time of World War II (Gordon, 2015; House, 2005). Gordon labeled this experience as

a "rude awakening" along racial lines; Fanon's prewar Martinican sensibility, which Gordon stated was shared by many Martinicans in the early twentieth century, was one of viewing themselves as having claims toward the socially ordained privileges of Frenchness. Such Frenchness was itself allegedly free of racist attitudes (House, 2005). For Fanon, this image, this ideal would soon be shattered.

As the newly-in-charge (and Nazi-collaborating) Vichy regime came to power in France and in Martinique before the War, overt racism had increased in the latter (Macey, 2012), but there was still a sense that the true French were not really like this and did not share the Vichy or local Martinican colonist sentiment (House, 2005). Fanon's rude awakening of World War II, however, was that racism was a far more global affair than he had previously realized. It infiltrated even French society (House, 2005). France, real and idealized, was not immune; it was a host. Fanon joined the great French fight against fascism, but this painful truth was soon emerging. In effect, Fanon began seeing that the French army that was supposed to rid the world of racism was itself racialized, that is, built on a strict racial hierarchy (Macey, 2012, p. 91), with soldiers of color often enduring far worse conditions than others.

For instance, rather than being greeted, celebrated, and recognized as war "heroes," Gordon (2015) detailed how Fanon and his fellow soldiers were mistreated from the journeys there to the journeys back (and the journeys in between). As will be the case later for Fanon in the French train, and as we will see with Gandhi and King, transportation was a mode through which racism was forcefully made apparent during World War II—whether moving across seas or between villages. The ship was a real and symbolic form of racialized and racist reality—from degradation and insults by White officers on the way to battle fronts, especially toward Martinican women, to being placed alongside cargo and with little food on the journey home and, as Gordon stated, without the hero's welcome or homecoming afforded to White veterans at the time.³

³On the detrimental effects on veterans' lives of a lack of a welcoming homecoming (see Desai, Pavlo, Davidson, Harpaz-Rotem, & Rosenheck, 2016).

For Fanon and his fellow Martinican soldiers and travelers, leaving the familiar home environment came not only with degradation and insult, but also, as Fanon would observe, with shattering long-held presumptions regarding their position vis-à-vis France and French people (with whom they had once assumed to be in community) (Gordon, 2015). Their life as a supposed member of a European community, rather than being marked by relative acceptance and belonging as once thought, was instead, and was all along, threatened due to stark racial dynamics. As Gordon noted, the illusion they grew up with, of having claims to Frenchness and of not being seen as the black "other," were shattered during the World War II era (p. 11). Fanon was seeing that this racial system, built upon power and force, absolutely applied to him, and was not only local, but far-reaching and global. As Macey (2012) succinctly described: "...the dis-illusionment he had felt had opened up a festering wound that would not heal" (p. 119).

Movement

With this first example of Fanon, we are beginning to see the possible roles of travel and movement in examining the world outside the clinic. Travel provided Fanon opportunities to see structures that were leading to devastating forms of trauma and psychological distress. More fundamentally, travel afforded the chance to see the social structure as such—that one was living in a world that was prestructured with social meanings and orderings that dictated the range of possibilities for experiencing, which often did not fare well for the colonized or people of color, to put it mildly. In this way, travel also led to increasing "self" awareness, but this awareness was not a revelation of some isolated self-monad, but instead showed the extent to which the self was bound up within a surrounding world that did not support their well-being. That is, travel afforded an opportunity to see how the world(s) were constituted, and how the world impacted the constitution of self, other, and society.

An underlying trend, therefore, in Fanon's overall work became examining the conditions for well-being, or the "ideal conditions of existence for a human world" (Fanon, 1952/1967; Vergès, 2005, p. 33). Such Fanonian investigations—in addition to advancing emancipatory

mental health practices (e.g., Bulhan, 1999; Vergès, 1996)—"call for an applied 'mental health' that is not merely applied psychology but is one that also addresses the traumatizing social structures, racist narratives, and humiliating practices that suffocate human experience" (Desai, 2014a, p. 70). This is travel as practice, examining the world inside and outside the clinic, understanding that the two are inseparable, requiring ways to heal both.

From Fanon, we begin seeing how the world outside the clinic bears centrally on issues that may typically concern the world inside the clinic, namely personal suffering and well-being. However, we simultaneously see that so-called "personal" suffering in this sense is not entirely personal. It is extra-personal, an experience involving a shared world that it is itself denying the conditions for well-being. In the phenomenological terms of Husserl, Davidson, and others described in Chapter 1, we may say that the constitution of the world was as much the source of suffering as other wellsprings. The world needed therapy. In the next sections, we will encounter a few more journeyers who brought important aspects of the surrounding world into psychology and mental health settings: Karen Horney, Erich Fromm, and D. T. Suzuki.

Horney, Fromm, Zen & Suzuki

Close by Fanon's context, leading German intellectuals and clinicians found themselves in the midst of a crumbling European community that was witnessing world wars, the rise of fascism, and other horrors. Two who lived within this context and came to settle overseas as part of a larger community of emigrés and exiles were Erich Fromm and Karen Horney (Gitre, 2011). Both clinicians, Horney and Fromm's move to North America were seminal moments in another kind of movement—the rise of "psychocultural analysis" (Gitre, 2011, p. 18), within the clinical and social sciences. As Gitre detailed, this psychocultural analysis, which blended psychological and sociocultural modes of analyses to topics ranging from politics and patriarchy to economics and authoritarianism, witnessed a burgeoning as a result of the ongoing

engagement between German emigré intellectuals and American social scientists in the twentieth century. This movement was a precursor to, and finds continued life in, the current renaissance of global work examining the "psychologies of culture and the culture of psychologies" (Gitre, 2011, p. 19). Let us now take a closer look at Horney and Fromm's travels in these worlds outside the clinic. I will focus first on their pioneering work in feminist and cultural psychology, examining how their life travels were integral sources of their theorizing. Once doing so, the stage will then be set for examining a different type of intercultural travel that occurred during their North American sojourn. This intercultural travel was their engagement with Buddhism and D. T. Suzuki, which took place decades before another current cross-cultural explosion in the social sciences (i.e., mindfulness studies). Altogether, the following historical snapshots provide additional concrete examples of the possible roles of travel, movement, and interculturality for clinical psychology, in the quest to understand and engage the world outside the clinic.

Horney (and the Gendered Worlds)

Karen Horney was a trailblazer, though her footprints may now be obscured to many. Horney's influence on modern culture is far greater than the recognition she may get (Miletic, 2002; Paris, 1994), as is the case with every person discussed in this chapter. As Paris (1994) observed, Horney "is at once one of the most important and one of the most undervalued psychoanalytic thinkers of the twentieth century" (p. xv). Even so, Horney "has left a lasting imprint on contemporary thought," in part by examining "issues that today are at the forefront of psychoanalysis, feminism, postmodernism, social constructionism, and cultural studies" (Miletic, 2002, p. 298). The range of topics she covered, including her pioneering work on feminine and cultural psychology, and the novelty of her thinking, had a strong influence on some of the psychological luminaries of the twentieth century, including Erich Fromm, Fritz Perls, Carl Rogers, Abraham Maslow, and Medard Boss, who credited Horney with moving him toward a "holistic" approach

to medicine that culminated in his own existentially oriented analysis (O'Connell, 1980). Early on, despite facing considerable institutional barriers, Horney traveled into the halls of the medical profession, psychiatry, and psychoanalysis, and, having now heard what men were telling the world about the nature of women, began forcefully telling a different story based on her own experiences and observations. As an example of Horney's lasting influence on feminist thought, Frederickson and Roberts (1997) introduced their landmark piece on objectification theory with a quote from Karen Horney on the male practice of sexualizing all females, which the authors pointedly observed was offered nearly 60 years prior by Horney. The authors' own detailed analysis of the mental health risks of being a woman in contemporary society, in which their bodies are constantly at risk of being objectified, found inspiration in the pioneering work of Horney (see Moradi & Huang, 2008 for a recent review of objectification theory). Similarly, Chodorow (1989) located the origin of the entire history of feminist psychoanalysis within Horney's pioneering work (p. 3). Horney was and is present and prescient.

It is clear that Horney's life travels were integral to her foundational theories (O'Connell, 1980; Paris, 1994). Paris revealed that much of her professional writing was, in fact, semi-autobiographical, and that her work, regardless of whether she shifted emphasis away from the feminine later on, was still a quest to understand her self, her subjectivity, and her sufferings. Indeed, she was put to the test early in life. She persevered, as O'Connell noted, through an arduous upbringing, which had been stifled by an overbearing father who diminished the role of women and whose demeaning gaze was a constant source of suffering for Horney well into adulthood; against her father's preference, she managed to enter higher education and medical training at the University of Freiburg in the early 1900s, which at that time were starting to admit women. Horney dared have a career and pursue her intellectual and worldly interests, which went against the preferences of her husband, as well as social norms, both of which pressured her to forgo these activities and focus mostly on what men need or want (O'Connell, 1980). Forget life balance; forget interest; forget pursuing those opportunities that were mostly afforded to men. In the face of such constriction, Horney was concerned with, and dedicated her

early psychological work, to fostering women's liberation. In this first European phase of her career, Horney came to question the validity of various psychological theories that she thought were based, in part, on masculine viewpoints and a childlike preoccupation with anatomical differences (O'Connell, 1980). The introduction to her 1934 study of a "common present-day feminine type" was emblematic in this regard:

Woman's efforts to achieve independence and an enlargement of her field of interests and activities are continually met with a skepticism whose burden is that such efforts are impelled merely by the pressure of economic necessity, and that they run counter, besides, to her inherent character and her natural tendencies. Accordingly, all efforts of this sort are said to be without any vital significance for woman, whose every thought, in point of fact, centers exclusively upon the male or upon mother-hood... (Horney, 1934, p. 605)

One of Horney's main quests thus was to bring to fuller view the perspectives and lives of women (O'Connell, 1980): These included a reinterpretation of so-called penis envy as actually detailing women's resentment of male power and privilege (not anatomical) differences, a radical critique of sex roles placed on women (e.g., dependency and subordination), such innovative concepts as male womb envy, and the demand for greater appreciation of women's capacities. Traveling to conferences, as O'Connell noted, gave her the chance to battle entrenched masculine professional viewpoints, including against Freud himself, and to provide a different and more diverse viewpoint of psychological life and the experience of women; later in her career, after her immigration to the United States, she would also de-genderize the Oedipal complex and develop a theory of personality that connected individual experience and the social world. In her view, certain anxieties and predilections formed by early experiences limited one's capacities for growth, which were further compromised by social trends and gender stereotypes that additionally forestalled the possibility of self-realization one's focus instead turned toward what one "should" be and become, giving rise to a systematic "tyranny of the should" (O'Connell, 1980).

Paris (1994) located the source of the shift to the second, more gender-neutral phase of her thought: It "was a product in part of her coming to America, where she encountered new intellectual influences, a different culture, and a patient population that made her aware of how much Freud's theory had been affected by its origin in a sexually repressive society" (pp. xxi–xxii). Travel was deeply influential in the turns and tributaries of Horney's career and in her quest to understand herself and her own subjectivity (Paris, 1994). Though the course of her thinking may have changed, the river stayed the same.

Horney was a pioneer in many ways, who, in radically drawing from her own experiences, became astutely aware of the relation between gender, culture, personality, and psychology. The following succinctly described this liberating path: "Horney found her personal freedom in being able to access her own feelings and reactions, by basically listening to her own voice. She followed this path until her death. Along the way she developed her own form of psychoanalysis, partially based on her own experiences as a marginalized person: as a woman and as an immigrant" (Miletic, 2002, p. 297).

From the above literature, I propose that travel served at least three vital purposes for Horney. One, through traveling into her life and into male-dominated professions, she helped bring the world as experienced by women into the theories and practices of psychiatry, psychology, and psychoanalysis. In her early life, Horney very quickly learned about the patriarchal world in which women were not afforded certain possibilities that were granted to men, and faced demeaning attitudes in her own upbringing related to beauty and ability. She then saw how these types of attitudes were institutionalized into professional discourses, which lacked a genuine account of women's experiences.

Two, travel helped free Horney to think more radically, as well as to more closely examine the role of culture vis-à-vis psychological life. In her move to America, she stated:

The greater freedom from dogmatic beliefs which I found in this country alleviated the obligation of taking psychoanalytical theories for granted, and gave me the courage to proceed along the lines which I considered right. Furthermore, acquaintance with a culture which in many ways

is different from the European taught me to realize that many neurotic conflicts are ultimately determined by cultural conditions. In this respect my knowledge has been widened by acquaintance with the work of Erich Fromm, who in a series of papers and lectures has criticized the lack of cultural orientation in Freud's works. (Horney, 1939/1999, pp. 12–13)

As the above quote suggests, she was aided in this process via the friend-ships and professional relationships she encountered in her travels, with a remarkable group of deep thinkers, many of whom were noted cultural theorists in their own right, including: Fromm, Margaret Mead, Ruth Benedict, Paul Tillich, and Erich Maria Remarque⁴ (Gitre, 2011; O'Connell, 1980). Finally, as O'Connell detailed, travel was not just about work—it helped replenish and rejuvenate Horney, including time spent with friends and family.

The Psychocultural Movement

Karen Horney, and the next traveler Erich Fromm, were already moving toward cultural analyses prior to their move to the United States; however, the relocation did help bring these elements out, particularly in the context of an American academy that was increasingly interested in combining psychological and social analysis, and a public that was hungry for understanding what was occurring transnationally in the context of war (Gitre, 2011; see also Burston, 1991, p. 98). Horney and Fromm were thus part of a "psychocultural movement" that benefited from such cross-cultural and transdisciplinary encounters (Gitre, 2011). Gitre's analysis of this fruitful period between the 1930s and 1950s showed that those who migrated from Europe facilitated a more flexible scholarly migration between ideas, disciplines, modes of analysis, and existential

⁴Travel made for immersion with worlds of new ideas and thinkers. As Gitre (2011) noted: "One need only peruse some of the footnotes in Fromm's and Horney's principle postemigration writings to see evidence of where they settled intellectually and the company they kept. To defend his full departure from orthodoxy, Fromm cited his closest confidant, Horney, but also Sullivan, Dewey, Benedict, Linton, Mead, Sapir, and Abram Kardiner" (p. 28).

domains, mutually enriching their newfound American colleagues.⁵ Indeed, the psychocultural movement, "flourished *because* of its syncretism, because it migrated so readily between reason and emotion; science and therapy; culture, society, and individual human biology; normalcy and maladjustment; psychology, sociology, and anthropology; one person and another; as well as between nations" (Gitre, 2011, p. 20). Though perhaps not always aware of this connection, much like a river is not aware of the first stream that carved through the land, the contemporary resurgence of transdisciplinary work involving the emotions finds kindred spirits in this earlier transnational engagement (Gitre, 2011, p. 19).

Along with Horney, the German-Jewish Fromm was an integral member of this expansive movement, accompanying many "refugee-intellectuals" who were forced to flee Europe (Gitre, 2011, p. 18). Gitre highlighted Fromm's *Escape from Freedom* (1941), published after this migration, as an exemplary case of psychocultural analysis, which, in Fromm's own words, was needed to probe such problems as fascism and Nazism. This text, which situated the widespread development of authoritarianism, conformity, destructiveness, and powerlessness in the context of the modern break with established authority, had an enormous impact on social science, despite its relative lack of contemporary attention; nonetheless, per Gitre, the psychocultural analysis that Fromm advanced in the text was "how a generation was taught how to think of modern cultures as integrated wholes best illuminated through interdisciplinarity" (p. 37).

Horney and Fromm are often discussed together, due in part to their psychoculturalism, shared influences, and their one-time romantic relationship. Horney was a major influence on Fromm's psychoanalytic development, and Fromm on Horney's sociological development (Paris, 1994, p. 99). Both also, at one point, turned to Zen. We ourselves turn to Fromm next to take a glimpse into some of his own travels, to complete these initial glimpses of worldly psychologies, prior to turning to both of their turns to Zen.

⁵Remarkably some 80 years before the present work, an American social scientist, referencing Horney's work on culture and neurosis, foreshadowed many of our current themes, noting "a growing realization among thoughtful persons that our culture is sick, mentally disordered, and in need of treatment" (Frank, 1936, p. 335 as quoted in Gitre, 2011, p. 29).

Fromm (and the Consumerist Worlds)

Even an abbreviated list of Erich Fromm's vocations read like they were made for five different people—sociologist, psychoanalyst, cultural critic, political adviser, and founder of Amnesty International. Though not widely read in contemporary psychology, a recent uptick in general Frommian scholarship notwithstanding (e.g., Durkin, 2014; Friedman, 2013; Gunderson, 2014; McLaughlin, 1998; Schimmel, 2009), Fromm had achieved a level of influence on the greater public that few psychologists have had. His influence was also felt on the generation of clinicians he helped mold in the United States, Mexico, and elsewhere. His books have been translated into dozens of languages and have sold millions of copies worldwide (see Friedman, 2013 on above). Among his main contributions was to help us conceive of a world that could follow on a more caring and just path, that is, to "pave an alternative path for his day and for ours, one contoured by love and what he called humanism. The goal was to promote a joyous and caring community where the love of life and the realization of everybody's creative potentialities held hegemony over the forces of repression, conformity, and destructiveness" (Friedman, 2013, p. xxxv).

Fromm's life was intimately tied to travel and movement. In these travels, he moved geographically, but also between the psychological and social spheres, between philosophies and religions, between cultures, and between clinical⁶ and non-traditionally clinical themes. Travel will be more directly related to his life in adulthood, as an exile in North America, but even as a child, movement was central to his development as a critical scholar. This kind of movement was not

⁶The privileged opportunity to travel alongside others in their lives, via the clinical encounter, fueled Fromm's psychological theorizing and insight formation. In fact, Fromm (1962/2006) noted that all of his efforts at producing psychological knowledge were based on direct evidence garnered from therapeutic encounters. Travel and movement were central features of the overall therapeutic process for Fromm: "He considered the therapeutic relationship to be salutary if it promoted a deep rapport and affinity between the clinician and patient. Initially, he referred to this rapport as 'central relatedness'—a state of affairs where clinician and patient 'flowed' emotionally into the 'cores' of the other. In time, Fromm characterized this relationship as a form of 'dancing' with his patients. Both terms spoke to a kind and humanistic clinical relationship' (Friedman, 2013, p. xxxiii, italics added).

individual, but that of the conflict between nations. In an autobiographical account, Fromm (1962/2006) identified that, in addition to a devastating personal loss, the First World War was the event which had the most impact on him and which fueled his quest to understand more about psychology and social relations. Though not a soldier himself, the question of how this could be possible plagued the young Fromm, as he meditated on this destructive encounter between nations. He could not understand the irrationality of war, of killing, of hysteria and propaganda about other countries and peoples. By the time he reached adulthood, he was "obsessed by the question of how war was possible, by the wish to understand the irrationality of human mass behavior, by a passionate desire for peace and international understanding" (p. 5). These interests led to his engagement with psychoanalysis and social and political philosophy.

As Fromm's life progressed, he continued to be a witness to history, an observer of some of twentieth century's most devastating international conflicts, in a world that he described as a social laboratory to refine his ideas (Fromm, 1962/2006). As an exile, Fromm himself was of course caught directly in the middle of these events. It is this "middle period" of Fromm's life (Burston, 1991, p. 5), loosely beginning after his arrival in North America, on which I will focus in this snapshot.

Fromm in Exile

Facing the increasing march of fascism and destruction in twentieth-century Europe, the German-Jewish Fromm, along with many of his critical theorist and psychoanalytic colleagues, made the decision to leave his continental homeland for North America (Burston, 1991, pp. 17–18; Friedman, 2013, p. 68; Wheatland, 2009, p. 43). As I have earlier argued (Desai, 2014b), a significant portion of psychology's and psychoanalysis' history is directly tied to these experiences of exile (see Segal & Timms, 1988). Forced to escape Europe, they had to take their science and practice to new lands (Burston, 1991; Gitre, 2011). Many experienced great personal cost during the dislocation, an experience which may have also led to a changing of the character of the psychoanalytic enterprise—away

from a previous focus on experimentation and toward a focus on preservation of tradition—to help them cope with the unimaginable losses they were experiencing (Burston, 1991, p. 19). In Fromm's case, the move, as we saw above, was naturally rife with uncertainty but also with great possibility (Gitre, 2011, p. 23).

The period after Fromm's initial phase in the United States, in which Escape from Freedom (Fromm, 1941) was featured, found his focus increasingly switch from the problem of authoritarianism to the problems he found to be emblematic of American cultural pressures of that period: conformity, obedience, and a personality based on the ethos of marketing (Burston, 1991). This epidemic of marketing personalities, to Fromm (e.g., 1947, 1956/2006), had arisen in response to specific historical trends in which a person must be willing to market oneself to adapt to prevailing conditions of economic life, but not without deep psychological and social costs, such as those that hindered the capacity for genuine relatedness, love, generosity, and the development of human capacities beyond the economic. As Burston interpreted this Frommian psychocultural insight, "the motto of the marketing person, who experiences herself or himself as a commodity for sale, is: 'I am as you want me to be" (p. 120). Most prominently in the two decades following the 1940s, Fromm the worlded clinician responded to such problematic psychoeconomic trends with a view toward inculcating productive psychospiritual movement in the community, with emphasis on "the need for spiritual rediscovery and renewal, for a conscious and deliberate renunciation of the acquisitive, consumeristic, and materialistic orientation of contemporary culture" (Burston, 1991, pp. 6-7). His overall interest in the relation of individual life to social conditions, and vice versa, had not suddenly emerged in the Americas. However, the shift in context changed the immediate conditions he was observing and to which he was responding. Moving changed the seeing, or rather, the seen.

It also changed the heard, his audience. In the United States, Fromm found a context that was open to, even hungry for, his burgeoning ideas about human and social alienation (Burston, 1991). Burston attributed this openness to the fact that the United States is, to a great degree, a nation of immigrants and descendants of immigrants, who were in need of ways to understand this perennial process of movement, uprootedness, and change. In addition, as Burston noted, Fromm made efforts in

his writings to engage the American mind and history of ideas, through reference, for instance, to the American transcendentalists and pragmatists, as well as contemporary American social science.

Fromm's emphasis on spiritual renewal in the face of problematic social trends was even more understandable in the light of his lifelong though complicated engagement with spiritual traditions (see Fromm, 1956/2006, 1960, 1966; Gunderson, 2014; Maccoby, 1995; Schimmel, 2009). Overall, spiritual traveling was never far from Fromm's life and mind. In fact, Burston (1991) discerned that Fromm's alienation from his surrounding socioeconomic culture was a consequence of its clash with the quite different cultural and spiritual milieu of his youth. This milieu—fashioned by creative and against-the-grain mentors in Jewish thought, spirituality, mysticism, and politics-encouraged and cultivated the values of reason, spirituality, learning, and community in Fromm, which he would come to find as lacking in contemporary life (pp. 14-15). Fromm, in his life, therefore, came to embody the prophetic Judaic tradition, characterized by social critique and hope (Grob, 2013). Further, it was in Fromm's post-migration period that he began embarking on an even wider set of spiritual travels to nearly every major world religion: Hinduism, Judaism, Christianity, Islam, and what we will now turn to, Buddhism (Burston, 1991).

Encounters with Zen: Horney and Fromm Meet Suzuki

In the mental health fields, interest in various methods derived from Asian traditions is at a level never seen before. Clinical psychology is witnessing an explosion of work, for instance, in mindfulness and other practices derived from Buddhism and Asian philosophy (though these cultural origins are often not recognized as such). Much of this initial, serious interest was cultivated by Westerners going to Asia, and Asian teachers coming to the West. Interestingly, decades before this more recent history, there was an instance of East—West encounter involving some of the travelers in this chapter, Horney and Fromm, with a noted Zen teacher, D. T. Suzuki. Arguably conducted in a more respectful and culturally humble manner than some of the current Western borrowing,

and at times co-optation and de-Asianification, of Asian-origin practices, Horney and Fromm's encounter with Suzuki not only led to interesting intellectual and psychospiritual comparative work, but the relationships themselves resulted in profound enrichment for all involved. Suzuki and Zen left a lasting impact on Horney and Fromm, inclusive of a visit by Horney to Japan itself. A snapshot of this cultural engagement will now round out our travels into the lives and work of these worlded clinicians.

Horney

Horney's evolving friendship with Zen and D. T. Suzuki, as discussed below (DeMartino, 1991, Kondo, 1991; Morvay, 1999; Quinn, 1987), profoundly impacted her path to exploring her most pressing questions about humanity, suffering, and liberation. Evidence of Horney's interest in Zen dated back to the late 1930s but reached a more sustained and direct engagement through the friendship with Suzuki, which initiated in the early 1950s (DeMartino, 1991). Personally acquainted with both Horney and Suzuki (not to mention Fromm), DeMartino observed that from the first night Horney and Suzuki met in New York City, while the latter was on a fellowship in the United States, they "...struck up, almost from the outset, a warm, close friendship that was to grow progressively deeper right up to her death on December 4, 1959" (p. 268). These discussions, as DeMartino noted, focused on Zen and psychoanalysis, included a visit by Horney to Japan, and were replete "with social conviviality[;] these wide-ranging conversations were always most invigorating and always most cordial" (p. 268). Their interactions even included group discussions involving practice with Zen meditation and teaching tools known as koans (Morvay, 1999).

What is important to note about this engagement is the extent to which, in a few short years, Horney became deeply influenced by Zen and Suzuki (as well as the Zen-influenced psychiatrist Akihisa Kondo⁷),

⁷Kondo was well-versed in Morita therapy, an indigenous Japanese psychotherapy influenced by Zen, and also trained at Horney's institute in New York. He saw Horney's ideas regarding the real self as a possible conduit between East and West (Kondo 1991; Quinn, 1987).

particularly on matters that were central to her underlying psychological theory. However, this was not just a matter for theory refinement but of beginning to explore a possible path toward greater liberation and interconnectedness.⁸ Regarding the first domain of theory refinement, DeMartino (1991) detailed some of Horney's comparative probing into the world of Zen, especially with regard to some of her important later concepts of basic anxiety and the realization of the real self. For instance, DeMartino recounted an exchange they had in which Horney spontaneously compared her concept of basic anxiety, which, to Horney, originated in childhood due to environmental and relational conditions, and the Buddhist teaching regarding dukkha; DeMartino, immersed in both Zen and psychoanalytic currents, responded by noting that he himself had wondered about this comparison, but that dukkha referred to a more universal account of human suffering. This encounter remained etched in DeMartino's memory and was emblematic of the way Horney continued to grapple with fundamental human questions, as well as Zen, near the end of her life. This grappling was again at play as she reflected in her theorizing on the discovery of a real self that organically promoted growth, a type of self-realization. She was intrigued by Zen's views on similar matters. Horney's early thoughts on the issue of the real self, vis-à-vis Zen, seemed to be rooted in a more psychoanalytic language of unhealthy ego and neurosis, whereas, as DeMartino noted, the comparable Zen perspective endeavored a more universal rendering of the problem of the ego (the "I") as such.

In the case of Horney, the 'self-realization' of the 'real self,'...was understood as coming about through the unfolding of ingrained constructive inclinations that dwell naturally within the person and are operative so long as there is no obstruction to their unfoldment...In the case of Zen, on the other hand...the Self-Actualization of the True Self is gained through the Great Death—or radical dying to itself—of the dualistic ego,

⁸Spiritual questions became a central concern during this phase of her life (Quinn, 1987). Quinn discussed how Horney read nightly from Aldous Huxley's work on perennial philosophy, drew from sources like Søren Kierkegaard, had discussions with her friend Paul Tillich, and, even before this time, had been influenced by William James' writings on religious experience.

whether healthy or unhealthy. It is this Great Death that is itself the Great Birth of the nondualistic and so nonproblematic Self. As a nondualistic Self, it is, accordingly, both its-Self and not-its-Self, and so a Self-less-Self.

Yet movement was astir in Horney's psychospiritual world. DeMartino (1991) observed that Horney's lectures and training curricula at the time began moving toward greater appreciation of these latter paradoxes of the ego/self and the implications of these for well-being, and the well-being of beings, as well as cultivating the capacity for wholehearted absorption in the world. Differences continued to remain.

But right down to the closing months—even days—of her life, Horney continued to think and rethink. As she did, she gave every evidence of a steadily intensifying interest in Zen, and, in her personal life, was developing a closer and closer relationship with Suzuki—as, in her professional life, she was with Kondo. No one can ever be sure, of course, what the final outcome would have been had she lived several years longer. However, at least to this observer, Horney's overall path and the overall path of Zen were moving steadfastly toward a greater convergence rather than divergence. (DeMartino, 1991, p. 280)

Horney's relative lack of scientific-philosophical or clinical dogmatism facilitated her engagement with Zen (Morvay, 1999). This openness to the quite philosophically different, yet related world of Zen was illustrated well by her trip to Japan with colleagues (including Suzuki, Kondo, and DeMartino, among others), in which she visited Buddhist temples and monasteries, conversed with Buddhists, engaged with indigenous Japanese psychotherapy experts, gave lectures, spent time in nature, appreciated Zen gardens, participated in local community life and festivals, and kept probing specifically into the issue of overcoming egocentricity in the move toward self-realization (Kondo, 1991; Morvay, 1999; Quinn, 1987). Overall, through Zen, she was able to encounter a teacher, worlds apart, to provide support and incisive instruction, where her own colleagues and traditions could not. As Kondo noted: "The real self was something that Horney personally felt and experienced. But she thought there was little outside verification of its existence. Her discovery of Zen provided this verification" (Morvay,

1999, p. 28). Her experience was her first guide; she now found another. As Kondo (1991) observed with respect to Horney's Japan visit: "I realized also that her experience in Japan was quite stimulating to her, and that, because of this stimulating experience, a strong fermentation process was taking place in her most decisively" (p. 264).

Horney's own role as a guide and teacher were influenced as a result, such as through her emphasis to clinical students on cultivating and employing, with direct reference to Asian traditions of yoga and meditation, a wholehearted attitude, attention, and concentration to their clinical work (Horney, 1987; Morvay, 1999). As Horney instructed: "Wholeheartedness of attention means being there altogether in the service of the patient, yet with a kind of self-forgetfulness" (p. 19). Morvay's interpretation was that Horney's clinical instruction here had transformed into a virtual primer on mindfulness meditation, with emphasis on being in the moment with all of one's attentional and psychological capacities (intuition, perception, curiosity, etc.) coupled with a paradoxical self-forgetting.

Through real and metaphoric travel, Horney connected to other cultures and traditions which itself fostered increased awareness of truths beyond the self and a transformed attitude toward life. These themes not to mention a deep friendship with Suzuki-would also be major foci of Erich Fromm's own engagement with Zen. Prior to discussing Fromm's engagement, we can already see that it is clear that several decades before the current professional focus on mindfulness, there were important engagements of the Western clinical community with various practices arising from Asia (cf., Desai, 2014b). The extent of Zen's influence on Horney shows that, in addition to learning new practices and insights from traditions viewed as more advanced in these domains, Horney was able to locate teachers outside of her own tradition, find intellectual and spiritual support, overcome the insularities of local scientific approaches (e.g., scientism, orthodox Freudianism, anti-spirituality, etc., see Morvay, 1999, p. 26) through approaches unencumbered by them, and, together with interlocutors, discuss possible transcultural insights through comparison and dialog. Therefore, the encounter with Zen challenged insularity on many fronts. While Horney's earlier work challenged her field's social-ecological forms of insularity, Zen helped confront the scientific, practical, and cultural insularity in her milieu.

Fromm

Fromm's own encounter with Zen reached new heights during the portion of his transatlantic sojourn in Mexico. In Mexico itself, Fromm would have a foundational and lasting influence on the history of psychology and psychoanalysis (Millán & Gojman, 2000). In addition, and important for our purposes, this phase also witnessed the seminal conference, involving D. T. Suzuki, on Zen Buddhism and psychoanalysis, which took place soon after Fromm personally met Suzuki for the first time. In general, though Fromm may not have experienced as seismic of a theoretical impact as Horney had through contacts with Zen and Suzuki, and pursued a different Buddhist tradition (Theravada) later in his life, Fromm nonetheless experienced something through Suzuki, often beyond thoughts and words, that shook him to the core of his being (Friedman, 2013; Fromm, 1967).

Just as it was with Horney, Fromm's first in-person encounter with Suzuki was in New York, this time in 1956, and was impactful from the start; it not only helped strengthen his intellectual understanding of Zen, but was also a personally exhilarating experience (Friedman, 2013, pp. 164–165). Fromm's awareness of Suzuki's work had begun some 15 years earlier, and was followed by a mail correspondence on the account of Suzuki's finding their work as "pursuing similar paths" (Friedman, 2013, p. 164). From this first meeting, Fromm was motivated to develop a conference in Mexico on the topic of psychoanalysis and Zen, with Suzuki as the keynote (Friedman, 2013).

This groundbreaking conference witnessed no less than what Friedman (2013) described as Fromm's most clear and penetrating discussion of that most central and often elusive of psychoanalytic concepts: the unconscious. Zen, which Fromm felt best captured the nondualistic, oneness of being professed by many great spiritual traditions, "aided him in addressing the topic with freshness and understanding" (Friedman, 2013, p. 166). Just as with Horney, Fromm's comparative work with Zen included a major focus on overcoming egoism and the move toward interconnectedness. In his psychoanalysis–Zen lecture, Fromm's rendering of the goal of psychoanalysis—to make

the unconscious conscious—arguably went beyond much of the then traditional psychoanalytic focus on drives, neuroses, and symptoms, and toward what Fromm described as attention to the "whole person" (Fromm, 1960, p. 135). Fromm suggested that the classic psychoanalytic aim regarding the unconscious, when taken to its farthest possible reaches and potential, and in accordance with the philosophy which is "most radically and realistically expressed in Zen" (Fromm, 1960, p. 140), can lead toward nothing less than the direct grasp of reality, free of affective and intellectualizing interferences, and toward greater unity with others and with being. Fromm saw other clinical convergences with the Zen approach, particularly as expressed by Suzuki, such as the freedom from external authority or dogma, the support of experienced and wise guides, and the overcoming of greed (greed was a central component of the marketing ethos mentioned earlier, Fromm, 1960, p. 123). To be sure, Zen's methods, to Fromm, were much more direct than the slowgoing task of psychoanalysis. Nonetheless, the latter would, in this new radical revision, entail that, "because [the patient] has opened up communication with the universe within himself, he has opened up communication with the universe outside" (Fromm, 1960, p. 140).

Overall, Fromm (1960) argued that Zen could have a potentially radical and transformative influence of psychoanalysis, and that psychoanalysis could even help the Zen practitioner in certain cases where psychological challenges arose in the journey. On the former, Fromm stated:

Zen, different as it is in its method from psychoanalysis, can sharpen the focus, throw new light on the nature of insight, and heighten the sense of what it is to see, what it is to be creative, what it is to overcome the affective contaminations and false intellectualizations which are the necessary results of experience based on the subject-object split. In its very radicalism with respect to intellectualization, authority, and the delusion of the ego, in its emphasis on the aim of well-being, Zen thought will deepen and widen the horizon of the psychoanalyst and help him to arrive at a more radical concept of the grasp of reality as the ultimate aim of full, conscious awareness. (p. 140)

The conference proceeding was poignantly remembered many years later by Fromm in his beautiful and poetic memoirs dedicated to his friend Suzuki, but this time with less of an orientation toward the mind, and more toward the heart (Fromm, 1967). Fromm was here celebratory of Suzuki's basic presence, his aliveness, his immediate being. He suggested that Suzuki's intense interest in all things, his kindness and compassion, and his joy, left those transformed in his wake. Fromm observed that something quite remarkable was astir beyond a typical conference:

As one might have expected, the meeting began with the usual distraction due to over-emphasis on thoughts and words. But after two days a change of mood began to be apparent. Everyone became more concentrated and more quiet. At the end of the meeting a visible change had occurred in many of the participants. They had gone through a unique experience; they felt that an important event had happened in their lives, that they had waked up a little and that they would not lose what they had gained. (p. 88)

Fromm and Suzuki's friendship continued on after this momentous conference. Later in his life, Fromm would turn more toward the Theravadan approach of mindfulness via Nyanaponika Mahathera, which Fromm viewed as a better fit with his intellectual program (D. Burston, personal communication; Friedman, 2013, p. 295). Nonetheless, Fromm and Suzuki, before the latter's passing, supported each other and engaged in letter correspondences regarding wide-ranging professional, literary, and personal matters. More importantly for Fromm, during this period, he had found a spiritual mentor that he had not had since his younger days (Friedman, 2013, pp. 169–170).

Horney and Fromm's engagement with Zen moved them personally, professionally, socially, intellectually, and spiritually. They learned new methods and insights, examined new possibilities, received important support, found beneficial teachers, received additional encouragement in overcoming disciplinary and intellectual insularity, and worked toward transcultural dialog and insight. Perhaps most importantly, they found renewed inspiration for moving us beyond the parochial self, toward greater well-being and a greater unity with the world beyond.

Concluding Thoughts

In these travels into the lives of Fanon, Horney, and Fromm, I have taken snapshots of the larger landscape of their thought. But just as a photograph aims to reveal the feel of a destination, rather than present a guide to a region, my purpose was to modestly convey the feel, or *style* of thinking that their work helped initiate. This style was fundamentally about travel, traveling between the cultural and the psychological, between the worlds inside and outside the clinic, and between the worlds inside and outside the self. The above thinkers, each in their own way, began seeing the limitations of traditional disciplinary tendencies; that is, once the traditional lenses were applied, there was a remainder that had not been given voice and that had been taken-for-granted. They begged the question of why, and, in so doing, cleared an opening. In their pursuit of answers, they looked out and around and shed light on what many others had not been seeing or describing.

At the close of this chapter, we go in search of a unifying framework to bring together this discussion of travel and movement for clinical psychology. We are looking for an overall approach that allows us to systematically examine the taken-for-granted, in whatever form they take us for granted, and that encourages us to venture further into the world outside the clinic. In the next chapter, we will search the world for possibilities and engage in our own intercultural journey. Just like Horney and Fromm, we turn specifically to Zen Buddhism, placing it in dialog with that approach that helped Fanon turn his life travels into rich insight—phenomenology. The goal is to present a possible way of connecting the world to clinical psychology, and clinical psychology to the world, while locating the role of travel and movement within each.

References

Adams, G., Dobles, I., Gómez, L. H., Kurtiş, T., & Molina, L. E. (2015). Decolonizing psychological science: Introduction to the special thematic section. *Journal of Social and Political Psychology*, 3(1), 213–238. https://doi.org/10.5964/jspp.v3i1.564.

- Bhabha, H. K. (1994). The location of culture. London: Routledge.
- Bhabha, H. K. (2004). Foreword: Framing Fanon. In F. Fanon, *The wretched of the earth* (R. Philcox, Trans., pp. vii–xlii). New York: Grove. (Original work published 1961).
- Blanco, A., Blanco, R., & Díaz, D. (2016). Social (dis)order and psychosocial trauma: Look earlier, look outside, and look beyond the persons. *American Psychologist*, 71(3), 187–198. https://dx.doi.org/10.1037/a0040100.
- Bulhan, H. A. (1985). Frantz Fanon and the psychology of oppression. New York: Plenum.
- Bulhan, H. A. (1999). Revolutionary psychiatry of Fanon. In N. Gibson (Ed.), *Rethinking Fanon: The continuing dialog* (pp. 141–175). New York: Humanity Books.
- Burman, E. (2016). Fanon's Lacan and the traumatogenic child: Psychoanalytic reflections on the dynamics of colonialism and racism. *Theory, Culture & Society, 33*(4), 77–101. https://doi.org/10.1177/0263276415598627.
- Burman, E. (2017). Fanon's other children: Psychopolitical and pedagogical implications. *Race Ethnicity and Education*, 20(1), 42–56. https://doi.org/10.1080/13613324.2016.1150832.
- Burston, D. (1991). *The legacy of Erich Fromm*. Cambridge: Harvard University Press.
- Chodorow, N. J. (1989). *Feminism and psychoanalytic theory*. New Haven: Yale University Press.
- DeMartino, R. (1991). Karen Horney, D. T. Suzuki, and Zen Buddhism. *American Journal of Psychoanalysis*, 51, 267–283.
- Desai, M. U. (2012). Caring in context: Parenting a child with an autism spectrum disorder in India (Doctoral dissertation). Retrieved from Proquest (3563395).
- Desai, M. U. (2014a). Psychology, the psychological, and critical praxis: A phenomenologist reads Frantz Fanon. *Theory & Psychology*, 24(1), 58–75. https://doi.org/10.1177/0959354313511869.
- Desai, M. U. (2014b). Travel as qualitative method: Travel in psychology's history and in Medard Boss' sojourn to India. *Journal of Humanistic Psychology*, 54(4), 494–507. https://doi.org/10.1177/0022167813517942.
- Desai, M. U., Pavlo, A. J., Davidson, L., Harpaz-Rotem, I., & Rosenheck, R. (2016). "I want to come home": Vietnam-era veterans' presenting for mental health care, roughly 40 years after Vietnam. *Psychiatric Quarterly, 87*, 229–239. https://doi.org/10.1007/s11126-015-9382-2.

- Durkin, K. (2014). *The radical humanism of Erich Fromm*. New York: Palgrave Macmillan.
- Dussel, E. (1996). The underside of modernity: Apel, Ricoeur, Rorty, Taylor, and the philosophy of liberation. Atlantic Highlands, NJ: Humanities Press.
- Fanon, F. (1967). *Black skin, white masks* (C. L. Markmann, Trans.). New York: Grove. (Original work published 1952).
- Fanon, F. (2008). *Black skin, white masks* (R. Philcox, Trans.). New York: Grove. (Original work published 1952).
- Frederickson, B. L., & Roberts, T.-A. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly, 21*(2), 173–206. https://doi.org/10.1111/j.1471-6402.1997.tb00108.x
- Friedman, L. (2013). *The lives of Erich Fromm: Love's prophet.* New York: Columbia University Press.
- Fromm, E. (1941/1994). Escape from freedom. New York: Holt.
- Fromm, E. (1947). Man for himself. New York: Rinehart.
- Fromm, E. (1956/2006). The art of loving. New York: Harper.
- Fromm, E. (1960). Zen Buddhism & psychoanalysis. New York: Harper & Brothers.
- Fromm, E. (1962/2006). Beyond the chains of illusion: My encounter with Marx and Freud. New York: Continuum.
- Fromm, E. (1966). You shall be as gods: A radical reinterpretation of the Old Testament and its tradition. New York: Holt, Rinehart, & Winston.
- Fromm, E. (1967). Memories of Dr. D. T. Suzuki. The Eastern Buddhist, 2, 86–89.
- Gibson, N. (Ed.). (1999). *Rethinking Fanon: The continuing dialog*. New York: Humanity Books.
- Gibson, N. (2003). Fanon: The postcolonial imagination. Cambridge: Polity.
- Gibson, N., & Beneduce, R. (2017). Frantz Fanon, psychiatry, and politics. London: Rowman & Littlefield.
- Gitre, E. J. K. (2011). The great escape: World War II, neo-Freudianism, and the origins of US psychocultural analysis. *Journal of the History of the Behavioral Sciences*, 47(1), 18–43. https://doi.org/10.1002/jhbs.20455.
- Gordon, L. R., Sharpley-Whiting, T. D., & White, R. T. (1996). Introduction: Five stages of Fanon studies. In L. R. Gordon, T. D. Sharpley-Whiting, & R. T. White (Eds.), *Fanon: A critical reader* (pp. 1–8). Cambridge, MA: Blackwell.
- Gordon, L. R. (2015). What Fanon said: A philosophical introduction to his life and thought. New York: Fordham University Press.
- Grob, G. (2013). Foreword. In L. Friedman (Ed.), *The lives of Erich Fromm: Love's prophet* (pp. xi–xvii). New York: Columbia University Press.

- Gunderson, R. (2014). Erich Fromm's ecological messianism. *Humanity & Society*, 38(2), 182–204. https://doi.org/10.1177/0160597614529112.
- Hook, D. (2005). A critical psychology of the postcolonial. *Theory & Psychology, 15*(4), 475–503. https://doi.org/10.1177/0959354305054748.
- Hook, D. (2012). A critical psychology of the postcolonial: The mind of apartheid. London: Routledge.
- Horney, K. (1934). The overvaluation of love: A study of a common present-day feminine type. *The Psychoanalytic Quarterly, 3,* 605–638.
- Horney, K. (1939/1999). New ways in psychoanalysis. London: Routledge.
- Horney, K. (1987). Final lectures. In D. H. Ingram (Ed.). New York: W.W. Norton.
- House, J. (2005). Colonial racisms in the care "metropole": Reading *Peau noire, masques blancs* in context. In M. Silverman (Ed.), *Frantz Fanon's black skin, white masks: Interdisciplinary essays* (pp. 46–73). Manchester: Manchester University Press.
- Kondo, A. (1991). Recollections of Dr. Horney. *American Journal of Psychoanalysis*, 51, 255–266.
- Lebeau, V. (1998). Psychopolitics: Frantz Fanon's *Black Skin, White Masks*. In J. Campbell & L. Harbord (Eds.), *Psycho-politics and cultural desires* (pp. 113–123). London: UCL Press.
- Maccoby, M. (1995). The two voices of Erich Fromm: Prophet and analyst. *Society*, 32, 72–82.
- Macey, D. (2005). Adieu foulard. Adieu madras. In M. Silverman (Ed.), Frantz Fanon's black skin, white masks: Interdisciplinary essays (pp. 12–31). Manchester: Manchester University Press.
- Macey, D. (2012). Frantz Fanon: A biography. London: Verso.
- Maldonado-Torres, N. (2008). Against war: Views from the underside of modernity. Durham, NC: Duke University Press.
- Martinez, J. A. (2000). Phenomenology of Chicana experience and identity: Communication and transformation in praxis. Lanham, MD: Rowman & Littlefield.
- McCulloch, J. (1983). Black soul, white artifact: Fanon's clinical psychology and social theory. Cambridge, UK: Cambridge University Press.
- McLaughlin, N. (1998). How to become a forgotten intellectual: Intellectual movements and the rise and fall of Erich Fromm. *Sociological Forum*, *13*(2), 215–246. https://doi.org/10.1023/A:1022189715949.
- Miletic, M. P. (2002). The introduction of a feminine psychology to psychoanalysis. *Contemporary Psychoanalysis*, 38(2), 287–299. https://doi.org/10.1080/00107530.2002.10747102.

- Millán, S., & Gojman, S. (2000). The legacy of Fromm in Mexico. *International Forum of Psychoanalysis*, 9, 207–215. https://doi.org/10.1080/080370601300055598.
- Moradi, B., & Huang, Y.-P. (2008). Objectification theory and psychology of women: A decade of advances and future directions. *Psychology of Women Quarterly*, 32(4), 377–398. https://doi.org/10.1111/j.1471-6402.2008.00452.x.
- Morvay, Z. (1999). Horney, Zen, and the real self: Theoretical and historical connections. *The American Journal of Psychoanalysis*, 59(1), 25–35. https://doi.org/10.1023/a:1021488721166.
- O'Connell, A. N. (1980). Karen Horney: Theorist in psychoanalysis and feminine psychology. *Psychology of Women Quarterly*, *5*(1), 81–93. https://doi.org/10.1111/j.1471-6402.1981.tb01035.x.
- Paris, B. (1994). *Karen Horney: A psychoanalyst's search for self-understanding*. New Haven, CT: Yale University Press.
- Quinn, S. (1987). A mind of her own: The life of Karen Horney. New York: Summit.
- Schimmel, N. (2009). Judaism and the origins of Erich Fromm's humanistic psychology. *Journal of Humanistic Psychology*, 49(1), 9–45. https://doi.org/10.1177/0022167808319724.
- Segal, N., & Timms, E. (Eds.). (1988). Freud in exile: Psychoanalysis and its vicissitudes. New Haven, CT: Yale University Press.
- Sekyi-Otu, A. (1996). Fanon's dialectic of experience. Cambridge: Harvard University Press.
- Silverman, M. (2005). Introduction. In M. Silverman (Ed.), *Frantz Fanon's black skin, white masks: Interdisciplinary essays* (pp. 1–11). Manchester: Manchester University Press.
- Vergès, F. (1996). To cure and to free: The Fanonian project of "decolonized psychiatry". In L. R. Gordon, T. D. Sharpley-Whiting, & R. T. White (Eds.), *Fanon: A critical reader* (pp. 85–99). Cambridge, MA: Blackwell.
- Vergès, F. (2005). Where to begin? 'Le commencement' in *Peau noire, masques blancs* and in creolisation. In M. Silverman (Ed.), *Frantz Fanon's black skin, white masks: Interdisciplinary essays* (pp. 32–45). Manchester: Manchester University Press.
- Wheatland, T. (2009). *The Frankfurt School in exile*. Minneapolis: University of Minnesota Press.



3

Travel and Movement as Science and Inquiry: Zen and Phenomenology

In venturing further into the world outside the clinic, we are beginning to see that it is no longer a question of *if* that world is related to psychology and mental health but *how* and *in what ways*. Clinicians and theorists like Fanon, Horney, and Fromm earlier taught us about the ways in which the colonial, racialized, gendered, authoritarian, and consumerist worlds deeply impact the well-being of those bound up within them. Whether clinical fields have responded by opening up their own worlds to such insights is still an open question. In the present chapter, however, we hope to show that openness to the world and to integrally related matters of social justice are essential for good clinical psychological science and practice.

In the first chapter, I discussed how clinical psychology has been plagued by various forms of insularity that have hindered its development, inclusivity, and effectiveness. These insularities were shown to be intimately tied to presuppositions about what is proper or valid for psychology and clinical psychology. The world outside of these presuppositions—different cultures, philosophies, methods, practices, approaches, or epistemologies, some of which were more suited for

worldly engagement—were ignored or discarded in the process. The discarded and ignored, however, survived the onslaught of presupposition and continue to have much to offer. After all, the suffering world, the world we all share, continues to suffer. It continues to demand all of our attention and demand that we, as a general field, overcome our insularity, and break down our barriers. Open our eyes and ears. See and listen. We are in this together.

This suggests that there is a different way to situate clinical psychological science and practice, so that it can become more open and inclusive. However, we will need to begin from a different starting point than the ground of preconception. We can instead begin from the grassroots, the ground of everyday life (what Husserl, 1954/1970, called the lifeworld). When we begin from this basic vantage point of everyday life, we can at least be more confident that, rather than relying on presupposition, we are standing on something more concrete, solid earth. Somewhere, rather than nowhere. We then let that worldly standpoint teach us how to contour our approach to suffering and healing, rather than the other way around.

Along this worldly journey, we will enlist two guides to help us. These two traditions—Buddhism, especially Zen (e.g., Seung Sahn, 1997), and phenomenology (e.g., Husserl, 1954/1970)—provide guidance on how to contend with presuppositions, how to return to everyday life before thought, how to open our clear seeing, and, importantly, how to prepare ourselves to see the truth of the interconnectivity of being-world, psychology, healing, transformation, and beyond. They are scientific in the deepest sense, of rigorous inquiry free from preconception. Through instruction on the practice of clear seeing of whatever emerges around us, a kind of foundationless foundation for pursuing the intended investigations, we endeavor to build firmer insights from which we can move clinical psychology science and practice in new directions. That is, we move from clear seeing (e.g., of the world, psychological life, etc.) to fashioning a science and practice based on important insights derived from that practice of seeing. As one may gather, even the oft-used word "insight," or in-sight, implies an act of seeing into something clearly—to have something in sight, or in clear view. So, in a way, we are attempting to build an approach based on

widely accessible, clear, and direct insights. In all of this, it is important that the reader ultimately not just take my or others' word for it. Indeed, both Buddhism and phenomenology strongly emphasize the importance of seeing for oneself. In the end, the beauty and wonder are that we all have an inborn capacity to access a very open eye. No tradition, practice, or thinker can claim this only for themselves.

This intercultural journey between phenomenology and Asian traditions has indeed been traveled by others for various psychological and philosophical purposes (e.g., Chattopadhyaya, Embree, & Mohanty, 1 1992; Hanna, 1993a, 1993b, 1995; Kirkland & Chattopadhyaya, 1993; Mohanty, 2002; Morley, 2008; Storey, 2012; Zhang, 2006). Comparative work, in general, can help engender insight that holds transculturally, while simultaneously making such insight less dependent on any one tradition for support. Human insight, thus achieved, can then take on a life of its own. For this author, Buddhist meditative practice has also served a clarifying comparative role, that is, in making the matters that some phenomenologists talk about into something more accessible, more personal, more immediate, and less dependent on language. The main point of the following journey will be to see how phenomenology and Buddhism can together help us in our quest to better orient clinical psychology toward the suffering world. Of course, the Zen Buddhist, phenomenological, and clinical psychological traditions have each had their own distinct purposes. The goal here is to simply put them into conversation with each other, to see if they can be united with a shared purpose—as tributaries to a river—toward the worlds outside the clinic.² Let us begin.

¹ "The Buddha was the greatest of the transcendental phenomenologists." - J. N. Mohanty, as paraphrased to this author by Lester Embree at ICNAP 2012.

²Storey (2012) discussed how Zen practice can help bring Heidegerrian insights to life. Similarly, I suggest that Zen Buddhist practice may represent another way to *seeing* phenomenology in action, a way to the phenomenological attitude (cf., Hanna, 1995). As Hanna points out, Husserl's own trusted assistant and endorsed interpreter Eugen Fink described phenomenology as akin to Buddhist practice.

Beginnership

Notions like psychology and world are fairly abstract. Concepts and theories, in general, tend toward the abstract, certainly more abstract than the chirping bird outside, the beaming sun above, or the scalding tea right here. It is not always clear how we get from this day-to-day of our lives to the conceptual palaces in which we often reside as a discipline. Therefore, rather than proceed with our current rebuilding task from abstract concepts, which may or may not carry a firm grounding in reality (thereby leading to further presupposition), how could we instead begin from a more concrete place? Perhaps we could instead begin with just right now, what presents itself, originally, in awareness. After all, from what other place, in our life or science or theorizing, could we possibly start, other than this very moment?

The emphasis on this very moment and everlasting beginnings are strong in both phenomenology and Buddhism. In Buddhist practice, for instance, one often hears of taking an approach of "beginner's mind" to one's life and one's world (e.g., Glassman & Fields, 1996; Kabat-Zinn, 2013, p. 24). Every experience is new; even if this moment seems like a previous one, it cannot possibly be. Approaching the world merely from a strict standpoint of what has come before, including knowing, comes with the risk of closure, of finality, and we again subtly begin closing ourselves off from what appears now. Therein also lies, to varying degrees, the possible birth of presupposition, which we are aiming to avoid. One is not talking about throwing everything we know out of the window, but the point is that a certain openness and natural wisdom can arise from just being open to each moment, here and now, freshly (Chödrön, 1994) even if the matters that one is present to include knowledge itself. Start where you are (Chödrön, 1994). One can imagine that, before we got bogged down by concepts, this may have been how the world appeared to us. Glassman and Fields (1996), drawing inspiration from Japanese Zen teacher Dogen's "Instructions to the Cook," interestingly used the example of a child learning to walk to characterize this beginner's mind. As the authors state, a child simply tries to walk, falls down, gets up, and tries again. This is the beginning of human movement. A beginner's attitude is what we will take to our own movement out into the world. The task, for

us, is to try and engage with life more originally, to see how our science and practice can better approximate this living of life.

Worlds apart, Edmund Husserl (1954/1970) would characterize his phenomenological method, which, in a similar vein, could provide a grounding for science via ever-renewed engagement with life, as that of an absolute beginner. In their investigations, phenomenologists simply attempt to reflect phenomena (which would include the psychological, if it appears) directly: "We are absolute beginners, here, and have nothing in the way of a logic designed to provide norms; we can do nothing but reflect, engross ourselves in the still not unfolded sense of our task, and thus secure, with the utmost care, freedom from prejudice, keeping our undertaking free of alien interferences...and this, as in the case of every new undertaking, must supply us with our method" (pp. 133-134). The phenomenological method itself came to be what it was on the account of having no previously formed opinion about what it was! The task, in a way, was to just start from where one was, and describe what one saw. It was and is a method of beginners. Husserl included (Hanna, 1993b). This emphasis on beginnings not only opened it up to others to try from the ground up, but it also helped one avoid prejudices (literally, prejudgments) about anything one may encounter. No prior judgments, prejudices, inferences, or other preconceived notions about the world of what simply appears, one might say the world of "experience," could take the place of the latter. As Husserl (1969) succinctly stated, "Let us then examine this evidence of ordinary experience, to see what it itself can teach us" (p. 281).

This method therefore relied on a type of original seeing to provide its genuine insights into subject matter, including the task of grounding the sciences themselves. But what did this seeing entail?

Clear Seeing

Clear seeing is at the core of phenomenology. It is what provides phenomenology its base, as it were, the standpoint for its investigations. Learning more about what clear seeing is, and why it is necessary, will be essential for the task of resituating clinical psychology anew.

After all, in order to see relations—such as the relation between the person and the world, the psychological and the social, the worlds inside and outside the clinic—one must be able to see relations *clearly*. In our travels, we will need to clear our visors to let the vista unfold.

For phenomenology, clear seeing becomes none other than the source for making rational assertions of any kind:

Immediate "seeing," not merely sensuous, experiential seeing, but seeing in the universal sense as an originally presentive consciousness of any kind whatever, is the ultimate legitimizing source of all rational assertions...If we see an object with full clarity, if we have effected an explication and a conceptual apprehension purely on the basis of the seeing and within the limits of what is actually seized upon in seeing, if we then see (this being a new mode of "seeing") how the object is, the faithful expressive statement has, as a consequence, its legitimacy. (Husserl, 1913/1983, pp. 36–37)

Here we observe the basis of rationality itself as tied up with clear seeing. Husserl was careful not to suggest that he meant "seeing" in its regular sense. It was a new mode of seeing, and let us not underestimate its significance. The new way of seeing that Husserl pointed to can actually provide an original basis for making valid statements, and an original basis from which knowledge—scientific or otherwise—could flow. For Husserl, "the aim of experiential life is to live the life of reason" (Drummond, 2008, p. 1). The following is what Husserl described as the related "principle of all principles" of phenomenology:

Enough now of absurd theories. No conceivable theory can make us err with respect to the principle of all principles: that every originary presentive intuition is a legitimizing source of cognition, that everything originarily (so to speak, in its "personal" actuality) offered to us in "intuition" is to be accepted simply as what it is presented as being, but also only within the limits in which it is presented there. We see indeed that each <theory> can only again draw its truth itself from originiary data. (Husserl, 1913/1983, p. 44)

"Intuition" gives cognitions their legitimacy, and these cognitions include those of the theoretical variety, whose truths depend on original and direct seeing. Intuition, as a commentator of Husserl described, is "seeing unencumbered by knowing" (Natanson, 1973, p. 92). Therefore, we need clear

seeing in order to provide a solid, valid basis for our scientific cognitions and theories, so that they are not just absurd presupposition. Wertz (2010) provided a helpful description of this central component of phenomenological method, eidetic analysis or intuition of essence:

Grounded in perception and predication, in what Husserl calls *intuition*, knowledge takes up real situations and not mental substitutes. To see and to say that "the paper is white" is not to have a mental idea of "white" but to grasp the paper itself through its "look", the whiteness *belonging to the paper* (Cobb-Stevens, 1990). The *paper is white*. The German word *Wesen* (essence) is derived from *was* (what) and *sein* (is) (Smith, 2007). In Husserl's view, the seeing of essence provides the most fundamental knowledge of what is. (p. 283)

Overall, the phenomenological way is seeing clearly into what things are, and turning this act into a science, that is, a "foundational" science that continually adopts the role of an absolute beginner, without any preconceived ground. Given that there is no presupposed subject matter, anything at all can become a matter for inquiry, whether they be real, imaginary, psychological, material, social, anything whatsoever. Indeed, one of the liberating aspects of phenomenology as initiated by Husserl is that we are not scientifically restricted to one type of subject matter, such as only the objects that can be perceived via the senses. We can study things that are apprehensible but not fully or always visible to the eyes, like social patterns. The tasks of phenomenology are therefore infinite in scope (Natanson, 1973). Another way to describe the underlying approach of phenomenology is to perhaps call it an "it is what it is" science. When we say "it is what it is," in everyday parlance, we are letting the world be what it is, regardless of how we would want or think it to be (though of course we could also study this wanting things to be a certain way). Husserl's famous description of phenomenology as going "to the things themselves," alluded to this general direction outward, this general point. Heidegger's (1962) translation of that dictum did as well: "to let that which shows itself be seen from itself in the very way in which it shows itself from itself" (p. 58). Merleau-Ponty (1945/2002) provided an additional travel-oriented interpretation: "To return to things themselves is to return to that world which precedes knowledge,

of which knowledge always *speaks*, and in relation to which every scientific schematization is an abstract and derivative sign-language, as is geography in relation to the countryside in which we have learnt beforehand what a forest, a prairie or a river is" (pp. ix–x).

At this point, some may wonder if this wider sense of seeing is even possible. Let us now return to Buddhism to help flesh this out. Buddhism, and here I will be discussing Zen, is pertinent for many reasons (cf., Hanna, 1993b, 1995). Intercultural dialog, again, can help discover support and common ground, and reach transcultural validity, while also making us less dependent on the viewpoints of any single tradition. Moving even deeper into why Zen specifically, it is because the more one spends time with Zen practice and teachers, the more one starts hearing themes familiar to, but from a much older tradition and lineage than, phenomenology.

Zen

Originating from the Buddha and developed over centuries, Zen guides us toward directly perceiving reality, existence, subjectivity, and self (Seung Sahn, 1997). Attempts to characterize it as a religion may miss the mark, at least if one is going by typical connotations of religion (as supposedly antithetical to evidence). As Zen Master Seung Sahn stated, Buddhism "seeks direct insight into the very nature of existence itself, beginning with the insight into the nature of our being" (p. 16), and then later added that Buddhism was not really a "religion" but a "path" (p. 17). Even more interesting, he noted that "Buddhism is actually not Buddhism. It is not some 'thing.' Buddhism simply means attaining a direct perception of reality, just as it is" (p. 19). The Zen Master's words provide us with some guidance for the present discussion because they support further evidence for the possibility of clear seeing—Buddhism itself just means direct perception. They are also liberating in that they suggest that anyone can follow this path of directly perceiving reality as it is, without the need for a label, religion, or vocation of any kind. More on this later. For now, I suggest that these descriptions bear resemblance to some of the above characterizations of phenomenology, particularly the focus on clear seeing.

What Does Zen Mean?

"Zen means meditation, and meditation means keeping a not-moving mind from moment to moment. It is very simple. When we meditate, we are only using certain techniques to control our body, breathing, and mind so that we can cut off all thinking and realize true nature" (Seung Sahn, 1997, p. 268).

Because this discussion impinges on questions of method, I will focus on the methods of Zen, which may help shed light on perceived challenges or doubts related to the practice of clear seeing, as pointed to by phenomenology. The techniques—including sitting meditation or meditation on Zen koans (verbal teaching exercises, like riddles)—found in three well-known traditions of Zen—Soto, Rinzai, and Chogye—all point to a similar path: the realization of true nature or true self (Seung Sahn, 1997). Regarding Zen Master Seung Sahn's own tradition of Chogye (as well as the related school he founded, Kwan Um), the teaching that pointed toward this true self was in the form of a question: "What are you? Don't know" (p. 278). This basic question does not lead to an answer but instead brings about not-knowing, a mode of engagement, which, if it has to be called something, is called "don't know" (Zen Master Jok Um, personal communication, July 2017). Don't know therefore points to a spaciousness, a clarity, that you are, also sometimes characterized as "before thinking" or "not-thinking mind" (i.e., don't know)³ (Seung Sahn, 1997, p. 278). Despite these efforts at description, he teaches that we also need to be mindful of not attaching to "don't know," as some concept or some thing (hence the language of "pointing to" rather than "arriving at"). Don't know is not an answer; don't know is not even don't know (ZMJU, personal communication). It is just a name given to openness, clear reflection. We don't "know" don't know. To illustrate what this peculiar clear seeing looks like, I will return to his characterizations of Rinzai and Soto Zen, in which he states that the mind is to become like a mirror, "reflect[ing] this universe just as it is. The sky is blue. The trees are green. Salt tastes salty, and sugar is sweet" (Seung Sahn, 1997, p. 278).

³Trying to think one's way to "don't know" has its limitations—anything that can be said or thought about "don't know" necessarily becomes instantiated as a form. For instance, as Zen Master Jok Um (Ken Kessel) discussed with this author, even to say one is in "don't know," creates an inner and outer to don't know.

We have seen something like this before. The preceding bears remarkable resemblance to Wertz's earlier description of the intuition of essence: the sky is blue, the trees are green, and, above, the paper was white. When Zen Master Seung Sahn (1997) spoke of nonattachment to thinking or "just seeing" as Buddha nature, he appeared to be instructing us to, "Just see. Just hear. Just smell. Just taste." (p. 325), or just "[reflect] this world's truth like an empty mirror" (p. 277). Remember that Husserl, with a quite different aim but related route, also located a truth function with clear and original seeing. These intercultural comparisons may go even deeper into the traditions springing from Ancient Greece. That is, Zen Master Seung Sahn sees the Socratic "know thyself" as not actually pointing to "knowing" his "self" but, instead, that Socrates was pointing to this "don't know"!

In sum, Zen points to directly perceiving reality as it is and realizing our true self. Phenomenology points to directly returning to the things themselves and seeing unencumbered by knowing. Taken together, the approaches of Buddhism and phenomenology serve as an excellent starting point for revisioning our field of clinical psychology. They do so by allowing a wider perspective to emerge, allowing us to continually engage anew the domains that clinical psychology as a science or practice might address. We will soon be able to take a fresh look at what we typically hold as standard matters for investigation—psychological life, persons, world, suffering, clinics, and so forth—and reveal how they appear in renewed inquiry. First, let us rejoin phenomenology to further examine some additional steps to prepare the ground for our investigations.

Epochē

Husserl came up with methods that facilitate a direct and original engagement with subject matter (e.g., Husserl, 1954/1970; Wertz, 2005). Certain steps—known as epochēs—were crucial in this endeavor. I will describe these in greater detail below. Briefly, one overarching way to help understand epochēs is to think of them as various forms of letting go, so that a vista can emerge. Remember, our concern is to see things as clearly as possible, so letting go of past or habitual

forms, or at least not participating in them for the time being, is one way of ensuring this process proceeds smoothly and with as little undue influence or holdovers from the past as possible.

In the first epochē, we temporarily let go of scientific or theoretical ways of knowing or thinking about a certain topic that preceded us. We do not doubt or negate these past mental constructions but merely avoid seeing through them for the time being. Husserl (1954/1970) called this the "epochē of objective science" (p. 135):

What is meant is rather an epochē of all participation in the cognitions of the objective sciences, an epochē of any critical position-taking which is interested in their truth or falsity, even any position on their guiding idea of an objective knowledge of the world. In short, we carry out an epochē in regard to all objective theoretical interests, all aims and activities belonging to us as objective scientists or even simply as [ordinary] people desirous of [this kind of] knowledge...Within this epochē, however, neither the sciences nor the scientists have disappeared for us who practice the epochē. (pp. 135–136)

We are not abandoning science or the scientific spirit. We are not denying or rendering scientific knowledge false (Wertz, 2005). But if we are interested in keeping our investigation open and live, then we need to have a way to temporarily clear away constructions that came before. This procedure allows us to have a healthy distance from past scientific mental constructions about the world before us (though, as Drummond, 2008, showed, scientific concepts can be so embedded in the living world that they become intertwined within it—in this case, we can at least be in a position to discern this embeddedness). We are merely putting aside our sunglasses to see the landscape directly.

I will now return to Buddhism to help flesh out this first epochē. Through regular meditative practice, one may see how strong of an effect mental constructions have on the way the world appears around us. When a moment has passed, we often hold onto a construction or thought about that moment. So it might be recommended that one gently "let go" of that holdover, to perceive the next moment(s) more freshly. This is often easier said than done of course, but the intent is

important and goes beyond just trying to feel better. As Zen practitioner Keith Angilly once described to me, when we profess to know something in a final sense, we can render it dead. We may unintentionally cut the matter off from further engagement when we apply a finalized knowledge construction to it. So this first epochē of Husserl's follows in a similar vein—to know something finally, however, valuable or useful, is to be closed off to it. A less safe, but more open and inquisitive position is to let go and take the attitude of a beginner.

Once we have taken the stance of remaining neutral with respect to the cognitions of the objective sciences, we now make the next turn. This second epochē is a bit more complex. Husserl (1954/1970) has several labels for this epochē, including universal epochē or transcendental epochē (p. 150). It is nothing less than a "total change of the natural attitude of life" (p. 148). In the natural attitude of life, we simply live and go through our daily motions, waking up, drinking tea, reading a book, meandering around—and so on. Husserl, however, realized that one can actually shake up our belief that everything around us actually exists—not to deny their existence but to be able to examine how they come to be experienced as they are (Drummond, 2008, p. 160).

Husserl (1954/1970) says this second epochē makes it such that "everything objective is transformed into something subjective" (p. 178). What does this mean? If relying only on our everyday associations of the word "subjective," it may seem that we are subscribing to some viewpoint on reality wherein our personal viewpoint now becomes the foundation for everything—that is not the case, and in fact, what Husserl criticized as a form of "psychologism" (Davidson & Cosgrove, 2002). This subjectivist position, which Husserl takes to task (p. 179), is a mistaken view that has unfortunately been used to criticize phenomenology for a supposed ignorance with respect to reality, social structure, history, and anything outside so-called personal experience. What Husserl is actually pointing to is something far more radical. He is pointing us toward a way to overcome or get "above" the world, which *includes* our own perspectives, egos, and identities. From this vantage point, everything is seen ever anew.

Words here will ultimately fail in realizing what this "subjective" or "subjectivity" is, because it reveals something that is fundamentally

beyond words or concepts. One problem with words and concepts is that they often lead to more words and concepts (and, often, confusion, conflict, and quibble). Wertz (2016) carefully documented, via Fink (1995), the ultimate incompleteness of phenomenological descriptions using words, but not to invalidate the endeavor, just to delimit it.

Silence and other ways of pointing to this dimension beyond words, as practiced in Zen, for instance, may ultimately be a more useful avenue. The role of silence will be discussed briefly later. With an acknowledgment of the limitation of words, I will attempt to point to (rather than claim to present) what is meant. To be sure, beyond my or anyone's written description, I have found that practice and continual guidance are very important. See for yourself. We are all beginners. This author will always only claim to be a student of these traditions. With these acknowledgments and delimitations in mind, let us now attempt to illustrate what "turning the objective into subjective" means. Given that the main purpose of this book is to examine the world outside the clinic, let us first examine the world as that "objective" thing which we will explore "subjectively."

The World

First, what is "world"? Two notions from Husserlian phenomenology may help us to differentiate various senses of the term that will become operative for us (Drummond, 2008). The first sense of world is simply the world we take for granted as being there in the daily, mundane attitude that Husserl calls the "natural attitude"; within this everyday attitude, the world is basically the totality of all objects (Drummond, 2008, p. 213). As mentioned, this is the world of things that we all know and dwell in, in which we take part in activities, go about our lives, and so forth. However, this world, as stated above and as Husserl continually emphasizes, is largely *taken for granted*. So, this world is just there, but we mostly do not question that basic sense of it just being there, let alone our place in it. What would happen if we do and do so systematically? And from what vantage point would this even be possible?

Thankfully, our earlier steps along the way can help us start bringing this vantage point to life, or at least, of making us aware of its presence. When we earlier considered being a beginner, focusing on clear seeing, and "don't know," we were increasingly building the capacity to let go of any foundation, including our knowledge or concepts about the world and even the belief in the existence of the world (ourselves included). That is a tall order and may immediately strike some as a questionable if not unsettling act, but it is important to note that we are not denying or negating the world—the world is just seen differently and opened up for reflection (Natanson, 1973). Once this foundational belief in the world's existing has been loosened, the world now appears as phenomenon: "Every view about..., every opinion about 'the' world, has its ground in the pregiven world. It is from this very ground that I have freed myself through the epochē; I stand above the world, which has now become for me, in a quite peculiar sense, a phenomenon" (Husserl, 1954/1970, p. 152).

If within the universal epochē, everything at all that exists becomes phenomena, then the latter must necessarily include I, you, me, we—all of the various personal pronouns and indeed, all of humanity (Husserl, 1954/1970, p. 184). As Husserl suggests, nothing—and this also includes science and objectivity—can escape this gaze and cannot be reduced to phenomena (e.g., pp. 183, 258). They are all on the "other side" of this broader, prior-to-the-world (Drummond, 2008, p. 207) consciousness, through which the sense and constitution of worldly matters (including psychological life) can be disclosed. This broader "subjectivity" or "consciousness" is absolute (Drummond, 2008, p. 32; Husserl, 1954/1970, p. 151). The meaning of world in the universal phenomenological lens thus moves from the one we regularly call world to now encompassing "the overall context in which all objects have their sense. The world, then, is the ultimate horizon in which the sense of things is located and contextualized" (Drummond, 2008, p. 214).

One important question for our purposes, which mirrors the question earlier posed by Zen, then becomes who or what is reflecting, given that the "I" itself becomes a phenomenon? Husserl knew that it is paradoxical and confusing that there could be our regular everyday I, but also a larger "consciousness" that is not physically or empirically in the

world and is therefore nothing in itself. You literally cannot find it anywhere, but its mark is everywhere. One of his ways around this conundrum was by way of introducing the notion of an "ultimate I" which is constantly there but *not* a psychological, i.e., worldly function (cf., Davidson & Solomon, 2010).⁴ The "I" which we always talk about, and which psychology often attempts to study, is now on the other side of the "ultimate I"—rendering it an "object" to absolute subjectivity. This is not an object in the traditional natural science way of viewing objects, for that kind of object, as well as natural science itself, become an "object" whose sense is disclosed or "constituted" (Drummond, 2008, p. 54) through the phenomenological method, via absolute subjectivity.

...each human being "bears within himself a transcendental 'I'"—not as a real part or a stratum of his soul (which would be absurd) but rather insofar as he is the self-objectification,⁵ as exhibited through phenomenological self-reflection, of the corresponding transcendental "I." Nevertheless, every human being who carried out the epochē could certainly recognize his ultimate "I," which functions in all his human activity. (Husserl, 1954/1970, pp. 185–186)

Thus, anything at all that appears can have its appearing seen. Wherever there is a being, a form, the absolute is not far behind. These are bound up together. The Buddhist tradition may again provide an analogous framework to illuminate and support these connections. One amazing and amazingly short text that may capture the essence of the above may be the Heart Sutra. The Heart Sutra, one of the main Buddhist

⁴We have not replaced objectivism with subjectivism (Davidson & Solomon, 2010; Husserl, 1954/1970, p. 208).

⁵One analogy to describe self-objectification (see Seifried, 2015, on the beneficial use of analogy) is to imagine a pre-digital video camera continually laying down new film of an infinite stream of scenes. Each frame, however, is only one moment captured in static form. To say the level of the psychic is a self-objectification is to acknowledge that any "present" immediately becomes a passed "past." In addition, that scene of actors takes place in an environment with various interrelations (between objects, people, etc.). Those interrelations themselves become objectifications, once passed. The camera is primary, conducting its business in an infinite stream of nows. Davidson and Cosgrove (2002) interestingly employed the analogy of a frame in a movie, which further supports the above analogy (p. 166).

teachings, is recited throughout the world by practitioners (Seung Sahn, 1997, p. 131) and is thought to embody the entire essence of Buddha's teaching, miraculously in its most concise form (Sheng-Yen, 2001, p. 1).

The Heart Sutra points to a great path (Seung Sahn, 1997). Along this path, it teaches us about something beyond the myriad of matters we typically experience (forms, feelings, perceptions, etc.) and which we typically perceive as stable and fixed. It describes this beyond, this "emptiness," partly by negation, that is, by describing all the things it is not. Thus, the "Heart Sutra points to this biggest thing: mind" (Seung Sahn, 1997, p. 131); and, then, "Step by step, we attain how to function compassionately for others, to use truth for others, spontaneously, from moment to moment" (Seung Sahn, 1997, p. 139). A direct one-toone correlation between the wisdom of the Heart Sutra and Husserlian phenomenology is not claimed here, but there are some interesting similarities, particularly in describing an absolute other to form.⁶ The Heart Sutra collapses the distinction: emptiness does not differ from form, and form does not differ from emptiness.⁷ There is an inherent interconnection, which phenomenology may describe as the link between the world and world-consciousness. As Husserl (1954/1970) stated:

...it is through this [epochē] that the gaze of the philosopher in truth first becomes fully free: above all, free of the strongest and most universal, and at the same time most hidden, internal bond, namely, of the pregivenness of the world. Given in and through this liberation is the discovery of the universal, absolutely self-enclosed and absolutely self-sufficient correlation between the world itself and world-consciousness. (p. 151, brackets mine)

Husserl even described the transcendental as being "empty" of content (Hanna, 1993a, 1993b, 1995⁸; Husserl, 1913/1983). Husserl eventually

⁶Hanna (1993b) shows how the relation between pure consciousness and the constitution of objectivity was a central focus of various Buddhist philosophies.

⁷For clarifications regarding the incorrect notion of emptiness as a type of pessimism or nihilism see the following (Sheng-Yen, 2001, p. 48; Wada & Park, 2009, p. 662). The path here is a middle way between the extremes of fixity and meaninglessness (see Kabat-Zinn, 2011, p. 292).

⁸Interestingly, I read Hanna's work after producing the first major drafts of this chapter, and, the remarkable convergence of Hanna's comparative work with the one here suggests some consensus about the similarities between Husserlian phenomenology and various Asian traditions. These

became aware of the writings of the Buddha. He saw within Buddhism an approach that was "transcendental" and that similarly discovered how to "overcome the world," the meaning of which, Schumann indicates, was akin to Husserl's phenomenological bracketing and epochē (Schuhmann, 1992, p. 26). Buddhism, to Husserl, was an approach of the highest order (Hanna, 1995). Hanna noted that Husserl would not have given such strong praise carelessly, and Schumann's interpretation alludes to this as well: "The fact that he is here ready to share [transcendentality] with Buddhism amounts to nothing less than putting Buddhism and phenomenology on a par" (brackets mine, 1992, p. 27). His own trusted assistant and interpreter Eugen Fink explicitly further stated the commonality (Hanna, 1995). Thus, despite Husserl's own possible cultural blind spots and assumptions of opposed methods, including some occasional demotions of Asian thought, he was at one point able to see a kindred spirit worlds away (Hanna, 1995; Schuhmann, 1992). As Schumann stated: "It bears witness to Husserl's keen eye that the only time in his life he ever exposed himself (albeit in a mediated way) to the 'bodily presence' of Indian thought, he unfailingly perceived its kindred and congenial nature" (p. 38). Indeed, for all who have a similar opportunity of being exposed to the bodily presence of both, the commonalities are sure to become readily evident and the possibilities endless.

Overall, with the help of the preceding intercultural journey, we see a beyond. We see a way past the taken for granted. We realize a wideness, a possibility for original reflection that is freeing. Given the focus on radical reflection, it also provides a healthy sense of distance from preconceived doctrines or authority. The radicality cannot be overstated.

convergences include a focus on clear seeing, bracketing, awareness of the absolute/transcendental dimension, the difficulty if not impossibility of properly languaging the transcendental (or arriving at it through intellect alone), the possibility of personal transformation, and intersubjectivity. While the present work zeroes in on Buddhism (esp., Zen), Hanna covers, along with Buddhism, Hinduism and Taoism. Similarly, in his work on positioning (Buddhism-informed) mindfulness as a qualitative method in psychology, the phenomenologist Morley (2016) emphasizes the importance of the bracketing of core existential beliefs about the reality character of things and fostering the attentional capacity to see clearly. Further, when comparing Yoga and phenomenology, Morley notes that Husserl (1928/1991, 1952/1989) himself stated that the living body and the present moment serve as the foundations for inquiry. Clearly, this comparative work within psychology is ripe for continued investigation.

Literally, anything that heretofore has been accepted without question can now be questioned, and built up again or with modification. Husserl (1950/1999), in fact, discusses the potential to "overthrow and build anew all the sciences that, up to then, he has been accepting" (p. 2). This freeing movement is the turning point through which we open up notions of psychology and clinical psychology, which may traditionally operate under a perspective that, Husserl would say, proceeds without awareness of this wider perspective. In "pre-transcendental" psychology, we take for granted the make-up of the everyday world as well as the make-up of the psychological subject, which, post-transcendental, we now understand as not fixed or given outright, but a "region of sense constituted, and in the process of continuing to be constituted" (Davidson & Solomon, 2010, p. 80).

Through the freeing glance of the epochē, we come to see that the concept of a worldless clinical psychology, that is isolated and separated from how the world is fashioned, has been fashioned, and will be fashioned, does not hold up to closer scrutiny. Instead, there lies interconnectivity and movement. "We" are constantly connected, shifting, and in the process of becoming—an open, always yet-to-be-determined process.

Interconnectivity

Prior to discussing concrete implications of the absolute for psychology, influenced greatly here by the work of Davidson and colleagues on a transcendentally informed psychology (Davidson, 1988, 2018; Davidson & Cosgrove, 1991, 2002; Davidson & Solomon, 2010; Davidson, Staeheli, Stayner, & Sells, 2004), I will remark further on the essential interconnectivity that emerges with our newfound perspective.

Everything is interconnected. Everything. As Einstein, someone we trust on matters of the universe, noted, we can sometimes miss this basic truth of interconnectivity, instead seeing ourselves and our

⁹Even eidetic analysis—the phenomenological procedure that helps elucidate "what is" and renders phenomenological methods genuinely scientific according to modern criteria (even in the Popperian tradition)—is tied to freedom, or free imaginative inquiry (see Wertz, 2010 for a full exposition; also Sowa, 2007).

personal consciousness as cut off and isolated from the rest of the universe. He described this as a prison or an "optical delusion" of consciousness (Calaprice, 2005, p. 206). Our task in his view was to break free from this optical delusion or prison.

A human being is part of the whole world, called by us "Universe," a part limited in time and space. He experiences himself, his thoughts and feelings as something separate from the rest—a kind of optical delusion of his consciousness. The striving to free oneself from this delusion is the one issue of true religion. Not to nourish it but to try to overcome it is the way to reach the attainable measure of peace of mind. (Calaprice, 2005, p. 206)

While not technically religion, through the epochē, Husserl supplies us with a method to attempt to do just that—to free ourselves from the optical delusion.

Perhaps it will even become manifest that the total phenomenological attitude and the epochē belonging to it are destined in essence to effect, at first, a complete personal transformation, comparable in the beginning to a religious conversion, which then, however, over and above this, bears within itself the significance of the greatest existential transformation which is assigned as a task to mankind as such. (Husserl, 1954/1970, p. 137)¹⁰

¹⁰I began the chapter with a discussion of the relation between Buddhism and phenomenology on some key issues, such as the standpoint of beginnership, clear seeing, "don't know," and the "ultimate I." What I did not describe, but was implicit in all of these discussions, was the possibility of personal transformation for those engaging in the methods of these traditions (cf., Hanna, 1993b, 1995). In the popular imagination, Buddhism of course has the reputation of being able to promote personal movement. Phenomenology, while far younger and less developed than Buddhism in this regard, may also carry within its methods seeds for radical personal transformation, which Husserl here compared to a type of religious experience (and as being able to be used in "work or play," Husserl, 1954/1970, p. 137). Hanna (1993a, 1995) suggested that Husserl's advanced spiritual capacities fueled his transcendental insights, which Hanna cited as reason why his followers may not have been able to follow his transcendental turn. Perhaps it is then the case that transformation can occur through the seeing and experiencing of the interconnectivity of being, of which our human existence is only one small, but precious part. The related Buddhist focus on compassion for "self" and "others" (Wada & Park, 2009), and beyond, fits within this context of radical interdependence and move toward collective harmony. Perhaps this is also partly why Pema Chödrön's (1994) translation of the absolute dimension, or absolute bodhichitta, is awakened heart.

With regard to human life, we may initially tend to see one another as separate and isolated, due in part to our localization in bodies that appear to be separate and isolated from each other (Husserl, 1954/1970, p. 255). Husserl's performance of the epochē, however, reveals there is a grander unity at play, in which each of us is necessarily related and from which each of us must draw. That is, it is seen that, while we may perceive ourselves as separate from each other, there is a far more primary interconnectivity of being that transcends our individuality.

What remains, now, is not a multiplicity of separated souls, each reduced to its pure interiority, but rather: just as there is a sole universal nature as a self-enclosed framework of unity, so there is a sole psychic framework, a total framework of all souls, which are united not externally but internally, namely, through the intentional interpenetration [*Ineinander*] which is the communalization of their lives. (p. 255)

Our lives are communalized! Each soul, as Husserl would say, is in community with others, through intersubjectivity (Husserl, 1954/1970, p. 238). What may appear, in the natural attitude, like separate existences each relating to a world that is "just there" and "out there" becomes a different portrait via the phenomenological attitude. Our existences are not separate, 11 and the world is not merely external and out there. The world is being actively shaped anew, in a process of "unceasingly flowing change" (p. 254), and this changing world provides the wellspring from which we all blossom and move forth. If this is the case, if our lives are radically interrelated and bound up symbiotically with each other and the changing, *moving* world, then there are radical repercussions for how we conduct a science and practice of psychological life and psychological suffering. As the world suffers, we suffer.

¹¹From Husserl, we see that the very possibility of objectivity requires others: "We see things, not as mere surfaces, but as multi-sided objects based on an implicit reference to the (real or potential) perceptual perspectives that others can take on the same objects. Our basic experience of the world as having reality or objectivity depends on a kind of tacit confirmation by others" (Gallagher, 2014, p. 2).

Clinical Psychology

I do not experience myself as free to "choose" to constitute any kind of world I wish to live in, but rather experience myself as having been born into a particular world that existed prior to me and as finding myself within particular concrete conditions not of my own making. How I then experience and am motivated by that particular context is the stuff of a psychological science. (Davidson & Solomon, 2010, pp. 85–86)

Science—whether psychological or otherwise—is not static and just there. The entire recent history of the philosophy of science has shown as much (e.g., Kuhn, 1970). Science is a far more contested, messy, social, and nonlinear process—changing, organized human chaos (Kuhn, 1970; Ravetz, 1971). Even scientific "progress" is no longer viewed as a simple, agreed-upon process wherein scientists accumulate a consistent, ever-growing series of facts and knowledge. From Kuhn and others, we now understand science as proceeding and progressing via a series of "revolutionary" paradigmatic shifts, where new worlds are created with each shift, and from which we can never return to old ways of knowing. All this is to say that science, of which clinical psychological science is a part, is itself in a continual process of movement, infiltrated by new ideas and ways of seeing.

The present scientific concern is reexamining psychology, whose genuine meaning is not yet a historical achievement (Giorgi, 2009), and clinical psychology in particular. Up until this point, we have been preparing ourselves for this task, as beginners, through discovering radical new ways of seeing. We are not "there" by any means, in terms of having resituated clinical psychology in any final sense, nor do we wish to suggest this as a goal for ourselves. We are now, however, hopefully walking on a more expansive (groundless) ground from which we can beg the question anew—What is clinical psychology? As we begin loosening the ties that bind, our proverbial eyes begin to widen, our senses reawaken, and the (current) world appears before us, ever anew. We no longer assume that mental health, mind, cognition, feeling, stress, suffering, etc., are merely just there as immutable entities waiting to be factually discovered. We do not take anything for granted. Not even

psychology as such (Husserl, 1954/1970, p. 204). Husserl earlier suggested the possibility of looking at the sciences anew, given that they too can be viewed in this new light of the foundation-shaking epochē. And via this epochē, we are beginning to realize how interconnected we all are, and also how the world, which previously appeared as fixed and readymade for the most part, is a far more continual and actively created process (whose layers, streams, and tributaries ultimately have bearing on how we all are and live).

Davidson and colleagues (Davidson, 1988, 2018; Davidson & Cosgrove, 1991, 2002; Davidson & Solomon, 2010; Davidson et al., 2004) have worked out many concrete implications of these insights for clinical psychology, with respect to scientific method, practice, and social change. In a series of papers, they discussed specific methodological steps one can take, following Husserl, to study most any traditional topic of psychology utilizing the broader "transcendental" (absolute subjectivity) perspective while maintaining the distinctiveness of the personal psychological dimension (Davidson & Cosgrove, 1991, 2002). Readers are directed to these papers for a more in-depth discussion of the finer points of phenomenology. I will here attempt to translate some central messages from their work on Husserl for the present task of resituating clinical psychology anew vis-à-vis the world outside the clinic. I will categorize these lessons for clinical psychology under the headings of: humble science; worldly science; and science and practice of change.

The first category—humble science—suggests the need for humility with respect to our science, understanding that the psychological is situated within a larger interconnected whole, and, a larger horizon of possible vantage points on a given topic. Ultimately, we need these other perspectives for a fuller view. Psychology is important but delimited, as is the case with any other perspective (historical, economic, etc.) (Davidson & Cosgrove, 2002). Thus, while psychological analyses, as the head quote suggests, might be important for understanding how people are motivated by a specific worldly context of layered and "sedimented" meanings (Husserl, 1954/1970, p. 361), we also need to be aware of what those layered, sedimented meanings are. Without that understanding of the world outside the clinic, we cannot properly locate the source and structure of suffering, let alone the total possible avenues

toward healing. With the transcendental view, the worldly context has been returned to psychology, but is now seen to be a collective, moving, and open-ended process in its own right. We no longer take for granted the world as just being there in the same way for all, but instead see the world as a process of collective constitution that carries different implications for different people. Our work as clinical psychologists is to understand how people grapple with these contexts, which are not just in their heads or of their own making, and attend to the worldly structures (including psychological ones) that lead to suffering (esp., Davidson, 2018).

This discussion leads to the second, related transcendental message for clinical psychology—worldly science. Transcendentally informed psychology is a worldly science because any given topic, including mental health or pathology, is not only seen to have psychological dimensions, but also carries social, economic, ecological, historical, cultural, political, etc., ones. Everything is connected. Similarly, an "individual" is never a fully separate or separated being, given that a "single" psychological subjectivity, as it were, first developed in relation to others, was and is influenced by others, and develops its sense as individual only after experiencing others like them (within a larger unitary psychological being, as mentioned above) (see Davidson, 2018; Wertz, 2010, p. 290). All of our personal experiences, in turn, contribute to the make-up of the shared world; conversely, any given personal world, and the specific norms attached to it, do not comprise the world for all (e.g., Davidson, 2018; Davidson et al., 2004). A tyranny of one way does not hold sway. We are all valued and valuable as a part of the universe.

The above discussion, as Davidson and colleagues argue, would not do away with the psychological or cast it away in favor of the social (Indeed, psychology was considered by Husserl to have a primary place among the sciences, Davidson & Cosgrove, 2002, Davidson & Solomon, 2010; Wertz, 2016). Instead, the transcendental perspective—which is absolute, non-worldly, and irreducible to any one worldly domain—places the psychological in the context of a broader worldly/universe(al) consideration. In addition, and importantly given the state of the planet, this broader horizon is not only about the human (Husserl, 1925/1977, 1952/1989; Wertz, 2016), or even the earthly.

Furthermore, the beauty is that, through this wider perspective, we actually see that we are not totally passive in the face of what is given. Though, pre-transcendental, we may have earlier presupposed the surrounding world as fixed, we have now shed this presupposition and rediscovered the role of active constitution. The world is an open question. This, right now, is not the only possible world, revealing transcendental psychology as a science and practice of change. There is possibility, as well as action to get us there. Davidson and Cosgrove (2002) poignantly describe the new horizons:

...Husserl sees the resolution of the crisis of his day to reside in the active pursuit of a transformative form of science; a science that sees as part of its mission bringing about substantive change in the world. Viewing the world simply as an accumulation of meaningless and dead facts, already determined in advance, leaves one powerless to change it. Viewing it as meaningful and contingent upon intentional constitution motivates one to be responsible for it and to take an active role in trying to change it. Grounding psychology in a transcendental framework thus not only brings value and meaning back into science (through reappropriation of the life-world), but, just as importantly, brings science back into the ongoing life of the culture. (p 170)

Husserl (1954/1970) used variations of the words "enlarge" and "enrich" to describe what the wider transcendental perspective could provide for the sciences like psychology. In getting us out of our heads, out of the Einsteinian optical delusion of consciousness, the transcendental opens up a whole new horizon that can foster great transformation. It reveals no less than the active process of life. It reveals movement.

For every new piece of transcendental knowledge is transformed, by essential necessity, into an enrichment of the content of the human soul.

Transcendental inquiry is itself a world-historical process insofar as it enlarges the history of the constitution of the world, not only by adding a new science to it but also by enlarging the content of the world in every respect... (Husserl, 1954/1970, p. 264)

Transcendental sciences like this provide new revelations about the world for those tasked with dealing with the world, like psychologists. Psychology is never operating on a complete notion of the world, which itself is incomplete, always changing, and, potentially, continually being enlarged by transcendental inquiry. We thus need to be comfortable with a shifting, changing ground, or else we run the risk of reifying the world as-is. Luckily we also see the capacity for active change and our capacity to participate in this change.

Social Justice

What does this all mean in everyday terms? The possibilities can be endless. One crucial possibility is that of positioning social justice as a central feature of clinical psychological science and practice. Embodying the habits of humility, worldliness, and change with respect to clinical psychology naturally entails a shift toward attending to all of the ways in which people experience the world, and the ensuing situations, conditions, and structures that engender suffering. As a result, the science and practice begins to move away from being modeled on only the tastes, tendencies, and terrain of one particular group or worldview and instead prefers to remain ever vigilant of the way the world is currently structured, which, at any given moment, may be structured along lines that give power to some and oppress others (Davidson & Cosgrove, 2002). Travel and movement can be integral in this process, given their capacity to help us see our presuppositions, to see outside our personal worlds, to see interconnectivity, to see phenomena from diverse vantage points, to see a structure *as* a social structure, to see (and acknowledge) other possible practices and ways of doing things, to see how others live, to see how the world appears to others (e.g., to see sedimented meanings), and to learn, collaborate, and approach the world together, with others, an ideal that Zen Masters might call harmonious "togetheraction" (Seung Sahn, 1997, p. 138).

In all, we do not assume that the world is and will always be the way it currently is. We, with a broader transcendental view, are also interested in what it can become. There are signs that psychology has

begun changing toward this focus on radical humility, social change, emancipation, and liberation, in tune with larger revolutions in the social sciences (Wertz, 2011). These more recent changes revivify long-standing critiques and calls for such a liberation focus, as discussed in Chapters 1 and 2. Let us now discuss a specific example of this approach using a topic that is germane to clinical psychology. In their investigation of the experience of eating disorders, Davidson and Cosgrove (2002) demonstrated the kinds of deep analyses that may be possible within this frame, particularly when exploring how and why the world appears the way it does for various people. The authors noted how a key component of the range of phenomena typically diagnosed as anorexia nervosa was the presence of a thinness ideal in sufferers' experience. From this point of departure, the authors traveled out into the world and found evidence all around for how the meaning of thin-asgood became formed in the first place. Magazines, beauty pageants, and other social forms all flooded the world with the meaning that women were valued only insofar as they fit a particular body image. Histories, social patterns, and repeated instances of gender devaluation, powerlessness, and violence further fortified and presented a wider context of this experience of objectification. Before the experience of anorexia emerged for a given person, the social context, complete with its own structured meanings, had already demanded that women look a certain way, and be a certain way, if they were to be valued. This was the starting point of a young girl's life in the culture, the unfortunate "building blocks" they discovered as they traveled further into their lives and the ongoing world. Interpersonal and familial traumatic encounters occurred with the context of these larger social meanings, providing the backdrop for the present moment.

We see that sexism, harmful gender norms, and the objectification of women's bodies have something to do with the experience of eating disorders (Davidson & Cosgrove, 2002). As we continue our travels to other typically clinical terrains, attempting to understand life and world from the standpoint of the other, we may also see that racism, colorism, racial profiling, and histories of racial violence have something to do with the experience of trauma for many (e.g., Bulhan, 1985; Desai, 2014; Fanon, 1952/1967; Hook, 2012; Whaley, 2000, 2001); that

colonial genocide and cultural proselytization may have something to do with the suffering, pain, and alienation among indigenous populations (e.g., Gone, 2008; also Erikson, 1950); that cultures of consumerism, devaluation, overproduction, and aggressive competition might have something to do with the experience of social disconnect, mass exhaustion, and depression (Desai, Wertz, Davidson, & Karasz, 2017; Davidson, 2018; Davidson, Rakfeldt, & Strauss, 2010; Fromm, 1956/2006); and that massive income inequality has something to do with swelling resentment, hopelessness, and despair (Pickett & Wilkinson, 2015). The full extent of these implications will be discussed in Chapter 6, once we have had the chance to visit alongside two travelers who saw the ramifications of the social world on the level of the personal, Gandhi and King.

Final Note: On Silence

In this chapter, I have discussed how clear seeing, openness, and interconnectivity, drawing on insights from Buddhism and phenomenology, can help resituate clinical psychology vis-à-vis the world. Following up on Chapter 2, I have further explored the possibility of traveling into the world outside the clinic, to determine the latter's relation *to* well-being, and to examine the conditions for the possibility *of* well-being. I have also discussed the potential for transformative movement, that is, the movement of life forward in empathic, healing, and just ways. I would like to end with a final note, alluded to earlier: the importance of beginnership and of silence.

A lot of words have been used in this chapter to describe and clarify some possible ways forward for clinical psychology. The specific words I chose were intended to speak toward this particular audience, but the basic insights might, and could, have been described differently within Zen communities, clinical communities, and community communities. The words, after all, are not the thing; the thing is the thing. I indeed began by acknowledging the limitation and fluidity of words and concepts during our journey and, importantly, championed the role of the beginner and original seeing. So, I end with a reminder about

the importance of putting down our words and concepts in order to see anew. The Buddhist teacher Chödrön (1994) suggested that in our travels we are actually not trying to arrive at a final moment of having finally looked and seen. There is continual engagement but *without* a solid ground to stand on—ever. Whenever we think we have arrived, she stated, then pull out the rug. "Everything is changing all the time, and we keep wanting to pin it down, to fix it. So whenever you come up with a solid conclusion, let the rug be pulled out" (p. 19). We are always ever beginners. Like a child, we begin again.

Beyond words, words, and words, there is silence. Beyond the "I am," there is silence. Silence is radical. Radical means at the root (Fromm, 1967). I am not talking here about a kind of political quietism, wherein one remains silent in the face of the ills of the world. No, I am merely trying to point to a starting common point, such that we need not be bound up rigidly to words, concepts, and identities, as if the latter were primary. This frees us to see again, originally. As Merleau-Ponty (1945/2002) writes, "In the silence of primary consciousness can be seen not only what words mean, but also what things mean: the core of primary meaning round which the acts of naming and expression take shape" (p. xvii; see also, Wertz, 2010, p. 284). The Zen tradition similarly employs methods that cut through words and speech (Seung Sahn, 1997).

So, before we start examining the lives and travels of two worldly clinicians in the next chapter, let us gives ourselves the gift of silence.

References

- Bulhan, H. A. (1985). Frantz Fanon and the psychology of oppression. New York: Plenum.
- Calaprice, A. (Ed.). (2005). *The new quotable Einstein*. Princeton: Princeton University Press.
- Chattopadhyaya, D. P., Embree, L., & Mohanty, J. N. (Eds.). (1992). *Phenomenology and Indian philosophy*. Albany: SUNY Press.
- Chödrön, P. (1994). Start where you are: A guide to compassionate living. Boston: Shambhala.

- Cobb-Stevens, R. (1990). Being and categorial intuition. *The Review of Metaphysics*, 44(1), 43–66. Retrieved from http://www.jstor.org/stable/20128980
- Davidson, L. (1988). Husserl's refutation of psychologism and the possibility of a phenomenological psychology. *Journal of Phenomenological Psychology*, 19(1), 1–17. https://doi.org/10.1163/156916288X00103.
- Davidson, L. (2018). Transcendental intersubjectivity as the foundation for a phenomenological social psychiatry. In M. Englander (Ed.), *Phenomenology* and the social context of psychiatry (pp. 7–26). London: Bloomsbury.
- Davidson, L., & Cosgrove, L. A. (1991). Psychologism and phenomenological psychology revisited, part I: The liberation from naturalism. *Journal of Phenomenological Psychology*, 22(2), 87–108. https://doi.org/10.1163/156916291X00082.
- Davidson, L., & Cosgrove, L. A. (2002). Psychologism and phenomenological psychology revisited, part II: The return to positivity. *Journal of Phenomenological Psychology, 33*(2), 141–177. https://doi.org/10.1163/15691620260622877.
- Davidson, L. & Solomon, L. A. (2010). The value of transcendental phenomenology for psychology: The case of psychosis. In T. Cloonan (Ed.), *The re-direction of psychology: Essays in honor of Amedeo P. Giorgi* (pp. 73–93). Montreal, Quebec: Cercle interdisciplinaire de recherches phénoménologiques.
- Davidson, L., Staeheli, M., Stayner, D., & Sells, D. (2004). Language, suffering, and the question of immanence: Toward a respectful phenomenological psychopathology. *Journal of Phenomenological Psychology*, *35*(2), 197–232. doi:https://doi.org/10.1163/1569162042652236.
- Davidson, L., Rakfeldt, J., & Strauss, J. S. (2010). *The roots of the recovery movement in psychiatry: Lessons learned.* Chichester: Wiley Blackwell.
- Desai, M. U. (2014). Psychology, the psychological, and critical praxis: A phenomenologist reads Frantz Fanon. *Theory & Psychology*, 24(1), 58–75. https://doi.org/10.1177/0959354313511869.
- Desai, M. U., Wertz, F. J., Davidson, L., & Karasz, A. (2017). Regaining some good in the world: What matters to persons diagnosed as depressed in primary care. *Mental Health in Family Medicine*, *13*, 381–388.
- Drummond, J. J. (2008). *Historical dictionary of Husserl's philosophy*. Lanham: Scarecrow Press.
- Erikson, E. H. (1950). Childhood and society. New York: Norton.
- Fanon, F. (1967). *Black skin, white masks* (C. L. Markmann, Trans.). New York: Grove. (Original work published 1952).

- Fink, E. (1995). Sixth cartesian meditation: The idea of a transcendental theory of method (R. Bruzina, Trans.). Bloomington, IN: Indiana University Press.
- Fromm, E. (1956/2006). The art of loving. New York: Harper.
- Fromm, E. (1967). Memories of Dr. D. T. Suzuki. *The Eastern Buddhist, 2,* 86–89.
- Gallagher, S. (2014). The cruel and unusual phenomenology of solitary confinement. *Frontiers in Psychology*, 5, 1–8. https://doi.org/10.3389/fpsyg.2014.00585.
- Giorgi, A. (2009). The descriptive phenomenological method in psychology: A modified Husserlian approach. Pittsburgh: Duquesne University Press.
- Glassman, B., & Fields, R. (1996). *Instructions to the cook: A Zen master's lessons in living a life that matters.* New York: Bell Tower.
- Gone, J. P. (2008). Introduction: Mental health discourse as Western cultural proselytization. *Ethos*, 36(3), 310–315. https://doi.org/10.1111/j.1548-1352.2008.00016.x.
- Hanna, F. J. (1993a). The transpersonal consequences of Husserl's phenomenological method. *The Humanistic Psychologist*, 21(1), 41–57. https://doi.org/10.1080/08873267.1993.9976905.
- Hanna, F. J. (1993b). Rigorous intuition: Consciousness, being, and the phenomenological method. *The Journal of Transpersonal Psychology*, 25, 181–197.
- Hanna, F. J. (1995). Husserl on the teachings of the Buddha. *The Humanistic Psychologist*, 23, 365–372.
- Heidegger, M. (1962). *Being and time* (J. Macquarrie & E. Robinson, Trans.). New York: Harper & Row.
- Hook, D. (2012). A critical psychology of the postcolonial: The mind of apartheid. London: Routledge.
- Husserl, E. (1969). Formal and transcendental logic. (D. Cairns, Trans.). The Hague: Martinus Nijhoff.
- Husserl, E. (1970). *The crisis of European sciences and transcendental phenomenology* (D. Carr, Trans.). Evanston, IL: Northwestern University Press. (Original work published 1954).
- Husserl, E. (1977). *Phenomenological psychology* (J. Scanlon, Trans.). The Hague, the Netherlands: Martinus Nijhoff. (Original work published 1925).
- Husserl, E. (1983). Ideas pertaining to a pure phenomenology and to a phenomenology and to a phenomenology nological philosophy. First book: A general introduction to pure phenomenology

- (F. Kersten, Trans.). The Hague: Martinus Nijhoff (Original work published 1913).
- Husserl, E. (1989). Ideas pertaining to a pure phenomenology and to a phenomenological philosophy. Second book: Studies in the phenomenology of constitution.
 (R. Rojcewicz & A. Schuwer, Trans.). Dordrecht: Kluwer. (Original work published 1952).
- Husserl, E. (1991). On the phenomenology of the consciousness of internal time (J. Brough, Trans.). Dordrecht: Kluwer. (Original work published 1928).
- Husserl, E. (1999). *Cartesian meditations* (D. Cairns, Trans.). Dordrecht: Kluwer. (Original work published 1950).
- Kabat-Zinn, J. (2011). Some reflections on the origins of MBSR, skillful means, and the trouble with maps. *Contemporary Buddhism*, 12(1), 281–306. https://doi.org/10.1080/14639947.2011.564844.
- Kabat-Zinn, J. (2013). Full catastrophe living. New York: Bantam Books.
- Kirkland, F. M., & Chattopadhyaya, D. P. (1993). *Phenomenology: East and west, essays in honors of J.N. Mohanty.* Dordrecht: Kluwer.
- Kuhn, T. (1970). *The structure of scientific revolutions* (2nd ed.). Chicago: The University of Chicago Press.
- Merleau-Ponty, M. (1945/2002). *Phenomenology of perception* (C. Smith, Trans.). London: Routledge Classics.
- Mohanty, J. N. (2002). *Between two worlds: East and West: An autobiography*. New York: Oxford University Press.
- Morley, J. (2008). Embodied consciousness in tantric yoga and the phenomenology of Merleau-Ponty. *Religion and the Arts*, 12(1), 144–163. https://doi.org/10.1163/156852908X270980.
- Morley, J. (2016, May). *Mindfulness: Phenomenon and method*. Paper given at the Conference of the Society for Qualitative Inquiry in Psychology, Ramapo, NJ.
- Natanson, M. (1973). Edmund Husserl: Philosopher of infinite tasks. Evanston: Northwestern University Press.
- Pickett, K. E., & Wilkinson, R. G. (2015). Income inequality and health: A causal review. *Social Science & Medicine*, 128, 316–326. https://doi.org/10.1016/j.socscimed.2014.12.031.
- Ravetz, J. (1971). Scientific knowledge and its social problems. New York: Oxford University Press.
- Schuhmann, K. (1992). Husserl and Indian thought. In D. P. Chattopadhyaya, L. Embree, & J. T. Mohanty (Eds.), *Phenomenology & Indian philosophy* (pp. 20–43). Albany: SUNY Press.

- Seifried, M. (2015). *Democracy and analogy: The practical reality of deliberative politics* (Order No. 3682487). Available from ProQuest Dissertations & Theses Global. (1658119807). Retrieved from https://search.proquest.com/docview/1658119807?accountid=15172.
- Seung Sahn, Zen Master. (1997). The compass of Zen. Boston: Shambhala.
- Sheng-Yen, Chan Master. (2001). *There is no suffering: A commentary on the Heart Sutra*. Elmhurst, NY: Dharma Drum Publications.
- Smith, D. W. (2007). Husserl. New York: Routledge.
- Sowa, R. (2007). Essences and eidetic laws in Edmund Husserl's descriptive eidetics. *The New Yearbook for Phenomenology and Phenomenological Philosophy, 7,* 77–108.
- Storey, D. (2012). Zen in Heidegger's way. *Journal of East-West thought, 2,* 113–137.
- Wada, K., & Park, J. (2009). Integrating Buddhist psychology into grief counseling. *Death Studies*, *33*(7), 657–683. https://doi.org/10.1080/07481180903012006.
- Wertz, F. J. (2005). Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology*, 52(2), 167–177. https://doi.org/10.1037/0022-0167.52.2.167.
- Wertz, F. J. (2010). The method of eidetic analysis for psychology. In T. F. Cloonan & C. Thiboutot (Eds.), *The redirection of psychology: Essays in honor of Amedeo P. Giorgi* (pp. 261–278). Montréal, Canada: Le Cercle Interdisciplinaire de Recherches Phénoménologiques (CIRP), l'Université du Québec.
- Wertz, F. J. (2011). The qualitative revolution and psychology: Science, politics, and ethics. *The Humanistic Psychologist*, 39(2), 77–104. https://doi.org/10.1080/08873267.2011.564531.
- Wertz, F. J. (2016). Outline of the relationship among transcendental phenomenology, phenomenological psychology, and the sciences of persons. *Schutzian Research*, 8, 139–162.
- Whaley, A. L. (2000). Cultural mistrust of white mental health clinicians among African Americans with severe mental illness. *American Journal of Orthopsychiatry*, 71(2), 252–256.
- Whaley, A. L. (2001). Cultural mistrust: An important psychological construct for diagnosis and treatment of African Americans. *Professional Psychology: Research and Practice*, 32(6), 555–562.
- Zhang, W. (2006). Heidegger, Rorty, and the Eastern thinkers: A hermeneutics of cross-cultural understanding. Albany: State University of New York Press.



4

Travel and Movement in the World Outside the Clinic: Gandhi and King

We have attempted to provide a rationale for how and why the world is integral to clinical psychology. This form of clinical psychology is not to be held sway by the illusion, the mirage, of an isolated individual that is sealed off from the world around them. The world is around us, within us, and includes us. As a constituent member of the world, clinical psychology, as both science and practice, is itself not sealed off from the world, impervious to influence from beyond its borders. That is, science itself takes place within a social context (e.g., Kuhn, 1970; Ravetz, 1971). One implication of this understanding is that how we fashion our shared world matters to us and to our discipline, and matters essentially. We, as clinical psychologists, cannot escape the thorny intersection of history, culture, politics, economics, ecology, and all other shared and surrounding structures. With regard to applied work, by no longer localizing suffering only within the individual, we increasingly open up our practice lenses to other possible sources of discontent. The world, after all, can be "sick" too. Thus, meaningful responses to suffering, and meaningful movement toward well-being, can take place both in personal and collective spheres, even at the same time.

What this broader awareness leads to is an acknowledgment that those outside of the traditional clinical fields may be and have been doing groundbreaking work to enhance "mental health" outcomes, so to speak. They do so by helping us move toward a world in which we not only live better but live better together. These are the movements and pioneers that have helped shaped our world to be more hospitable, safe, welcoming, inclusive, and sustainable. The Sojourner Truths and the Nelson Mandelas and the Rachel Carsons and the movements for social and environmental justice. The list can go on and on. The impact of these movers and movements on the well-being of whole communities is undeniable and has much to teach us. It would therefore make sense for us in the clinical fields to humbly travel beyond our own disciplinary confines, to learn—with all due respect, acknowledgment, and cultural recognition—more about these other methods, ideas, and practices related to suffering and healing.

This chapter will focus on examining the psychosocial work of two of these worldly "clinicians" in particular: Mahatma Gandhi and Rev. Dr. Martin Luther King, Jr. Why these two? They represent two of the main images from the last century that come to mind when thinking of social change, social movements, and the quest for collective peace and harmony. Further, the current themes of travel, movement, and cultural engagement were quintessential aspects of their life work. Indeed, travel was the mode through which much of the world first came to know of them: We now commemorate such campaigns as The Salt *March*, The Montgomery *Bus* Boycott, the *March* on Washington. These acts of protest and resistance were, in a way, collective forms of travel for the purposes of advancing social and psychological movement.

In addition, Gandhi and King thought in ways that could be considered psychological, or better yet, psychopolitical (Desai, 2014a; Hook, 2005, 2012; Lebeau, 1998). They infused their political work with an awareness of psychological processes, traveling between the personal and the social. They operated at multiple levels, multiple systems. This capacity to shift registers between psychological and political domains (Hook, 2005, 2012), or flexibly move between dimensions of

¹In Hook's (2005) formulation of psychopolitics, one register (e.g., psychology) is used as a means of critique of the other (e.g., politics)—and vice versa.

the lifeworld (Desai, 2014a, 2014b) is emblematic of the worldly science (Davidson & Cosgrove, 2002) mentioned in the previous chapter. Gandhi and King attempted to peer into the workings of the world, and how the world affected individuals, but they did not stop there. Over time, they saw how various methods—nonviolent methods chief among them—can help confront and change harmful norms, laws, and social structures in a compassionate and respectful manner, all while positively transforming the persons who employ such strategies. Though not clinicians in the traditional sense, they nonetheless carried out interventions that led to meaningful change and that helped foster well-being.

I should note here that the movements of which they were a part were not just made of these two respective individuals. Countless people gave their blood, sweat, and tears to the struggle for Indian and African American freedom. Gandhi and King's own achievements were of course only possible with the support and labor of others. As King (1958) once stated, "in every important part of the story I should be 'we'" (p. 9). As such, the intent here is not to cast these two historical figures as islands unto themselves, but instead to more modestly read aspects of their life and work in order to begin gathering insight into some of the ingredients that went into their journeys—their journeys toward collectively changing the world for the better. In addition, these two figures were direct witnesses of the social movements of which they were a part, leaving us with rich material to study and learn from; and they themselves were among the most significant thinkers, spokespeople, and symbols of these movements.

The task of this chapter is therefore to elucidate some relevant experiences, practices, and ideas of Gandhi and King, particularly as they relate to the interrelations between well-being and the world. In addition, we will examine ways in which their associated *movements* helped initiative positive *movement* in the social system and individual lives. For case material, we will look at the early organic campaigns of Gandhi in South Africa and King in Montgomery—the "origin stories" of nonviolent methods (Mantena, 2018, p. 80).² Prior to examining the movements

²Given these are early and relatively organic campaigns, they allow for examination of Gandhi and King's personal development, as well as the development of social movements. Though the focus will be on the earlier experiences of Gandhi and King, this analytic framework may be used to flesh out their later campaigns and works.

themselves, we will first stop at important moments in each person's life in which key observations and insights became apparent to them with regard to problematic social structures (e.g., colonialism, racism). We are looking at their experiential travel and witnessing that revealed worldly structures, organization, and interrelations. In this form of travel, the more one experiences and encounters, the more one gets a sense of an overall pattern, in a kind of evidence-gathering about the world. We will also investigate their other modes of travel and movement in the world—cross-cultural, intellectual, epistemic, and sociopolitical.

In sum, the aim is to discover new ways of thinking about clinical psychology through the lens of worldly clinicians, or those involved in clinical psychopolitics (Desai, 2014a). We are interested in possibility. That is, we are interested in learning about the range of possibilities of moving toward a new, better world, and toward personal and collective well-being. Considering Gandhi and King as worldly clinicians is not just a metaphorical move—King himself directly engaged psychology and psychologists, and, partly as a result of his views on the matter, has been put forth by Davidson and Cosgrove (2002) as an exemplary model of a transcendentally informed psychological science and practice. King anticipated the need for placing psychology within its larger social context and horizon, allowing for deeper movement into the suffering world. The text of King's speech to the American Psychological Association is remarkably prescient and prophetic in this regard (King, 1967). In it, King cautioned the psychologists of his day against only pursuing "adjustment" in their mental health work, given that what others were being asked to adjust to had often gone astray. King therefore argued that we also need to promote *maladjustment*, especially maladjustment to oppressive and harmful social structures. He even went so far as to suggest the need for a newly created group known as the "International Association for the Advancement of Creative Maladjustment." He added:

...I am sure that we will recognize that there are some things in our society, some things in our world, to which we should never be adjusted. There are some things concerning which we must always be maladjusted if we are to be people of good will. We must never adjust ourselves to racial discrimination and racial segregation. We must never adjust

ourselves to religious bigotry. We must never adjust ourselves to economic conditions that take necessities from the many to give luxuries to the few. We must never adjust ourselves to the madness of militarism, and the self-defeating effects of physical violence. (para. 53)

In another speech, he stated the point more succinctly:

But there are some things in our social system to which I am proud to be maladjusted and to which I suggest that you too ought to be maladjusted...it may be that the salvation of the world lies in the hands of the maladjusted. (King, 1957/2000, p. 276; see also, Davidson & Cosgrove, 2002; Eversley, 2014)

With an eye toward that possible future, we now embark on this journey. We will first begin with King's psychopolitical predecessor and mentor from a time before, Mahatma Gandhi.

Gandhi

Mahatma Gandhi, as is the case with all of us, was not just born with a ready awareness of the world around him. He did not enter existence with a view of what was needed to foster social change, nor with a working philosophy of nonviolence. That world, or better yet worlds, with all their ever-changing problems and possibilities, had to first appear to him. For the young Gandhi, travel was a major part of this worlding process. Before he was an established leader of the Indian independence movement, Gandhi's travels will have taken him to Europe and Africa, to government halls and town meetings, to countless villages and jails. Gandhi's life narrative "[flowed] from desert to mountain, from city to village, from river to sea" (Guha, 2013, p. 6). He was, quite simply, "always on the move" (Guha, 2013, p. 6). He had an evolving global view long before he became known worldwide as the Mahatma ("great soul").³ Of course now, Gandhi is known in nearly

³Majmudar (2005) similarly says Gandhi wasn't born a Mahatma, but practiced spirituality through rigorous methods (e.g., silence, etc.) (p. 13; see also Parekh, 1997).

every corner of the globe, his legacy and legend having traveled around the world in places near and far, way beyond the areas he himself had ventured into, leading to Guha's (2013) assessment that Gandhi is the only truly global political figure in the modern era, as well as head of a global social movement, before such things were named (pp. 2, 12). The goal here is to take a step back from that broader mosaic and legend and look at some concrete examples from Gandhi's own life and travels. It is through these that we hope to better understand his development as a social change agent and psychopolitical thinker. That is, we are interested in examining his ethic and practice of movement, to discover what it may teach us about bettering the world, and about psychosocial transformation.

Travels

Gandhi is popularly known today as a symbol of peace, nonviolence, and protest. He is also known as someone who attempted to unite people of disparate backgrounds and even lovingly treat his supposed adversaries as equals. Yet how did he come to these perspectives? Influences in and on a persons' life are often too varied to account for them all. But what is clear in Gandhi's case is that, despite personal blindspots (see notes 6 & 7 below), his development as a social pioneer, and his work that cut across lines of race, caste, class, and gender, benefited from travel and the growth it can provide (Guha, 2013). Further, Gandhi's unique form of social action and nonviolent resistance, satyagraha—which was first forged during his time in South Africa and is now present in some form throughout the world—is closely connected to movement, in its aim and technique. Gandhi and his fellow travelers maneuvered and marched against injustice, with the aim of social progress. Thus, Gandhi's life and work can be considered a case study of how both travel and movement relate to the development, and implementation, of social change and healing.

Social justice was at the center of Gandhi's work—often racial justice, but also economic and environmental justice. The opposite, social injustice, was at the core of his community's experience in colonial South

Africa and of course in colonial India. Life, including psychological life, took place within these traumatizing milieus, which Gandhi and his partners attempted to change. Thus, to peer into these historical moments is to begin looking at some of the ingredients that may foster not just psychological but social change. The task here is to begin sketching what some of these ingredients were.

The scope of Gandhi's life and work is almost too great to fathom. We will focus mainly on the first phase of Gandhi's travels, in England and South Africa, which may help provide insights into the genesis of his perspectives and movements. Some of the key processes in this phase, which we will discuss below, were: direct experience of problematic and traumatic social patterns; communication and encounters with others facing similar situations, engendering awareness of shared experience and collective structures; evidence-gathering in the context of these interpersonal experiences; cross-cultural exposure and immersion; challenging and overcoming preconceptions about the world and others; study of ancient and contemporary wisdom; engaging in mentee/mentor relationships, including outside of formal education; vocational work involving community engagement across social lines; organizational/institutional creation and activism; and, finally, social and political action.

Pre-South Africa: India and England [Development, Education, and Training]

Gandhi's journeys were directly tied up with the forced patternings of colonialism and colonial history. It is not a coincidence that he first sets out from India to England then eventually settles in South Africa, which, at the time, was also partly a colony of the British like India (Guha, 2013). If the sun never set on the British Empire, as the well-known saying suggested, then those living under its colonial rule were largely bound by its lanes of mobility. We will now embark as a fellow traveler on Gandhi's life journeys. Regarding source material, we will draw from Gandhi's own words regarding his experiences (e.g., autobiography, 1927), but a special acknowledgment goes to Ramachandra Guha's (2013) comprehensive biography, *Gandhi before India*.

The first period of travels reveals how Gandhi's cultural and religious explorations began preparing him for a community-oriented life. In Gandhi's time, it was fairly unusual for an Indian to travel as widely as he did, especially given that journeying on the great seas was seen as a religious contamination by many in his community (Guha, 2013, p. 33). Defying these restrictions, Gandhi the young adult set out on his first major set of travels, leaving his native India for pursuit of a legal education in England. While there, however, the main driver of his preparation for public service was arguably not his legal education, but his work with the Vegetarian Society of London. The Vegetarian Society, comprised of socially committed and broad-minded individuals championing the fruits of vegetarianism, provided Gandhi with a chance to explore critical thought, to develop a political voice, to organize with others from different cultures and upbringings, and to venture into public realms as an advocate. Through the Society, the first signs were revealed of "Gandhi the cultivator of friendships across racial and religious boundaries; Gandhi the organizer and mobilizer; [and] Gandhi the writer, thinker and propagandist" (Guha, 2013, p. 50).

Gandhi's spirituality, which would remain an integral part of his social activist work throughout his life (e.g., Schell, 2003), had two early influences: his mother Putlibai and his mentor Raychandbhai. Regarding his mother, his greatest early influence, Gandhi adopted her openness to other religions, but, as Guha (2013) notes, his gender status granted him the privilege of even greater exposure—via friendships, visits to religious centers, and textual researches—to the varieties of religion that his mother was not able to experience. Then, as a consequence of his interactions with Raychandbhai, whom he met after leaving England, Gandhi made the observation that great learning could be had outside of the walls of formal schooling (Guha, 2013, p. 56, n. 6). This ecumenism and embrace of multiple ways of learning would arguably serve him down the line as well, as he was to embark upon social projects that required constant learning from others.

Travel, up to this point, afforded Gandhi with cross-cultural experiences, religious open-mindedness, community engagement practice, and opportunities to explore critical thought and to challenge old ones. He will need to draw from these capacities quite soon thereafter. For

when Gandhi moves on to South Africa for employment opportunities after his education, he almost immediately begins his more explicit confrontations with racist attitudes and racist structures (though the latter was naturally implicit in British India). South Africa is where Gandhi experiences overt violence, degradation, and humiliation along racial lines, followed by a direct confrontation with racial laws. Up until now, he had been developing various capacities for community engagement and public service—these would soon be put to use in ways that he could never have imagined.

South Africa

The next stop that we will explore on the Gandhian journey is South Africa. It was in South Africa, as commentators have noted (e.g., Parekh, 1989), that Gandhi first saw deeply into the social pathologies of oppression and racism. There, the local world of how Indians were treated under colonialism became apparent to him, including the regular experience of racial disrespect, humiliation, and mistreatment. The following sections take a deeper look into key moments of the Gandhian South African journey in order to begin sketching his development as a worldly clinician vis-à-vis social problems—attempting, along with others, to combat the sources of psychosocial suffering.

Gandhi's time in South Africa is important for the present discussion for several reasons. Parekh (1989) noted that South Africa was the cauldron in which Gandhi's overall political philosophy, practice, and sense of racial self-respect began to form. The forces of change went in both directions: Gandhi was radically transformed by South Africa, and South Africa was deeply influenced by Gandhi—particularly through his pioneering work against racist structures and groundwork laid for others in their own liberation struggles there (Guha, 2013, p. 8). Decades later, Nelson Mandela (1993), in a speech given during the unveiling of a statue of Gandhi, beautifully recounted the importance of Gandhi to the antiapartheid movement of which he was a leader: to Mandela, Gandhi supplied a philosophy and a method, but that was not all—he also fostered hope.

South Africa was also where Gandhi could conduct his most important early cross-cultural comparisons—one of the main features of travel as research (Desai, 2014b)—revealing inconvenient truths about the inherent connection between modernity and Western colonialism, including the centrality of force and material accumulation in so-called modern progress (Parel, 2009). Gandhi's emerging psychopolitics would eventually come to challenge this entire system on the basis of nonviolence, this work reaching its full culmination in India. It was in South Africa, however, where Gandhi was first afforded the place from which to critically examine Indian and European civilization from afar (Guha, 2013, p. 7; Parekh, 1989). This traveler mode would later allow him to serve as a "critical outsider" (Brown, 1996) in his own native country of India, during his more famous confrontations with colonialism and quests for Indian liberation.⁴

We will organize Gandhi's worldly clinical experiences under three broader levels of psychopolitical practice: arrival, entry, and immersion into the community (intake); growing awareness of shared experience and social structures (assessment/diagnosis); and collective organizing and actions (intervention).

Intake and Diagnosis

Gandhi's arrival in South Africa occurred during a time of growing racial and economic turbulence under the banner of European colonial rule (Guha, 2013). It would not take long before he began experiencing and witnessing stark oppression there. The following details his early

⁴As James Baldwin once aptly noted—"Once you find yourself in another civilization, you're forced to examine your own" (Public Broadcasting Service, 2006). These early travel experiences seemed to help Gandhi keep one foot in and one foot out of any place he would venture, including his own birth land, allowing for more detached views of any one place. Gandhi's general stance was to be nourished by various cultures, but without letting any single one dominate him. As is written on the walls of his *satyagraha* ashram in India—"I do not want my house to be walled in on all sides and my windows to be stuffed. I want the cultures of all lands to be blown about my house as freely as possible. But I refuse to be blown off my feet by any" (Gandhi, 1921/1999, p. 215).

immersion in the racialized world of South Africa, leading up to his psychopolitical diagnosis of racism.

Gandhi's (1927) encounter with racial disrespect awaited him, quite literally at the shoreline, as soon as he arose from the ship that brought him to Durban, the port of Natal: "As the ship arrived at the quay and I watched the people coming on board to meet their friends, I observed that the Indians were not held in much respect" (p. 88). Later on, as he was entering a South African court for the first time in his professional role, he was asked to remove his Indian-style turban, although English headwear appeared to be acceptable. On the advice of his friend Abdulla Sheth, he decided to publicly dispute this prohibition in the press, for which he was given the label of "unwelcome visitor" (Gandhi, 1927, p. 91). Gandhi actually came to South Africa with some relative privilege, given his status as a lawyer, particularly when compared to other persons of Indian origin there at the time. One of the largest communities of Indians in South Africa were migrants, indentured or freed laborers, who had come in far different and more harrowing circumstances; these resilient individuals arrived before those of the legal or business professions and, along with all Indians, were derogatorily labeled as coolies or Samis by the colonists (Gandhi, 1927, p. 90).

Racism in South Africa was not only person-to-person but systemic and institutionalized. The best and most famous illustration of the latter in Gandhi's experience came in the form of the now almost mythical stories of him being mistreated on and kicked off trains. In one instance, Gandhi (1927) narrated: "[A passenger] saw that I was a 'coloured' man. This disturbed him. Out he went and came in again with one or two officials." When Gandhi was asked to move to a different section by officials, he refused to do so voluntarily—and was instead forced out by train personnel. "He took me by the hand and pushed me out. My luggage was also taken out. I refused to go to the other compartment and the train steamed away" (p. 93). Now sitting in the train station waiting room, in the freezing cold, Gandhi began a process of reflection on what just occurred and its larger implications for himself and others. This was a major turning point in his life and psychopolitical awareness—one, as he reflected later in his autobiography, that carried lasting implications:

I began to think of my duty. Should I fight for my rights or go back to India, or should I go on to Pretoria without minding the insults, and return to India after...The hardship to which I was subjected was superficial—only a symptom of the deep disease of colour prejudice. I should try, if possible, to root out the disease and suffer hardships in the process. (Gandhi, 1927, p. 94)

Later in his life, when asked what were his most creative experiences, Gandhi pointed to this incident in the midst of travel (Gandhi, 1962/2002, p. 32). While not necessarily the site of a sudden political or spiritual conversion (Majmudar, 2005), the train experiences nonetheless left a lasting impact on Gandhi, which would change the course of his life.

The theme of travel is evident throughout the early narrative of Gandhi's entry into the community. Gandhi's experiences of arriving, entering professional buildings, and simply traveling from one place to another via common transportation (trains, footpaths) risked the experience of degradation along the color lines. As will be the case later with King as well, indignities faced and witnessed in the realm of transportation served as a key driver in each person's awareness of problematic power relations and the need for change. The ability to move freely and the desire to be treated humanely while moving about, without hindrances, assaults, and degradations based on the color of one's skin, were indeed some of the earlier goals and human freedoms that caught their concern: The basic task of getting from point A to point B without experiencing dehumanization. These were all symptoms of a larger disease of racism.

Additional Assessment: Fellow Travelers, Shared Experience, and Collective Movement

How did Gandhi's reflections begin moving beyond his singular experiences toward that of a shared experience within the broader Indian community? The evidence suggests that communication was integral—hearing about others' experiences helped engender a sense of a larger social pattern. Of course, direct witnessing of others' experiences could serve this role as well. Gandhi was well-positioned for this kind

of community engagement and contact, given his legal profession and work within the Indian community.

The experiences that Gandhi endured were not his alone. That is, others went through similar things or worse (the latter was the case particularly for the indentured worker groups). In Gandhi's (1927) narration of early racist encounters in South Africa, he regularly encountered others during his travels who would describe their similar experiences. Gandhi would listen and observe attentively, sketching a deeper portrait of the local conditions (not knowing that this would serve his later social action work). During these formative times in South Africa, Gandhi was observing and collecting evidence from experience, from his perspective and others, which began forming a sense of a social structure or pattern.⁵ Gandhi stated: "I thus made an intimate study of the hard condition of the Indian settlers, not only by reading and hearing about it, but by personal experience. I saw that South Africa was no country for a self-respecting Indian, and my mind became more and more occupied with the question as to how this state of thing might be improved" (p. 109).

Gandhi began putting his community engagement experiences and training to test. His first public address in South Africa took place in Pretoria. In this meeting, there were seeds for organizing local Indians to collectively discuss and possibly address their shared hardships. During the farewell dinner organized by friends and colleagues, which was supposed to celebrate the end of his South African experience, community members asked Gandhi to stay. They wanted him to help the Indian community fight against the new voting laws being considered to bar the now increasingly upwardly mobile Indian community. Gandhi's decision to stay signified a major turning point for the local Indians, as well as oppressed groups worldwide.

As mentioned, Gandhi became interested in dealing with the root causes of suffering and injustice (e.g., Gandhi, 1927; Guha, 2013,

⁵This type of evidence-gathering was an essential part of Gandhi's first mass mobilization campaign in India related to the abolition of the system of indentured servitude (Sinha, 2016). Sinha argued that this campaign differed with respect to later nationalist ones in the former's emphasis on providing the public with knowledge and accounts of the mistreatment of indentured persons, directly from the indentured persons themselves.

p. 103). Schell (2003) outlined the existential threat facing Indians in South Africa, which Gandhi witnessed:

Seized by a terror, which had no basis in fact, that millions of Indians would inundate South Africa, destroying the foundations of white rule, the whites took steps to suppress all the new signs of vigor and life in the Indian community. They passed bills that disenfranchised the few Indians who could vote; imposed exorbitant taxes on free Indians, to force them to re-indenture themselves; hampered and destroyed Indian traders by entangling them in a rigmarole of licensing and other restrictions; limited the areas in which freed Indians could live; restricted their travel; forbade them to use public facilities, including sidewalks; and even passed legislations to make non-Christian marriages illegal. (p. 109)

We will now turn our attention from these early moments of immersion, intake, and assessment—which helped determine what is—toward what was done in response. In Guha's (2013) biography, one can witness Gandhi's South African development as a public figure, community organizer, and political activist, as well as the nature of his approaches and support system. Indeed, as Guha shows, Gandhi's life and work was made possible by the support and contributions of others, especially his wife Kasturba (whom, as Guha noted, Gandhi did not always relate to with adequate care or attention). In South Africa, and of course later, we see that combatting systemized oppression and racism indeed benefited from a collective effort.

Intervention

Gandhi and his fellow community members experienced hardships that threatened their very livelihoods. As the world suffered, they suffered; so the task was to heal the sick world and improve their lives. Collective responses proved vital. What were some of those social interventions, those forms of clinical psychopolitics, in addition to basic dialog with one's adversaries? Petitions, pamphlets, publicizing, publishing, prison-going, and protests. South Africa was also where Gandhi would first lead the practice of *satyagraha*, or using the force of truth, love, and

nonviolence for the purposes of social transformation (Gandhi, 1927, 1928). One major role of *satyagraha*, as we will discuss later, was to vie for psychosocial movement, change, and healing through radically nonviolent means, embodying a new, humanistic, and respectful type of political engagement altogether; the task was to convert opponents through disciplined and nonviolent action, while trying to accept the consequences of such action on oneself, and win over hearts as a precondition for opening up minds (see Mantena, 2012). This social intervention moved toward liberation.

Gandhi was well-positioned to play a key role in this budding movement, particularly in light of his past training and experiences, as biographical evidence shows (Guha, 2013). First, he could draw on his cross-cultural experiences in London for his work with people and systems of British/European origin. Gandhi was the only one in his Indian expatriate community who could travel between cultures, especially given his dual language capacity and experiences living abroad with people of different backgrounds (the latter of which defied the strict Hindu caste norms of the time). As Guha observes, having intercultural roommates in London and South Africa had a profoundly positive effect on Gandhi's embrace of and respect for culturally different others. Second, his legal profession and duties allowed him direct access to the lives and hardships of all walks of Indian life in South Africa, through working with individuals from various castes, religions, and socioeconomic classes. In a way, as he was evidence-gathering for his vocational work, he was also evidence-gathering for his social work. For instance, his legal work ranged from typical business issues to the abuse facing the local indentured worker population, including Balasundaram, an indentured worker who was physically assaulted by his boss.⁶ Finally, Gandhi had practice with public writing, organizing, and engagement, dating back to his London days, which greatly aided his actions in South Africa. Interestingly, his first major works had been cross-cultural in nature: a travel guide for Indians (or, given the historical circumstance, Indian

⁶Gandhi was able to get him transferred to another "master" as a compromise (though perhaps could have tried for more) (Guha, 2013, p. 90). Though Gandhi was a great help to this community, he was not without his own class biases (e.g., Guha, pp. 139, 146).

men) studying in London, and, prior to that, describing Indian norms and culture to the English audience and Vegetarian society.

To combat the rising tide of official and direct discrimination against the Indian community in South Africa, Gandhi drew on his skills and engaged in various forms of social intervention: petitions, pamphlets, publicizing, publishing, prison-going, and protests. Around the time the Natal Indian Congress (to represent Indian issues) was formed, Gandhi actively utilized petitions to send to prominent figures in the colonial administration (Guha, 2013). Gandhi, as we will later see with the early campaigns King was involved in, also created pamphlets ("the Green Pamphlet" and others) and mass-produced literature, including eventually founding a newspaper Indian Opinion. In Gandhi's time, one benefit was that these materials could reach a great many persons, including political leaders in Britain and India. He was making the case for Indian enfranchisement to a wide audience. To Indians in India, he recounted racial biases through this written medium, including the plight of indentured Indian laborers, and further beseeched readers to: "Just picture a country...where you never know you are safe from assaults, no matter who you are, where you have a nervous fear as to what would happen to you whenever accommodated in a hotel even for a night and you have a picture of the state we are living in Natal" (cited in Guha, 2013, p. 103).

Gandhi's first return to India during this time saw him playing the role of what Guha (2013) described as a "traveling activist," maintaining a brutal schedule of trying to promote the cause of Indians living in South Africa, and publicize their harsh conditions, which eventually caught the eye of prominent news outlets and public figures. These travels also gave him early exposure to the wider world of his home country India, which would inform his later work in India. Through his train travels, he "was being exposed to the ecological and social diversity of India" (p. 106). These travels were not without their dangers. Upon leaving India and returning to South Africa, danger would await the traveling activist. Soon after disembarking from his return ship in South Africa, Gandhi was mercilessly beaten by an angry mob of South Africans. Guha argued that this incident may have ultimately been more impactful and revealing to Gandhi about racist structures than

the earlier, more popularized train incident. Perhaps the answer may be that both are important, as first and initial worst, which leave their own unique marks on a person.

In essence, we find Gandhi and his compatriots engaging in social forms of intervention to combat untenable and harmful social conditions. The efforts that have been detailed so far have of course been found elsewhere and for other causes. What was eventually to emerge in South Africa, however, was a form of therapeutic politics that the world had never seen before on such a mass scale. There were of course important influences on this brand of politics, but the global community was soon to see the birth of a form of political engagement and confrontation that proceeded by way of empathy, respect, and nonviolence. The therapy, the care was for the sake of the world, the life of the oppressed, and the soul of the oppressor.

Intervention Development: Satyagraha

From these earlier actions and organizing efforts, the trajectory of the South African Gandhi eventually leads to the beginnings of a unique form of psychopolitics now known the world over, satyagraha. The origins of this method of resistance were born on a fateful day in the Empire Theater in South Africa, where a group of individuals emerged from a community meeting with the vow to willfully go to jail in defiance of a law they deemed as unjust and a violation of their conscience and humanity. That law, placing inhumane registration requirements on Indians backed by severe punishments and threats, would, in effect, destroy the Indian community (Schell, 2003). Gandhi (1928) observed that as a result of the community organizing meeting in response, "some new principle had come into being," quite spontaneously (p. 172). It was the origins of what would come to be known as satyagraha. The Gujarati word "satyagraha" was coined with the help of a reader of Indian Opinion, making it a stakeholder-derived endeavor, and is a combination of the words for truth and firmness (Gandhi, 1908/1999, 1927, p. 266; see also Thottam, 2014): "I thus began to call the Indian movement 'Satyagraha', that is to say, the Force which is born of Truth and Love or non-violence" (Gandhi, 1928, p. 173). As Schell interpreted, "satyagraha is direct action without violence in support of the actor's beliefs—the 'truth' in the person" (p. 119). This moment represents the shift toward more confrontational approaches in the South Africa campaigns (Guha, 2013; Schell, 2003). These South Africa campaigns eventually came to be characterized by a diverse cross-section of local Indians fighting for change, including not only the relative privileged among the Indian community, but also women and indentured persons.

Gandhi's view of satyagraha that emerged in South Africa remained limited and would be improved over time (Parekh, 1989, p. 7). Nonetheless, Richards (2005) argued that it was through those famous train incidents that Gandhi began seeing a political and politically humane method for changing the hearts of those who are on the dominant side of the social system. Richards specifically located these psychopolitical lessons for Gandhi during the incident in which fellow White passengers intervened to stop a coach driver from continuing to assault Gandhi, who had refused to sit on a dirty floor when commanded (p. 95). As Gandhi resisted, in stillness, and while withstanding the brutal insults and violence, others took note, pleaded for it to end, and even offered for him to sit next to them. Richards saw this particular encounter as emblematic of the practice of satyagraha, which relied in part on allowing others to clearly see injustice and indignity in clear view. Richards succinctly stated: "Gandhi pregnantly observes—for in the observation lies the political psychology of satyagraha—that [some] white passengers intervened at the sight of injustice" (p. 98, brackets mine).

The story of South Africa and Gandhi was the story of a community who came together and tried to look out for each another, all while seeking to change oppressive structures within the wider milieu. What most ailed them was a system that sought their demise, that attacked them on different levels, from the bodily to the spiritual. Gandhi himself would eventually return to his home of India for the historic showdown with colonial rule there. He would leave South Africa unfortunately without being able to effect great change in the legal structure of South Africa, which his critics point out, but, as Guha (2014b) argues, his main contributions were ultimately on a plane that we would call psychopolitical: "cultivating the spirit of solidarity [and]

collective action," as well as transforming attitudes. All told, this movement and these interventions successfully intervened on a level that was real if not always visible, which would serve as a template for later liberation struggles around the world. These movements involved a larger community, both present and past, present and absent, in addition to Gandhi, whether fellow compatriots or noted teachers. It is this latter category which we will briefly discuss next—the intellectual travels of Gandhi and toward Gandhian psychopolitics.

Mentoring and Dialog: Note on Intellectual and Spiritual Travels

Ideas travel. They take on a life of their own. Ideas originating in one region can have far-ranging influences in an entirely new region, but perhaps becoming something altogether new, or at least different. In Gandhi's journey, there was not only the process of geographical, cultural, and political movement, but of intellectual movement, the movement of ideas. We will soon see how Gandhian psychopolitics traveled around the world to King and others, but it itself had many influences of its own. Gandhi's intellectual travels were wide and varied, taking him to various religions, philosophers, critics, and writers. One of the foremost influences on Gandhi, and one of the most interesting examples of the movement of ideas, was Tolstoy. Gandhi found Tolstoy's was among the most persuasive voices in the modern era that demonstrated the transformative effect of truth and love on culture and politics (e.g., Johnson, 2004, p. 7). Tolstoy helped stir in Gandhi, among other things, an awareness of the power of nonviolence and love, as well as a humane approach to dealing with one's adversaries (Parel, 2009).

In his life, Gandhi became closely acquainted with the unique Tolstoyan form of Christian ethics (Parel, 2009, p. xlviii; Tolstoy, 1899), which questioned the use of violence against evil, given the lack of a universal or universally agreed upon definition of the latter. Therefore, one of the only humane—and non-self-defeating—responses to one's adversaries, given the refusal of violence, was nonviolence and love (i.e., not resisting evil with evil). Gandhi and Tolstoy thus agreed

on the diagnosis of the problem of violence, on not resisting evil with evil, and on the alternative of nonviolence or noncooperation. Gandhi's innovation was turning these notions into a program of mass action (K. Mantena, personal communication, 2015).

The Gandhi–Tolstoy connection was a veritable case study of how ideas travel. In South Africa, Gandhi first read Tolstoy's *The Kingdom of God is Within You*, which had a profound effect on him—and studied other texts (Gandhi, 1927). As Gandhi stated, due in great part to the influence of Tolstoy: "I began to realize more and more the infinite possibilities of universal love" (p. 133). Gandhi created and organized a Tolstoy Farm in South Africa, which was a commune dedicated to practicing Tolstoy's ideals, adhering to a simple life, as well as serving as a living space for *satyagraha* jailgoers (Nojeim, 2004). In addition, Gandhi and Tolstoy actually exchanged letters, with Tolstoy positively reviewing Gandhi's work and granting Gandhi permission to republish his *Letter to a Hindoo* (Parel, 2009, pp. 138–139).

Ideas move. Ideas influence. Ideas change, modify, and become adapted to the local situation. This happens in all fields of inquiry and thought. I have previously shown how travel has always been a research method in psychology, notably used by many of the luminaries of the field, whose lives and thought became deeply influenced by their travels (Desai, 2014b). Pickren (2010) has shown how even so-called "Western" or "American" psychology is a hybridization with many outside influences. There have also been pertinent criticisms of some ways in which ideas travel, for example, when mental health concepts are uncritically applied to another region, independent of local views, a practice facilitated by power differentials between the cultures (see Kirmayer, 2006; Kleinman, 1977). What we are talking about with Gandhi and Tolstoy is a much more respectful and humble form of sharing, dialog, and creative adaptation.

Gandhian Psychopolitics

From the preceding discussion of Gandhi's travels in South Africa and elsewhere, we can observe a structure to Gandhi's overall psychopolitics and psychosocial movement. This included direct experience of

problematic social conditions; an understanding, facilitated by communication and social discourse, that this experience is shared by others; determination of what it is like to live under such conditions; organizing the community and forming solidarity; and various forms of social actions, such as petitions, protests, publicizing, and, of course, *satyagraha*. These experiences also had a developmental core to them, in that Gandhi's work, for instance, benefited from his formative experiences with cultures and ideas. In addition, these earlier experiences, as well as continued engagement with diverse peoples⁷ and faiths, furthered his embrace of people who were culturally different from himself.

Gandhian psychopolitics would of course continue to develop over the course of his life and work. It is now worth taking a closer look at some of these other specific elements of the Gandhian framework toward social change and movement.

Truth, Empathy, and Diversity

Gandhi was often seeing, thinking, or writing in terms we could describe as psychological and psychopolitical. At the core of his psychopolitics was truth, and particularly the respect for its diverse manifestations. Truth, as we saw above, was the guiding force for *satyagraha*, the root which provided its sustenance. It guided the actions of the satyagrahi, who suffered in the name of revealing the truth as they

⁷Gandhi is appropriately criticized for his early comments regarding the local indigenous African population as well as his lack of adequate attention to their plight (see Guha, 2013, pp. 103, 104; Parekh, 1989, and elsewhere for examples in Gandhi's life). To criticize his words or actions in these instances or with respect to gender may actually be the Gandhian thing to do. Further, these accounts provide a message of the limitation of one's capacity to bear witness to the plight of others. At the same time, there are countless examples of Afro-Asian solidarity in Gandhi's life and legacy, such as his concern for the mistreatment of Zulus (Parekh, 1989, p. 5); his proclamation that "it may be through the Negroes that the unadulterated message of nonviolence will be delivered to the world" (Gandhi, 1936/1999, pp. 237–238; Kapur, 1992, pp. 89–90); his noted influence on Mandela, King, and others; and his famous letter to W.E.B. DuBois regarding the plight of African Americans (Prashad, 2000, p. 176). Nauriya (2006) documented that, even within the South African context, Gandhi was in a process of overcoming early prejudices through continued experience, contacts, and travels. As Nauriya stated: "If, however, the young Gandhi shared any prejudices towards sections of the population, he outgrew these by around

experienced it. And yet, part of the striking feature of nonviolent methods was the underlying philosophy of humility with respect to truth, that is, the insistence on the inability of any one group to hold possession of absolute truth (Parel, 2009). In a fully intercultural manner, Gandhi was influenced, among others, by his mentor Raychandhbai who taught him the Jain notion of *anekantavada*, or the "many-sidedness of religious truth" (Parel, 2009, p. lxi), as well as by Tolstoy whose radical nonviolent Christian approach was partly rooted in an understanding of the impossibility of a universal definition of evil (Tolstoy, 1899, Chapter VIII). The humbling acknowledgment of human difference and limitation render nonviolence that much more crucial in human encounters and conflicts. The other is to be respected, loved, and understood, and through gentle and nonviolent means, encouraged to see the unjust system in which they are bound. On such an attempt at understanding and empathy, Gandhi (1925/1967) would state:

And immediately [when] we begin to think of things as our opponents think of them we shall be able to do them full justice. I know that this requires a detached state of mind, and it is a state very difficult to reach. Nevertheless for a satyagrahi it is absolutely essential. Three fourths of the miseries and misunderstandings in the world will disappear, if we step into the shoes of our adversaries and understand their standpoint. We will then agree with our adversaries quickly or think of them charitably. (p. 271; see also Hay, 1988)

The above embodies the messages of Buddhism and phenomenology discussed in the previous chapter. Much like my earlier argument with respect to Buddhism, Gandhi's methods are not taken as mere do-gooderism but, in being based on real seeds of truth and understanding, closely resemble the best of science, broadly conceived. Evidence, as we

^{1908,} that is some six years before he left Africa" (Nauriya, 2006, p. 13). And in a striking later example in Gandhi's life, he explicitly addressed the topic of interracial solidarity vis-à-vis the British: "But I should certainly strive to work for the deliverance of those South African races which, I can say from experience, are ground down under exploitation. Our deliverance must mean their deliverance. But, if that cannot come about, I should have no interest in a partnership with Britain, even if it were of benefit to India" (Gandhi, 1931/1999b, p. 122).

argued, was a major part of his endeavor. Gandhi was too an experimentalist in the broadest sense of the term, so much so, that his autobiography was subtitled, "The story of my experiments with truth" (Gandhi, 1927). His, as we will see next, was the science of *satyagraha*.

Satyagraha, Gandhian Psychopolitics Par Excellence

Gandhi's science of satyagraha, which involved openness and clear seeing with respect to the world and others, serves an excellent example of the science and practice discussed in Chapter 3. Even more, it was a science that deeply understood our basic interconnectivity—between oppressors and oppressed, between systems and people, between psychology and politics, and between personal and social movement. Indeed, Mantena (2012) shows that, contrary to popular notions, Gandhian nonviolent philosophy and satyagraha were not based on some absolutist, idealized doctrine but were instead founded on a concrete understanding of interrelated political and psychological processes. That is, Gandhi's justification for the nonviolent approach partly got its support from his psychological analyses of problems in human relations. Worldly problems related to psychological problems, and vice versa. Chief among the latter were escalation and polarization: the tendency for humans to adopt violent expediency in the pursuit of an end (however, justly perceived), and the tendency for alleged adversaries to polarize, escalate, and further polarize in their conflicts. While Gandhi was always moving toward social change, Mantena's outline shows that Gandhi's approach was evidence-based insofar as it was deeply aware of interpersonal and affective processes that can engender political discord and violence rather than agreement. Genuine social movement and healing needed an alternative evidence-based practice that avoided such psychopolitical pitfalls as:

• the role of pride in creating a sense that one's judgment of perceived wrongs is infallible, legitimizing any use of violent punishment in its name (which lacks of the more humble and "many-sided" attitude toward truth);

- the rigidity of belief, which, when challenged, often leads to further polarization and disagreement (thereby limiting the ultimate effectiveness of rational debate);
- the role of ego investments and actions in maintaining conflict;
- and, regarding the overall role of affect in politics, "Gandhi was especially attuned to this particular dimension and took passions such as pride and egotism—and their derivatives such as anger, ambition, humiliation, insolence, revenge, retaliation, etc.—to be key forces for understanding the structure and psychology of violence and retaliation" (Mantena, 2012, p. 461).

Gandhi's task was to mitigate the inevitable risks of escalation and violence in political action and create alternative, more cohesive possibilities—the various adversarial techniques of *satyagraha* and protest are not used arbitrarily but within this underlying psychopolitical understanding and careful usage (Mantena, 2012, p. 462).

Additional psychopolitical aspects of *satyagraha*, as Mantena (2012) pointed out, included: accepting possible consequences of action and suffering/sacrifices for oneself (*tapas*)⁸; being respectful of human difference and the diversity of possible viewpoints on truth; remaining humble and open to correction; acknowledging the other's own freedom; stemming the tide of reactive resentment on the part of the adversary; and, importantly, touching the heart—the affect—and not merely the intellect (which then opens up the possibility of greater movement and understanding). As Gandhi stated:

Nobody has probably drawn up more petitions or espoused more forlorn causes than I, and I have come to this fundamental conclusion that, if you want something really important to be done, you must not merely satisfy the reason, you must move the heart also. The appeal of reason is more to the head, but the penetration of the heart comes from suffering. It opens up the inner understanding in man. (Gandhi, 1931/1999a, p. 48)

⁸Gandhi seeks disarmament. Further, if violence is embedded in an unjust system, it will become manifest when challenged (dramatizing self-suffering, Mantena, 2012; cf. Colaiaco, 1986, p. 19; King, 1958, p. 215).

Mantena's (2012) Gandhi fits with an interpretation of Gandhi as phenomenologist in that Gandhi utilized concrete examples, and situated (though not rigidly) his determinations of possibility and horizon within these. Creativity and experimentation provided further evidence, which fed back into further refined understanding. It was a practice to create possibilities (Bondurant, 1965; Mantena, 2012). Consciousness also played a major role in Gandhi's approach, a pure, energetic, and active consciousness (Parekh, 1989, 1997), or "Formless Essence" (Gandhi, 1926/1999, p. 279). Gandhi's approach not only justifies his inclusion in this chapter on worldly clinicians, it also provides an example of the person science that Wertz (2016) outlined, as well as the action-oriented, transcendentally informed psychology that Davidson and Cosgrove (2002) suggest—both on the basis of transcendental phenomenology. As Mantena noted, "the question becomes one of interrogating the conditions and mechanisms by which we can move from the world as it is to the world as it ought to be" (p. 468).

Social System, Dependency, and Swaraj

Gandhi was deeply aware of the inherent interconnectivity between individuals and social systems. One of the main operative insights that Gandhi would form in his political life was that systems, including oppressive ones, depend on all of the people who are encompassed within them (e.g., Gandhi, 1909/2009). Thus, though we may typically see the powerless as dependent on the powerful, it is also the case, perhaps more so, that the powerful depend on the powerless. For Gandhi, the first, more traditional way of viewing these power relations can become transformed, beginning with this deep insight into the mechanics of interdependency. Political power and authority are based in part on the consent of the governed, who can come to realize this situation for transformation and movement, that is, their "inherent power and liberty to reject or revise the conditions of consent" (Mantena, 2012, p. 465). This insight leads Gandhi (1909/2009), relatively early on in his political career, to controversially proclaim in his manifesto on selfrule, Hind Swaraj, that India was not taken by the British but given

away by the Indians: "The English have not taken India; we have given it to them. They are not in India because of their strength, but because we keep them" (p. 38).9

Gandhi was sending the message that there is actually great power "hidden" among the powerless and that a greater freedom is possible. This move of empowerment foreshadows Gandhi's tactical approaches of fostering self-rule, swaraj, in one's own life, even in the absence of collective or national self-rule. These personal and collective practices not only foster empowerment and autonomy, a kind of "self-care"; they also begin breaking the binds one has to the very system that perpetuates bondage of various kinds. If one overcomes attachments and dependency to that system, and overcomes cravings to the apparent pleasures available in that system, then the latter begins losing some of its main sources of power and rule. The symbols of the charkha and home-spun clothes become understandable in this context, which, as it turns out, were inspired by Tolstoy's aesthetic ideas regarding the importance of symbols (Parekh, 1997; Parel, 2009). Gandhi is clear, with the influence of Tolstoy, that swaraj must be experienced for oneself (Gandhi/Parel, 2009, p. 71, n. 145). The freedom that Gandhi would later seek for India via swaraj was multisystemic and continual—it was not just freedom from the "English yoke," but "from any yoke whatsoever" (Gandhi, 1924/1967, p. 227). Further, what is the most illuminating about the overall nonviolent approach to politics is that Gandhi was ultimately seeking not a power grab but a "transformation of relationships" (Gandhi, 1946/1980, p. 278), that organically lends itself toward transferring power. One avoids coercion and models more loving, caring, and still honest relations.

Personal movement is possible in the absence of social movement, which itself can initiate personal movement. It is all interrelated.

Self-rule for Gandhi was premised on a fundamental moral-psychological transformation, an overcoming of fear, and in this sense, it was an immanent achievement that could not be granted or given by the British.

⁹Written on board a ship before his tenure in South Africa was up, *Hind Swaraj*, published in America as the "Sermon on the Sea" (Parel, 2009, p. lxxi), was Gandhi's most impassioned work (Schell, 2003). Parel, in fact, recounts that scholars have drawn parallels between Gandhi's awakening experience in the midst of travel to the philosopher Rousseau's.

Politically, *swaraj* was attained through individual and collective practices of self-rule that worked to make British rule irrelevant. In this, Gandhi contended that "the attempt to win *swaraj* was *swaraj* itself." (Mantena, 2012, p. 462)

The emphasis on social and personal movement for Gandhian *satyagraha* included a major social work and social development program. Development, as Sen (1999) would forcefully argue many years later, developed freedom. Indeed, Gandhi held that civil disobedience and the like were rarely used in the overall work and movements of *satyagraha*, of pursuing truth (Schell, 2003).¹⁰ This focus on development within *satyagraha* is exemplified through the distinction between its destructive and constructive form—the former involves a focus on confronting oppression, whereas with the latter, the focus is on enhancing empowerment, self-rule, and loving solidarity on a radically local, ground-up basis through grassroots socioeconomic change (Mantena, 2012).

To close this discussion of Gandhi's worldly clinical work, let us end with a thought experiment. What would have happened if Gandhi went to a therapist for his struggles on the train and elsewhere? I sometimes like to ask this question to help me ponder what this all means for how we conceive of and practice clinical psychology. It is of course an openended question. One thought is that an attuned and caring therapist may have genuinely helped Gandhi heal his wound, or at least provide a safe space for understanding, support, encouragement, and discovery of purpose—perhaps similar to what Gandhi and his peers may have provided each other during their work together—but the wounds would have continued to occur. The wounding was still "in the air" (cf. Steele, 1997). There was violence inherent in the overall system, the overall social ordering. Gandhi's goal was to address the source of the problem. There needed to be transformation of the social structure in which unjust relations were pervasive. Thus, individual clinical interventions

¹⁰Before one is tempted to romanticize civil disobedience or other forms of *satyagraha*, even Gandhi was insistent that it should be used as a method of last resort (Gandhi, 1927/1969, p. 100) and carefully thought out (Mantena, 2012). Gandhi himself preferred the more social work style of approach as found in his constructive programme, and encouraged people to follow their own inclinations for deciding their manner of contribution (Parekh, 1997).

could play one part but there was also a need for structural and cultural change, or cultural therapeutics (cf. Felder & Robbins, 2011). The creative work was in attempting to bring about a more humane situation—to change the ingredients of life, the social condition and patterning.

Travel as Movement, Movement as Collective Travel

At the core of this work was an approach based on empathy, insight, truth, love, openness, evidence, spirituality, interconnectivity, and consciousness. These ideas, methods, and social movements will travel on in history and connect him many years later, and now for the rest of history, to another transformative change agent who adopted a similar approach in his travels: The Reverend Dr. Martin Luther King, Jr. In turning to the life and work of King, we continue our exploration of worldly clinicians.

King

In shifting to the American Civil Rights Movement and King, Gandhi's political and spiritual heir, we continue our travels into the world outside the clinic. These travels are, again, intended to examine real-world possibilities for personal and collective movement and healing, in the face of a suffering world. We journey into life history and historical lives—first with Gandhi, and now with King—in order to examine the evidence, ideas, and practices that have contributed to the overall betterment of person *and* world.

The connection between King and Gandhi is as fascinating as it was important to the course of social and political history thereafter. King, as with Gandhi, was also concerned about freedom and dignity, a psychology, politics, and spirituality of liberation. Both adopted an approach to social movement that, in its mass form, was an altogether new way of addressing collective injustices. Though Gandhi and King were operating under quite different cultural contexts, there was an inherent interconnection that tied the experiences of their respective

communities. In this way, "shared experience," as mentioned in the previous section, extended far beyond their cultural, racial, or ethnic boundaries.

It is important to note that this connection does not begin with King. The African American community had a long and direct engagement with Gandhi, India, and Gandhian methods, long before the rise of King in Montgomery (Kapur, 1992; Mantena, 2018). Kapur detailed a history of visits by African Americans to Gandhi himself by Howard Thurman, Sue Bailey Thurman, and others, visits by Indian veterans of Gandhi's campaigns to the United States, and extensive reporting in the African American press of the Indian freedom movement. These formed the milieu and context in which King's own engagement with Gandhi emerged (Kapur, 1992). Nonetheless, it is arguably King who most ably unified Gandhian methods with central facets of African American culture, community, Christianity, and politics (Kapur, 1992, p. 164; Mantena, 2018) and most persuasively laid out the public case for an entire psychopolitical program based on nonviolent philosophy, which, as time moved on, continued to be inspired by Gandhi's example (King, 1959/1986).

In this section, we are interested in examining King's journey to this perspective and approach, as well as his ongoing development as a worldly clinician. As with Gandhi, we will examine his development, training, and participation in social assessment and intervention. We will first discuss his upbringing and early encounters with discrimination and an unjust world. Next, we will explore the period when King was suddenly catapulted into a key role as a leader in the ongoing movement for civil rights, focusing on the pivotal Montgomery campaign and social intervention. The Montgomery Bus Boycott/Noncooperation¹¹ is relevant for our purposes for several reasons. First, it is a quintessential example of collective travel, movement, and practice, involving a direct challenge to the prohibition of travel and free movement brought on by years of segregation and structural

¹¹King indeed preferred the notion of noncooperation to boycott (with reference to Thoreau as well, King, 1958, p. 429), insofar as the former has a concrete purpose of noncooperation with an unjust system that degrades and oppresses.

humiliation. Second, in Montgomery we see King's development into a central leader of a growing social movement. Third, the Montgomery campaign was a great organic example of the principles of nonviolent psychopolitics mentioned in the previous section. In fact, noted civil rights leader Diane Nash (2017), cofounder of the Student Nonviolent Coordinating Committee and friend and contemporary of King, recently noted that Montgomery was an illustration of the Gandhian principle, mentioned previously, that systems of oppression (e.g., segregated bus systems) require the consent of the oppressed, who can choose to relinquish that consent and reawaken their own power (see also Thorkelson, 2017). Interestingly, while King had some acquaintance with Gandhi during the Montgomery campaigns, he had yet to deeply integrate the breadth of Gandhian philosophy, with much of the instruction in nonviolence coming from an outside group called the Fellowship of Reconciliation (Mantena, 2018). All the better. Given its relatively organic nature, Montgomery serves as a validation, worlds apart, of these psychopolitical and worldly psychological methods.

Pre-Montgomery [Development, Education, and Training]

The location of the American South is central to the story of King. It was the place where he was born (in Atlanta, GA), where he was exposed to Christianity through his family, and where he focused much of his adult work and social activism—It was also the place where, as he would state, he received his first education into the world of the racial problems that beset his American milieu (King, 1958, 1960/1986). In Stride Toward Freedom, King vividly recounted the instances in which he first encountered discrimination, segregation, and racism as a young boy. Moving further into the world for the young King meant moving further into a social order that condoned racial humiliation. Nearly all of King's early narratives of discrimination occur in the midst of travel of some kind, whether venturing into the world in his father's car or playing across the street from his childhood home. For instance, he shared the story of how he was subtly yet insistently barred from

playing with his White friends by the latter's parents—he was not welcome at their house. He also shared how he played the role of witness to his father's repeated encounters with hostile store clerks, police officers, and other locals. As a family, they couldn't move, eat, enjoy, or buy clothing freely. In one instance, King (1958) described his father's bravery when being pulled over by a police officer: "A policeman pulled up to the car and said: 'All right, boy, pull over and let me see your license.' My father replied indignantly, 'I'm no boy.' Then, pointing to me, 'This is a boy. I'm a man, and until you call me one, I will not listen to you'" (p. 20). Through the model of his father, the young King was learning ways in which self-respect could be preserved in the face of indignity.

Both Gandhi and King were faced with racial prejudice in the midst of prohibited travel and movement. As with Fanon, unjust and humiliating obstructions to movement, for reasons of "colour prejudice" (Gandhi, 1927, p. 94), struck at the very foundations of their humanity, and their freedom, which, as Husserl taught us, was indeed essentially bound up with movement (Husserl, 1952/1989). Travel was where one left the familiar or home setting and ventured more into the collective, outer, surrounding world. That world was the space between point A and point B (a world which, most often, permeated point B and deeply affected point A). In these travels, one can instantly be made into an existential stranger, that is, a person stripped of history, of personhood (Schutz, 1976), an object without a subjectivity of its own (Fanon, 1952/1967). This venturing out into the world thus came with deep personal costs, and that outer world forced its way inside in insidious ways. Segregation, as King (1958) described, levied attacks on selfhood, dignity, and respect.

Husserl's (1952/1989) phenomenology of the body may help shed further light on these crucial relations between personhood, freedom, and embodied movement. For Husserl, part of what differentiated the body, and its materiality, from the rest of the material world was the body's connection to a subject who has the potential for free movement. This, for Husserl, was the Body as "organ of the will and as seat of free movement" (p. 159). He stated: "Sheer material things are only moveable mechanically and only partake of spontaneous movement in a mediate way. Only Bodies are immediately spontaneously ("freely") moveable,

and they are so, specifically, by means of the free Ego and its will which belong to them...The Ego has the 'faculty' (the 'I can') to freely move this Body—i.e., the organ in which it is articulated—and to perceive an external world by means of it" (pp. 159–160).

It is precisely the attachment of a body to a person, with the faculty of an "I can," that is not only remarkable and even mysterious but part of what separates our materiality and selfhood from that of other objects in our milieu. This rendering may help us further understand what Gandhi, King, Fanon, and countless others experienced, described, and confronted during the course of their travels and movement. The body and freedom go hand-in-hand, and restrictions placed on the former—physical, social, or otherwise—often impede the latter. One cannot readily, in these instances, fulfill one's "I can." It would follow that forced obstructions to one's immediate and spontaneous movement of the body—as in the case of segregation and colonialism would be experienced as obstructions to both freedom and personhood (which includes the "I can"). These obstructions strike at the body, mind, and soul. They inhibit vital movement guided by one's curiosity, interest, or need. One cannot participate in life as one would like, instead often being moved around against one's will. For people of color facing these unjust social conditions, the situation was not of Husserl's "I can," but of "cannot," and the "cannot" arose as a consequence of their being recognized, profiled, and targeted as a person embodied with color. Their political response was to transform the systemic "cannot" back into an "I can"—that is, to reassert their basic human faculty of being able to freely move their bodies in the world, via their will.

Interestingly, nonviolent forms of political action were often bound up with the body and, alas, movement. Sit-ins. Marches. Protests. Social work. Constructive programmes. Door-to-door. Village-to-village. In the case of sit-ins, if one was not afforded the dignity of being able to sit ("I can sit") and enter a facility ("I can enter") due to the beautiful hues of one's skin, then a political response would be to *still* move one's body to these sites of indignity, unfreedom, and "you cannot." The body was here transformed from a site of injustice into a seat of political action. That buses, and the refusal to ride them in favor of walking,

would become a real and symbolic moment of the civil rights movement makes further sense within this context. 12

King would soon be swept up into this movement and into history through the campaign against the segregated bus system. The famous incident involving Rosa Parks, who was arrested for refusing to give up her seat in a segregated bus, took place not long after the Kings returned home to the South from the North, for King to take up a new pastor position at the Dexter Avenue Baptist Church as he was completing graduate school at Boston University (King, 1958). Tor the young Martin Luther and Coretta Scott King, the initial decision to return to the South was a difficult one, given the presence of segregation—degrading, irrational, and immoral as it was—and, as King stated, the need to constantly endure the inescapabilty of being judged by one's skin color. But it was a decision they ultimately wanted to make—in the name of service and faith that the South's best days, freed from segregation, were ahead: "The South after all was our home" (King, 1958, p. 21). The Kings were returning. If

Montgomery

The Montgomery Bus Boycott/Noncooperation is itself a story of collective travel. It is a story of a movement that gained steam on a fateful day in December 1955, that would, as King observed, give hope to the oppressed in the United States and around the world. And, as important, it is a story of the coming together of a people—in the face of indignity and violent opposition—who would emerge with a "new sense of dignity and destiny" (King, 1958, pp. 64, 190). That, he stated, was the real meaning of Montgomery and the real victory. Thus, much like

¹²I thank members of the phenomenology reading group at Yale for helpful discussions.

¹³For an interesting take of King's relationship to personalism and Boston University, see Robbins (2013). Robbins also documented commonalities between King's social ethics and dimensions of/influences on humanistic psychology.

¹⁴King's (1958) recounting of the journey to his initial test-run at the church that called him back reads like a travelogue, with descriptions of bucolic Southern beauty and majestic opera on the radio.

Gandhi in South Africa, the triumphs of this campaign were as much, if not more, on the level of the mind and the soul as they were on the level of the law. A collective consciousness grew in strength, as did a sense of possibility, with each step. They were participating in a broader social movement that included them and extended before and beyond.

Montgomery presents a case study of Kingian travels and movement(s). Here we see how King and others attempted to heal social conditions, care for the soul, and move toward greater interracial living. Much of the material for the following analysis of this journey is from King's (1958) own narration of the campaign in the book *Stride Toward Freedom*, which provides a rich source of direct evidence and detailed experience to conduct our investigations.

Assessment/Diagnosis

The historical moment that Montgomery represented was perhaps best captured by King's (1958) own inimitable description:

...there comes a time when people get tired of being trampled by oppression. There comes a time when people get tired of being plunged into the abyss of exploitation and nagging justice. The story of Montgomery is the story of 50,000 such Negroes who were willing to substitute tired feet for tired souls, and walk the streets of Montgomery until the walls of segregation were finally battered by the forces of justice. (p. 69)

Formal segregation was pervasive in the South. Meanings related to skin color and race permeated the land, air, and water, and were embedded in the bricks, buildings, and institutions. Local life took place within this surrounding world. Segregation, and the racialized logics it advanced, thus formed a major part of the sedimented meanings that we discussed in Chapter 3, those "particular concrete conditions not of [their] own making," in which people were born and lived (Davidson & Solomon, 2010, p. 81). This world, however, was not just surrounding. It went inside. It permeated daily existence, minds, and souls.

A major component of King's assessment of segregation was indeed its devastating psychological effects (e.g., King, 1956/1997). King

outlined three major problems or "evils" with regard to segregation. First, the so-called "separate but equal" legal logic of segregation was never a possibility in reality because inequality continued to exist on the level of the psychological. "You see, equality is not only a matter of mathematics and geometry, but it's a matter of psychology. It's not only a quantitative something but it is a qualitative something; and it is possible to have quantitative equality and qualitative inequality" (p. 473). He relied on data from his own experiences to support this claim, noting that a recent experience of being forced to move to a separate dining area resulted in at least three forms of inequality: aesthetic, emotional, and communicative. Specifically, the alternate dining area lacked the aesthetic built environment features of the original area; it led to yet another instance in which King had to cope with painful feelings of bitterness; and it deprived him of an opportunity to continue a conversation with a fellow White acquaintance he had recently met. And he just wanted to have a meal, while waiting for a flight.

Second, King (1956/1997) noted how it leads to false notions of inferiority and superiority among the segregated and segregator, damaging both of their souls in the process. In this manner, "Segregation is as injurious to the white man as it is to the Negro" (p. 474). Here he directly cited the work of psychologist Kenneth Clark in demonstrating how segregation deeply affects the psychology of children. "This is why the Negro parent must forever say to his child, 'You are somebody, you belong, you count.' Because the Negro child forever stands before a system that stares him in the face saying, 'You are not equal to; You do not belong; You cannot be'" (p. 474). This overall analysis, again, finds resonance in the work of Gandhi, who saw how systems of oppression affect all involved, and the work of Fanon, who saw how racism and colonialism affected child development.

Third, King (1956/1997) observed, as Fanon experienced on the train in France, how segregation rendered the segregated's personhood null. One is merely a thing among other things.

The segregated becomes merely a thing to be used, not a person to be respected. He is merely a depersonalized cog in a vast economic machine. And this is why segregation is utterly evil and utterly un-Christian. It

substitutes an "I/It" relationship for the [Buberian] "I/Thou" relationship. It relegates the segregated to the status of a thing, rather than elevated to the status of a person and so segregation will always be evil because it ends up depersonalizing the segregated. (p. 474)

These ills of segregation were deeply psychological. They were the very destruction of the psychological, such that a person who was forced to deal with these racist realities found their subjectivity and personhood suddenly taken from them. Further, they were developmentally rooted, such that their effects insidiously took hold far before adulthood. So, in one sense, the struggle against the segregated bus system in Montgomery was about unequal transportation—the bus system, in addition to being a hostile and violent environment where bus drivers regularly hurled racist abuse, had a reserved Whites-only areas up front and forced African Americans to give up their nearby seats to Whites if asked or face arrest (Nojeim, 2004). In another sense, it was also about more than transportation. It was about life, livelihood, personhood, and freedom of movement.

King's associated campaign in Montgomery and Gandhi's in South Africa thus both featured solidarity and collective action on the ground of shared experience of racial discrimination. As King (1958) would relate, everyone had their own "unfortunate episode that he himself had experienced or seen" (p. 69). This form of suffering was directly bound up with the social world and struck right at the very basis of their humanity. It demanded attention and intervention. The task for each respective campaign, then, was to attempt to reorder the social order and move toward a more humane and just world, in which all could live, breathe, and move freely. The humiliation of segregation was the diagnosis in Montgomery, and noncooperation with the oppressive system was the intervention.

Intervention: Striding Toward Freedom

In addition to the realization of shared experience and an unjust social structure, a key component of the assessment/sociodiagnosis (Fanon, 1952/1967) of oppressive systems in both instances was the discovery of the ways in which that surrounding world was dependent on the oppressed to sustain itself. It was through this insight that a hidden

source of power, a liberation potential, then emerged, as well as concrete possibilities for changing that structure through the withdrawal of such tacit cooperation. This basing of actions on evidence is a major reason why Gandhian satyagraha was referred to as realist (Mantena, 2012), or, as we also discussed, a phenomenologically grounded approach to addressing oppression. It was scientific. As applied to the situation in Montgomery, if a bus system insisted on viewing certain groups of people as inferior and degrading their dignity, then the buses can find different customers. Walking, as King and his peers insisted, would be just fine—"tired feet" were much preferable to "tired souls," striding in dignity preferable to "rid[ing] in humiliation" (King, 1958, p. 171). This, to be sure, was ideally not done in hate or resentment but with a loving attitude toward those caught in the subjectivity of domination. King regularly stated that his opponents were not people but systems. In one striking example, King had the wherewithal to suggest that misguided officials who insisted on the inferiority of African Americans were products of a larger cultural tradition extending back generations that promoted such views: "Their parents probably taught them that; the schools they attended taught them that; the books they read, even their churches and ministers...and above all the very concept of segregation...So these men are merely the children of their culture" (p. 139).

What were some of the specific forms of "alternate" travel that King and his peers embarked on to move toward that new, integrated world? In this work, we actually see semblances to Gandhi's South Africa campaigns, including the importance of engaging a diverse cross-section of folks through community-embedded professions; the presence of peer-to-peer support networks; the role of spreading the word through pamphlets and other media; and the often unglamorous tasks of committee work and organization building, including the Montgomery Improvement Association that King was asked to lead. We will discuss some of these next.

Going to Church

In the Montgomery proceedings, the churches played an absolutely central role. The role of the church arguably mirrored the role that Gandhi's position as a lawyer played in that earlier movement, given his embeddedness in the community with privileged access to people's struggles. Churches and church leaders, for instance, were an integral part of the process, after the Rosa Parks incident, in which community leaders gathered and decided a bus boycott was the correct way forward to tackle the local problem of segregation (e.g., King, 1958, pp. 44-47). Church groups and personnel were well-positioned to be central figures and organizers of the movement, given that they had always had intimate knowledge of local life, conditions, and experiences, and still do (see Hankerson et al., 2013; Kramer et al., 2007). Further, from the earliest moments, community members literally traveled to churches to hold meetings, including on December 5, the first day of the boycott, when King witnessed every vocation and organization in the local community represented (King, 1958). Churches and church leaders continued to provide spiritual and emotional guidance, as well as concrete logistical support (Nojeim, 2004). In addition, since Montgomery lacked an African American press outlet, regular meetings at churches provided reliable "channels of communication" (King, 1958, p. 85), where information and education regarding the philosophical underpinnings of the movement could be disseminated. Here was where the methods of Gandhi, "the little brown saint of India" (King, 1958, p. 85), were learned to complement the spiritual Christian teachings.

Collaborative and Peer-Based Efforts

One of the more innovative aspects of Montgomery, as King (1958) himself claimed, was the way in which community members supported each other in the quite challenging logistical task of continuing to meet their transportation needs, while avoiding the bus transportation system. At first, African American taxis were enlisted, but then a system of carpooling, which included White drivers, was enacted given its higher likelihood of proceeding without hindrance from Alabaman authorities. Postal worker colleagues helped lay out the maps and groundwork. It was truly a collective effort. Interestingly, the initial idea was the result of King making a call to his colleague who had enacted an earlier bus

boycott in Baton Rouge, Louisiana that served as an inspiration for Montgomery. Ideas travel. Overall, the evidence from Montgomery was that social movement was facilitated by physical movement. There was a collective shift from riding on buses to walking on feet, strolling in carpools, and rolling in "rolling churches" (King, 1958, p. 80). Movement here was more than metaphor. Movement was moving in the world so that the world would move.

Action Potentials

King (1958) regularly observed the concrete psychological, personal, and embodied effect that engaging in nonviolent noncooperation had on its adherents. Physical movement led to social movement, which led back to personal movement. Even from the first day of the boycott/noncooperation, before a sustained commitment to continue on had been made, King could witness something profound astir. King illustrated the scene:

During the rush hours the sidewalks were crowded with laborers and domestic workers, many of them well past middle age, trudging patiently to their jobs and home again, sometimes as much as twelve miles. They knew why they walked, and the knowledge was evident in the way they carried themselves. And as I watched them I knew that there is nothing more majestic than the determined courage of individuals willing to suffer and sacrifice for their freedom and dignity. (p. 54)

Similarly, after one of King's (1958) most important early speeches galvanizing the movement, he was taken aback by the "enthusiasm for freedom" he witnessed, accompanied by self-discipline, and a "unity of purpose and esprit de corps" (p. 64). This standing up for dignity was, he said, the true victory found in Montgomery, months before the actual protests ended some time after the US Supreme Court's affirmation of the unconstitutionality of the segregated bus system (see King Encyclopedia, n.d., for a succinct timeline of events).

Psychopolitics

After the cauldron of Montgomery, we find King (1958, Chapter XI) assessing the impact of the campaign on those involved, as well as on the broader civil rights movement. We argue that embedded in King's impassioned prose was actually a case for a broader program of clinical psychopolitics based in part on the outcomes he witnessed firsthand during the bus proceedings. Advancing well-being was at the center of his concerns, and his approach was multisystemic. King, in fact, spoke about racial integration and racial justice in terms of health—moral, cultural, and political—expanding the category of health to these essential domains.

The evidence for such a program was clear. King (1958) witnessed that Montgomery and associated movements of the time carried the ability to enhance the dignity and self-respect of those within the community, after generations of threats to these by slavery, segregation, and oppression. After years of systemic nonrecognition, people now increasingly viewed themselves as "somebody" (p. 190). This was a powerful reclamation of personhood in the face of years of racial neglect, exploitation, and being treated as an object. They felt they belonged and belonged on equal footing. Though their feet were fatigued from all the walking, they now stood up "straighter" (p. 219).

The movement also encouraged the creative potential of each and all, as evidenced by the leaders' suggestions to community members for advancing integration: "According to your own ability and personality, do not be afraid to experiment with new and creative techniques for achieving reconciliation and social change" (King, 1958, p. 169). Demonstrable change was not only witnessed among the African American community, but in the growing numbers within the White community whose moral consciousness was being stirred anew, despite the continued intransigence of some.

Montgomerian psychosocial interventions, along with enhancing dignity and personhood, also fostered community empowerment through the promotion of real citizenship, the rejection of inferior status, and the quest for a genuine fulfillment of democracy (King, 1958). One sees here semblances to the earlier Gandhian focus on

swaraj (self-rule)—that the quest for swaraj is swaraj, and in the absence of political swaraj, personal swaraj can still be developed, which itself contributes to the broader form. Finally, King's vision was focused on building connections, as he saw the movement as capable of developing fellowship, interracial respect, and the "beloved community" of "genuine intergroup and interpersonal living" (p. 220). Genuine racial harmony and love was the goal, and he saw this as realizable.

King's (1958) methods for fostering greater well-being and for bringing about a better world were multifaceted and included governmental, legal, educational, religious, and economic approaches. Governments enact important laws safeguarding against mistreatment; courts strike down unjust practices; education uplifts and combats stereotypes and irrational beliefs; religions teach harmony, fellowship, and reduce fear; and economic justice sustains the basic building blocks of life. Early on, King was aware of the massive obstructions facing a life lived in economic deprivation; economic justice concerned finances, but it also concerned human development. And of course there were the methods of nonviolent resistance, which were neither passive nor demonizing. King narrated the basic movement of nonviolent methods: first, uplifting and strengthening the oppressed, and then changing the hearts and consciences of the oppressor or sympathetic others; the focus was systems not people (p. 214); try dialog and then try actions (p. 216).

On Countering Resentment

Another of King's main currents of psychopolitical thinking is found in his understanding of the dynamic between the underprivileged and privileged, particularly regarding what occurs during the movement from oppression to reconciliation. Specifically, King wrote that calls for freedom on the part of the underprivileged are inevitably met with bitterness and resistance on the part of the privileged (King, 1958, p. 218). However, through a commitment to nonviolent methods, King states that those demanding freedom may eventually be able to persuade, disarm, and appeal to the consciences and psychologies of the privileged other (Mantena, 2018). Given that psychology has a major role to play

here, it is worth exploring further to help broaden the picture of what goes on when a group of people seek a type of social change that fundamentally alters existing social relations and patterns. We may also understand more about why humane and empathic confrontation is an effective strategy. The analysis is informed here by my own phenomenological observations of social patterns, as well as various psychological thinkers mentioned below.

First, let's ask why bitterness? Bitterness, and its cousin resentment, are complex and challenging affective phenomena. Resentment regularly involves a feeling of deprivation, or being unfairly denied the opportunity to take in something perceived as good, important, or nourishing. One needs something, and it is either denied or taken away (see Karen, 2001 on resentment). Similarly, bitterness involves a spoiling of the good. When things leave a "bitter taste" in one's mouth, it is not typically viewed as a pleasant experience of taste—certainly not sweet, and far from savory. Given that both resentment and bitterness relate to experiences of "taking in" and of gratification denied, we can characterize them, at least in part, as oral phenomena. The notion of orality was of course advanced by Freud in his early reflections on the psychological ramifications of bodily relations to the world, which was followed by Erikson's brilliant existential reinterpretation (Erikson, 1980; Wertz, 1986).

However, why would deprivation be a response of the privileged, who seemingly already have so much in comparison? This seems to be a fundamental challenge of social movements of this type—those holding power often do not see their relative advantage and attachments, let alone the plight of the disadvantaged, and therefore see the latter as unfairly seeking to deny and take from, or spoil things for, them. When the underprivileged seek to change the way the other operates, for instance, through demanding the freedom to sit, drink, and eat where they desire—or to enjoy the same benefits that the other holds—then the privileged often see this as "taking" something that is theirs, such as their own freedom, resources, free movement, or special status. One task of certain nonviolent methods then is to bring the real disparity into full awareness, and to show the injustice and indignity they create. This opportunity for direct witnessing and evidence on the part of the

privileged may then help to overcome their barrier of resentment and invoke more prosocial responses and less attachment (see also, Mantena, 2018).

If we connect resentment to other forms of oral aggression like envy and greed, then the method of confrontation also begins to make more sense when analyzed via strands of psychotherapeutic thought in particular. Of the psychoanalytic schools, Kernberg perhaps most directly employed the technique of empathic and humane confrontation with his patients, which was a departure from many other schools' approaches which favored a less overtly direct approach to psychoanalysis. Departing from previous thinking, confrontation was seen as necessary—and empathic—particularly when the aggression of the other threatened to thwart the therapeutic relationship itself; as Goldsmith (2010) noted:

[Some] have defended Kernberg's approach here by pointing out that for many patients a confrontational approach may be *more supportive* and empathic than so-called "empathic listening." They point out that an alliance can't develop until confrontation has succeeded. It is the aggression itself which stands in the way of an alliance, so it must be addressed before anything else can happen. In other words, the confrontation shows that the analyst understands the patient's angry, orally hungry self. (p. 11)

Gentle but firm confrontation can evoke and bring to light the inherent aggression, unreasonable clinging, and rigidity latent in the other, while nonviolently, nonreactively, and lovingly showing a different way, thereby creating better conditions for relationality. Otherwise, the other's aggression and bitterness may continue to get in the way. This psychological process may help shed further light on King's own theory, influenced by Niebuhr's moral psychology, of the role of nonviolent methods in producing social change (and in confronting the privileged-unprivileged dynamic), which emphasized revealing social ills, disarming the other, and appealing to their conscience (Mantena, 2018).¹⁵

¹⁵I thank Fred Wertz for helpful discussions on this matter.

Returning to our discussion of King's psychopolitics during the time of Montgomery, the entirety of King's (1958) outlined program was perhaps best encapsulated by his call for a "rhythmic alternation between attacking the causes and healing the effects" (p. 224) of oppression. The emphasis was on social *and* personal transformation. There is a similarity here with respect to the destructive and constructive forms of Gandhian *satyagraha* outlined earlier. In addition to addressing injustice, there was a need for a program of positive growth and collective healing. ¹⁶ In all, both King and Gandhi were interested in movement and, when necessary, lifting barriers to such movement.

The above reimagines what we may typically consider to be indicative of health. Systems of oppression and injustice deeply and systematically affect the lives of those caught within it. Dignity, self-respect, and recognition of personhood are basic necessities of human life and flourishing, and need to be nurtured and protected. Communities must strive for togetherness, mutual respect, and fellowship—even a beloved community—in order to create the conditions for optimal health. Living depends on livelihood—economic, educational, legal, and so on. These, too, would be important for well-being and should be important for mental health, for psychologists, for psychology. King, in fact, tried to express to them as much during his address to the American Psychological Association, which we will explore shortly. Before we do, let us now turn to two other examples of King's travels to further flesh out this sketch of Kingian psychopolitics.

We will first examine King's intellectual and spiritual travels, as we did with Gandhi, through a piece that King himself titled as his "Pilgrimage to Nonviolence." This short title perfectly illustrates the earlier point about the movement of ideas: ideas travel to people, and people travel to ideas. Regarding the latter, King eventually traveled to India, to examine firsthand the nature and results of nonviolent methods at its source in India. Not only was it a learning mission, but it was

¹⁶King (1958) spoke of the destructive psychological ramifications of abhorrent social conditions, and, despite what his critics may have contended, his response included a focus on agency and collective responsibility: "We must not let the fact that we are the victims of injustice lull us into abrogating responsibility for our own lives" (p. 489). King, in fact, would insist on the participation of the oppressed in social action, to "reconstitute themselves as agents (and not victims)" (Mantena, 2018, p. 86).

a chance to experience intercultural solidarity and further witness a growing global movement for racial justice. In addition to these two, the final example of travel is particularly relevant for our purpose of building a sketch of Kingian psychopolitics: King's address to the American Psychological Association, which contains one of the finest statements available regarding the need to attend to the world outside the clinic.

King, the Pilgrim

Global Travels: King's Pilgrimage to the "Land of Gandhi"

During the Montgomery story, King (1958) made several astute observations pertaining to the historical moment in which he was embedded. King was aware that the African American fight for dignity was a part of a larger global movement against oppression, indignity, and colonial structures. This movement featured communities of color around the world, vying for their freedom and well-being, in the face of years of exploitative treatment.

This determination of Negro Americans to win freedom from all forms of oppression springs from the same deep longing that motivates oppressed peoples all over the world. The rumblings of discontent in Asia and Africa are expressions of a quest for freedom and human dignity by people who have long been the victims of colonialism and imperialism. So in a real sense the racial crisis in America is a part of the larger world crisis. (p. 191)

King (1959/1986) had the opportunity to further witness these global connections firsthand during his own pilgrimage to India. King, along with his wife Coretta and a friend, "made up a sort of three-headed team with six eyes and six ears for looking and listening" and had one of the "most eye-opening experiences" of their lives (p. 24). This was a learning-oriented trip, as much as a pilgrimage for King, the Gandhian disciple. After directly witnessing the results of nonviolent methods in India, King would emerge, "more convinced than ever before that

nonviolent resistance is the most potent weapon available to oppressed people in their struggle for freedom" (p. 25). In India, King thus experienced confirmation, as well as possibility—a vision of a possible world and a possible future (in terms consistent with Chapter 3). He also witnessed that relations between former adversaries appeared to be far less bitter than in the aftermath of violent conflicts. In sum, King was able to see psychopolitical possibilities, and these possibilities could imaginably map onto his own circumstance.

In India, as stated, there was also an opportunity to experience cross-cultural and cross-racial solidarity, in the contemporaneous and shared struggle to address racism and colonialism (p. 24). Appreciation, respect, and a growing awareness of possibility flowed in both directions. For instance, there were opportunities to meet with Gandhians and direct disciples, who themselves shared positive messages and views regarding the Montgomery campaign. This served as helpful dialog, as well as validation and positive reinforcement: "They praised our experiment with the nonviolent resistance technique at Montgomery. They seem to look upon it as an outstanding example of the possibilities of its use in Western civilization" (p. 26).

Through his trip, King's own ideas about India evolved from the orientalized view he received from various media and stories—the exoticized India of snake charmers and the like—to a much more expanded and varied view, mostly positive and affirming, but also not without trenchant social observations. He observed various social problems, the magnitude of which gave him perspective about the analogous problems in America (e.g., hunger, homelessness, and unemployment), but also noted the comparably fewer instances of conflict and aggression. It was also an opportunity for intercultural comparisons, including comparison of race and caste inequalities, with King taking home lessons on the fight to end the latter in India.

King's sojourn to India serves as an excellent example of travel as research method (Desai, 2014b). We have previously argued for the scientific basis of travel as a research method in psychology, using the existential psychiatrist Medard Boss' (1959/1966) own trip to India as a case example (which took place, remarkably, at around the same time as King's). Kingian psychopolitics were enhanced by such travel,

particularly through the awareness of shared purpose, commonality, and possibility. King's pilgrimage to India, however, was just one part of a larger pilgrimage to nonviolence.

Intellectual and Spiritual Travels: King's "Pilgrimage to Nonviolence"

King's (1960/1986) updated "Pilgrimage to Nonviolence," published a short time after this return from India (an earlier version appearing in *Stride*), quite succinctly documented King's journey from his early encounters with a racialized and racist social system, on to his intellectual and theological development, and then toward the lessons he continued to learn through worldly engagement. The theme of travel was present throughout and in quite important ways. As with Gandhi earlier, King's experiences and formal education gave him important insights and ideas regarding social change and social justice, which were fortified through the laboratory of social action. The following presents several key thematic areas of King's pilgrimage to nonviolence, which continues and supports our observations from Montgomery and India.

- The World of Experience: As discussed, King's own experiences provided his first education into the workings of injustice, not only with regard to racial justice but also to economic justice, which affected people of all races. King knew firsthand how deep the cuts went: "The first time that I was seated behind a curtain in a dining car I felt as if the curtain had been dropped on my selfhood" (p. 37). The world came to him.
- Challenging Preconceptions: King also narrated his intellectual
 encounters in theology as a student, which, in King's words, helped
 him challenge the more fundamentalist worldview and various preconceptions he had inherited previously in his youth. He was reinvigorated by his reading of liberal thought, almost too much so, as
 he would state, but the clear outcome was his newfound attitude of
 openness.

- Learning New Pathways—The Social and the Holistic: With newfound openness, King dove head first into intellectual terrains ranging from existentialism to the social gospel during his formal theological training. King came to the firm belief that it was a theological imperative to combat social problems, while attending to the "whole" person. He offered quite critical words for religions that fail to address the whole life of the person in the community and in the world: "Any religion that professes to be concerned about the souls of men and is not concerned about the slums that damn them, the economic conditions that strangle them and the social conditions that cripple them is a spiritually moribund religion awaiting burial" (p. 38). Though possessing direct awareness of social injustice from his youth, he was still a person on the search for a method for addressing these social ills, and he found that in the life and work of Gandhi. Among his key influences, as he often stated in various writings, were indeed Christ and Gandhi. Gandhi reawakened King's belief in the revolutionary power of love to motivate change in the hearts of humankind; Gandhi also provided King with a template for how to combine Christian ideals with community action.
- Experimental Attitude and Direct Evidence: King then introduced a
 theme that we explored previously with Gandhi, that of the ongoing, evolving, and experimental nature of nonviolent philosophy and
 methods (Gandhi, 1927; Guha, 2014a; Mantena, 2018). It was in
 the doing of nonviolent methods in Montgomery that King saw its
 power and scope, which he validated further through his trip to India
 and of course subsequently.

King's pilgrimage to nonviolence was as much about learning a process as it was about learning content or techniques. There was an underlying approach that he was seeing, with certain components appearing to be consistent with some of the principles outlined in Chapter 3, including: radical openness, challenging presuppositions, a rootedness in experience (as source of both generating and refining knowledge), and worldly concern and engagement. This same concern for the well-being of the world would be underscored in his address to social scientists and the APA, our final example of King's travels. King often insisted that a more loving world, a beloved community, was possible. This was not some utopian vision. It was about the need to produce

the real conditions for the possibility of widespread human flourishing and well-being (cf. Mantena, 2018). Health and mental health were related to the world around us. King's direct statement to psychologists regarding these issues, and about the role of social science in the overall effort, serves as the capstone to this sketch of Kingian psychopolitics.

Travels to Psychology: King, Social Science, and Creative Maladjustment

As I have been arguing, King and Gandhi's approaches were grounded in evidence, had a scientific aspect to them, and carry direct relevance to us in clinical psychology and other mental health fields. But one need not take my word for it. King gave us the rare privilege of having directly addressed an audience of psychologists at the American Psychological Association's national convention in 1967. As might be expected, his speech, one year before his tragic death, was passionate, incisive, and probing. From this speech, it was evident that King thought very deeply about psychological, sociological, and scientific matters. King respected social science and held out for it a quite important role as a vehicle toward the advancement of humanity, which, King proclaimed at the time, was greatly needed for African Americans who were faced with widespread social exclusion. The following details some of King's vision of social science, before moving on to his own version of a worldly clinical science.

King saw social science as a means toward "disclosing truth" (para. 6). Up to that point, however, it was not social science that exposed the deep suffering that African Americans had to endure in their lifeworld. Instead, it was through mass social action on the part of African Americans that these truths were being made manifest for the wider public. King maintained, however, that social science had an important role and mission to play in this movement, for instance, in providing some "direction" and "self-understanding" to African Americans and also, importantly, in carefully documenting the extent and scope of racism in America: "White America needs to understand that it is poisoned to its soul by racism and the understanding needs to be carefully documented and consequently more difficult to reject" (para. 4).

There was a deeper point embedded here in King's call to social scientists. Rounding out this discussion of Kingian worldly clinical science, we see that nonviolent methods actually had a purpose, like traditional science, of disclosing and revealing truth. These methods were capable of producing direct evidence for others' clear seeing. These manifest truths could then lead to meaningful change and, like scientific findings, facilitate important policy enactments: "When the majority of the country could not live with the extremes of brutality they witnessed, political remedies were enacted and customs altered" (para. 6). This underlying "scientific" meaning of nonviolent action dated back to Gandhian satyagraha and, again, justifies the inclusion of both in this work concerning the world outside the clinic.

That world outside the clinic formed a major part of King's speech to psychologists and social scientists. King's deep awareness of the essential link between structural problems and psychological health was evident. For King, oppression was indeed economic and political, but it was also profoundly psychological in scope and ramification. Oppression was not "a consequence of superficial prejudice but was systemic" (para. 42), but at the same time, psychological liberation was a necessary component of overall liberation. King was indeed witnessing profound changes in the subjectivities of African Americans through the civil rights struggle, an "inner transformation" and liberation from systems of bondage (para. 40). Realization of the ramifications and overcoming of oppression was, again, a process of truth disclosure: "To lose illusions is to gain truth" (para. 43). Social science was needed to understand this process better.

King concluded with a message for social science to remember the world and to remember that we are bound up in it together. This message was present in his creative take on the notion of "adjustment," quoted earlier. In brief, if the social structure itself was the source of pain, suffering, and dehumanization, then it would not make much sense to prescribe adjustment to that system as a key strategy for mental health. Working toward fashioning a more humane social framework seems to be a better way forward than merely adjusting to something that is driving the suffering. In other words, we need to be attentive with regard to where we locate the source of pathology. Unfortunately, it is often found in the world outside the clinic.

Concluding Thoughts

These movements, in which Gandhi and King were major leaders, helped advance mental health and well-being, and the conditions for their very possibility. These movements also helped those who experienced oppression recover a sense of dignity and reawaken a sense of agency, both individual and collective. They also provided a productive and creative outlet for the energy and pressure accumulated from years of suffering (Mantena, 2018)—as King (1963/1986) said in his Letter from Birmingham City Jail, "So I have not said to my people 'get rid of your discontent.' But I have tried to say that this normal and healthy discontent can be channelized through the creative outlet of nonviolent direct action" (p. 297). Their lives and labors offered to the world an empowerment-based message for those faced with oppressive social conditions. This message began with rediscovering freedom and power in the very quest to move toward social freedom and heal the effects of unfreedom (see Sen, 1999). The efforts of these movements helped reshape the social order that had been systematically inflicting pain, injury, and humiliation on them. Not only did their well-being and even health status demonstrably improve (e.g., Williams, Costa, Odunlami, & Mohammed, 2008), but so did the well-being of those bound up in patterns of domination. Living well together makes for being well together. The world, here, wasn't so much the stage, per Shakespeare, the world was the clinic.

References

Bondurant, J. (1965). *Conquest of violence: The Gandhian philosophy of conflict* (Rev. ed.). Berkeley: University of California Press.

Boss, M. (1966). *A psychiatrist discovers India* (H. A. Frey, Trans.). Calcutta: Rupa (Original work published 1959).

Brown, J. M. (1996). The making of a critical outsider. In J. M. Brown & M. Prozesky (Eds.), *Gandhi and South Africa: Principles and politics* (pp. 21–33). New York: St. Martin's Press.

Colaiaco, J. A. (1986). Martin Luther King, Jr. and the paradox of nonviolent direct action. *Phylon*, 47(1), 16–28. https://doi.org/10.2307/274691.

- Davidson, L., & Cosgrove, L. A. (2002). Psychologism and phenomenological psychology revisited, part II: The return to positivity. *Journal of Phenomenological Psychology*, 33(2), 141–177. https://doi.org/10.1163/15691620260622877.
- Davidson, L., & Solomon, L. A. (2010). The value of transcendental phenomenology for psychology: The case of psychosis. In T. Cloonan (Ed.), *The re-direction of psychology: Essays in honor of Amedeo P. Giorgi* (pp. 73–93). Montreal, Quebec: Cercle interdisciplinaire de recherches phénoménologiques.
- Desai, M. U. (2014a). Psychology, the psychological, and critical praxis: A phenomenologist reads Frantz Fanon. *Theory & Psychology, 24*(1), 58–75. https://doi.org/10.1177/0959354313511869.
- Desai, M. U. (2014b). Travel as qualitative method: Travel in psychology's history and in Medard Boss' sojourn to India. *Journal of Humanistic Psychology*, 54(4), 494–507. https://doi.org/10.1177/0022167813517942.
- Erikson, E. H. (1980). Identity and the life cycle. New York: Norton.
- Eversley, J. (2014). Is there an emancipatory psychiatry? In R. Moodley & M. Ocampo (Eds.), *Critical psychiatry and mental health: Exploring the work of Suman Fernando in clinical practice* (pp. 43–54). London: Routledge.
- Fanon, F. (1967). *Black skin, white masks* (C. L. Markmann, Trans.). New York: Grove (Original work published 1952).
- Felder, A. J., & Robbins, B. (2011). A cultural-existential approach to therapy: Merleau-Ponty's phenomenology of embodiment and its implications for practice. *Theory & Psychology*, 21, 355–376. https://doi.org/10.1177/0959354310397570.
- Gandhi, M. K. (1908/1999). Gujarati equivalents for passive resistance, etc. In *The collected works of Mahatma Gandhi (Electronic book)* (Vol. 8, pp. 194–195). New Delhi: Publications Division, Government of India.
- Gandhi, M. K. (1909/2009). Hind Swaraj. In A. Parel (Ed.), 'Hind Swaraj' and other writings (pp. 1–123). Cambridge: Cambridge University Press.
- Gandhi, M. K. (1921/1999). Notes. In *The collected works of Mahatma Gandhi (Electronic book)* (Vol. 23, pp. 211–217). New Delhi: Publications Division, Government of India.
- Gandhi, M. K. (1924/1967). Untouchability and swaraj. In *The collected works of Mahatma Gandhi* (Vol. 24, pp. 226–227). New Delhi: Publications Division, Government of India.
- Gandhi, M. K. (1925/1967). Talk to inmates of Satyagraha Ashram, Vykom. In *The collected works of Mahatma Gandhi* (Vol. 26, pp. 269–274). New Delhi: Publications Division, Government of India.
- Gandhi, M. K. (1926/1999). Discourses on the Gita: Chapter XII. In *The collected works of Mahatma Gandhi (Electronic book)* (Vol. 37, pp. 278–284). New Delhi: Publications Division, Government of India.

- Gandhi, M. K. (1927/1969). Speech at Nagercoil. In *The collected works of Mahatma Gandhi* (Vol. 35, pp. 98–100). New Delhi: Publications Division, Government of India.
- Gandhi, M. K. (1927). An autobiography, or the story of my experiments with truth (M. Desai, Trans.). Ahmedabad: Navajivan Publishing House.
- Gandhi, M. K. (1928). *Satyagraha in South Africa* (V. G. Desai, Trans.). Triplicane: S. Ganesan.
- Gandhi, M. K. (1931/1999a). Speech at Birmingham meeting. In *The collected works of Mahatma Gandhi (Electronic book)* (Vol. 54, pp. 43–48). New Delhi: Publications Division, Government of India.
- Gandhi, M. K. (1931/1999b). Speech at Pembroke College. In *The collected works of Mahatma Gandhi (Electronic book)* (Vol. 54, pp. 122–125). New Delhi: Publications Division, Government of India.
- Gandhi, M. K. (1936/1999). Interview to American Negro delegation. In *The collected works of Mahatma Gandhi (Electronic book)* (Vol. 68, pp. 234–238). New Delhi: Publications Division, Government of India.
- Gandhi, M. K. (1946/1980). Discussion with Congress workers. In *The collected works of Mahatma Gandhi* (Vol. 82, pp. 277–279). New Delhi: Publications Division, Government of India.
- Gandhi, M. K. (1962/2002). *The essential Gandhi: An anthology of his writings on his life, work, and ideas* (L. Fischer, Ed.). New York: Vintage.
- Goldsmith, G. N. (2010). Approaches to the treatment of narcissistic disorders: Kohut and Kernberg. Retrieved from https://www.scribd.com/document/173410445/Approaches-to-The-Treatment-of-Narcissistic-Disorders-Kohut-and-Kernberg.
- Guha, R. (2013). Gandhi before India. New York: A. A. Knopf.
- Guha, R. (2014a, April). *Gandhi before India*. New Haven, CT: Lecture given at Yale University.
- Guha, R. (2014b). Author interviews: 'Before India,' a young Gandhi found his calling in South Africa. Retrieved from http://www.npr. org/2014/04/16/303363995/before-india-a-young-gandhi-found-his-calling-in-south-africa.
- Hankerson, S. H., Watson, K. T., Lukachko, A., Fullilove, M. T., & Weissman, M. (2013). Ministers' perceptions of church-based programs to provide depression care for African Americans. *Journal of Urban Health*, 90(4), 685–698. https://doi.org/10.1007/s11524-013-9794-y.
- Hay, S. (Ed.). (1988). *Sources of Indian tradition* (2nd ed.). New York: Columbia University Press.
- Hook, D. (2005). A critical psychology of the postcolonial. *Theory & Psychology, 15*(4), 475–503. https://doi.org/10.1177/0959354305054748.

- Hook, D. (2012). A critical psychology of the postcolonial: The mind of apartheid. London: Routledge.
- Husserl, E. (1989). Ideas pertaining to a pure phenomenology and to a phenomenological philosophy. Second book: Studies in the phenomenology of constitution.
 (R. Rojcewicz & A. Schuwer, Trans.). Dordrecht: Kluwer (Original work published 1952).
- Johnson, R. L. (2004). From childhood to *Satyagrahi*. In R. L. Johnson (Ed.), *Gandhi's experiments with truth* (pp. 3–14). Lanham: Lexington Books.
- Kapur, S. (1992). Raising up a prophet: The African-American encounter with Gandhi. Boston: Beacon Press.
- Karen, R. (2001). *The forgiving self: The road from resentment to connection*. New York: Anchor Books.
- King, M. L. (1956/1997). Desegregation and the future. In C. Carson (Ed.), *The Papers of Martin Luther King, Jr.* (Vol. III, pp. 471–479). Berkeley: University of California Press.
- King, M. L. (1957/2000). A look to the future. In C. Carson (Ed.), *The Papers of Martin Luther King, Jr.* (Vol. III, pp. 269–276). Berkeley: University of California Press.
- King, M. L. (1958). Stride toward freedom. New York: Harper & Brothers.
- King, M. L. (1959/1986). My trip to the land of Gandhi. In J. M. Washington (Ed.), *Testament of hope: The essential writings and speeches of Martin Luther King, Jr.* (pp. 23–30). New York: Harper One.
- King, M. L. (1960/1986). Pilgrimage to nonviolence. In J. M. Washington (Ed.), *Testament of hope: The essential writings and speeches of Martin Luther King, Jr.* (pp. 35–40). New York: Harper One.
- King, M. L. (1963/1986). Letter from Birmingham City Jail. In J. M. Washington (Ed.), *Testament of hope: The essential writings and speeches of Martin Luther King, Jr.* (pp. 289–302). New York: Harper One.
- King, M. L. (1967). *The role of the behavioral scientist in the civil rights movement*. Retrieved from http://www.apa.org/monitor/features/king-challenge.aspx.
- King Encyclopedia. (n.d.). *Montgomery bus boycott*. Retrieved from http://kingencyclopedia.stanford.edu/encyclopedia/encyclopedia/enc_montgomery_bus_boycott_1955_1956/index.html.
- Kirmayer, L. (2006). Beyond the new cross-cultural psychiatry: Cultural biology, discursive psychology and the ironies of globalization. *Transcultural Psychiatry*, 43(1), 126–144. https://doi.org/10.1177/1363461506061761.
- Kleinman, A. M. (1977). Depression, somatization and the new cross-cultural psychiatry. *Social Science & Medicine*, 11(1), 3–10. https://doi.org/10.1016/0037-7856(77)90138-X.

- Kramer, T. L., Blevins, D., Miller, T. L., Phillips, M. M., Davis, V., & Burris, B. (2007). Ministers' perceptions of depression: A model to understand and improve care. *Journal of Religion and Health*, 46(1), 123–139. https://doi.org/10.1007/s10943-006-9090-1.
- Kuhn, T. (1970). *The structure of scientific revolutions* (2nd ed.). Chicago: The University of Chicago Press.
- Lebeau, V. (1998). Psychopolitics: Frantz Fanon's black skin, white masks. In J. Campbell & L. Harbord (Eds.), Psycho-politics and cultural desires (pp. 113–123). London: UCL Press.
- Majmudar, U. (2005). Gandhi's pilgrimage of faith: From darkness to light. Albany: SUNY Press.
- Mandela, N. (1993). Nelson Mandela's speech at unveiling of Gandhi Memorial. Retrieved from http://www.anc.org.za/content/nelson-mandelas-speech-unveiling-gandhi-memorial.
- Mantena, K. (2012). Another realism: The politics of Gandhian nonviolence. *American Political Science Review*, 106(2), 455–470. https://doi.org/10.1017/s000305541200010x.
- Mantena, K. (2018). Showdown for nonviolence: The theory and practice of nonviolent politics. In B. Terry & T. Shelby (Eds.), *To shape a new world: The political philosophy of Martin Luther King, Jr.* (pp. 78–101). Cambridge: Harvard University Press.
- Nash, D. (2017, January). *Keynote address*. Rev. Dr. Martin Luther King, Jr. Lecture given at Yale University, New Haven, CT.
- Nauriya, A. (2006). *The African element in Gandhi* [Electronic version]. New Delhi: National Gandhi Museum.
- Nojeim, M. (2004). *Gandhi and King: The power of nonviolent resistance*. Westport, CT: Praeger.
- Parekh, B. (1989). *Gandhi's political philosophy: A critical examination*. Houndmills Basingstoke: Macmillan.
- Parekh, B. (1997). Gandhi. Oxford: Oxford University Press.
- Parel, A. J. (2009). Editor's introduction to the 1997 edition. In A. J. Parel (Ed.), *'Hind Swaraj' and Other Writings* (pp. xxv–lxxv). New York: Cambridge University Press.
- Pickren, W. E. (2010). Hybridizing, transforming, indigenizing: Psychological knowledge as mélange. *Boletín de la Sociedad de Historia de la Psicología, 44*, 6–12.
- Prashad, V. (2000). *The karma of brown folk*. Minneapolis: University of Minnesota Press.
- Public Broadcasting Service. (2006). *James Baldwin. American Masters*. Retrieved from http://www.pbs.org/wnet/americanmasters/episodes/james-baldwin/aboutthe-author/59/.

- Ravetz, J. (1971). Scientific knowledge and its social problems. New York: Oxford University Press.
- Richards, D. A. J. (2005). *Disarming manhood: The roots of ethical resistance*. Athens: Swallow Press.
- Robbins, B. (2013, August 16). *Dignity, personalism, and humanistic psychology* [Blog post]. Retrieved from https://www.saybrook.edu/blog/2013/08/16/08-16-13/.
- Schell, J. (2003). *The unconquerable world: Power, nonviolence, and will.* New York: Metropolitan Books.
- Schutz, A. (1976). The stranger: An essay in social psychology. In A. Schutz & A. Brodersen (Ed.), *Collected papers: Vol. 2. Studies in social theory* (pp. 91–105). The Hague: Martinus Nijhoff.
- Sen, A. (1999). Development as freedom. New York: Anchor Books.
- Sinha, M. (2016). *Gandhi's forgotten campaign: The abolition of indenture and the Mahatma*. New Haven, CT: South Asian Studies Annual Gandhi Lecture, Yale University.
- Steele, C. M. (1997). A threat in the air: How stereotypes shape intellectual identity and performance. *American Psychologist*, 52(6), 613–629. https://doi.org/10.1037/0003-066x.52.6.613.
- Thorkelson, B. (2017, January 27). Diane Nash urges today's activists to apply techniques of the Civil Rights Movement. *Yale News*. Retrieved from https://news.yale.edu/2017/01/27/diane-nash-urges-today-s-activists-apply-techniques-civil-rights-movement.
- Thottam, J. (2014, May 8). Cradle of civil disobedience. 'Gandhi Before India,' by Ramachandra Guha. *New York Times*. Retrieved from https://www.nytimes.com/.
- Tolstoy, L. N. (1899). *The kingdom of God is within youlwhat is art?* (A. Maude, Trans.). New York: Charles Scribner's Sons.
- Wertz, F. J. (1986). Common methodological fundaments of the analytic procedures in phenomenological and psychoanalytic research. *Psychoanalysis and Contemporary Thought*, *9*, 563–603.
- Wertz, F. J. (2016). Outline of the relationship among transcendental phenomenology, phenomenological psychology, and the sciences of persons. *Schutzian Research*, 8, 139–162.
- Williams, D. R., Costa, M. V., Odunlami, A. O., & Mohammed, S. A. (2008). Moving upstream: How interventions that address the social determinants of health can improve health and reduce disparities. *Journal of Public Health Management and Practice: JPHMP, 14*(Suppl), S8–S17. https://doi.org/10.1097/01.phh.0000338382.36695.42.



5

Travel and Movement Reflections: Where We've Come

Prior to moving onto our concluding chapter, we elect to drop anchor during our passage, in order to gather our thoughts and reflect on where we have come in our travels.

We began this book with a concern about insularity and separation. When one puts up a ceiling, floor, and walls of four sides—such as those found in a clinic or clinical office—there appears to arise an "inside" and an "outside." What is here is inside, what is there is outside, external. But, as Zen practice can help teach us, these opposites of "inside" and "outside" may not always tell the whole story. What is inside may actually be outside, and what is outside may actually be inside. What we are seeing inside a clinic—for instance, distress—may actually be related to what is going on, and has gone on, outside. What has gone on outside, in turn, shapes what we do inside, including the forms our practices and theories take. There is an undeniable movement, or flow, between the inner and outer, such that these words begin to lose their meaning. The distinction collapses. If inside and outside no longer hold, what remains?

Our journey in this book thus far has been an exploration into the heart of that question. In Chapter 2, we traveled alongside three clinicians, or "worlded clinicians," who each saw into this interpenetration.

These clinicians—Frantz Fanon, Karen Horney, and Erich Fromm—helped bring the worlds of race/colonialism, gender, and political economy into the theorizing of psychology and related mental health fields. We also explored the landmark intercultural encounter between Horney, Fromm, and other clinicians on the one hand, and Zen Buddhism and D. T. Suzuki on the other, and observed that engagement between disparate world traditions, different and diverse as they are, may nonetheless lead to discovery of unexpected support, guidance, and shared purpose. Humanity was the beneficiary. In Chapter 3, we continued this intercultural wandering and found two traditions—Buddhism and phenomenology—that helped us further collapse the distinction between inside and outside. Through their teachings, we were better able to see how, as the world suffers, we suffer. We are connected to everything else, which, in turn, is connected to we.

From worlded clinicians, and worldly traditions, we began examining the lives of worldly clinicians in Chapter 4.1 Worldly clinicians are those who, as we stated, may be outside of the traditional clinical fields, but have been doing groundbreaking work to enhance well-being. They are the countless many who have helped bring our world to safer, more sustainable, more just, more inclusive, more harmonious, and more loving places. To investigate and illustrate further, we traveled alongside Mahatma Gandhi, the Rev. Dr. Martin Luther King, Jr., and their associated movements in order to see the ingredients of their worldly clinical work. We saw that instances of trauma, anxiety, and despair in 1950s Montgomery, or in colonial Africa and India, may not be so easily localized, as it were, inside the individual. They were related to a social ordering that systematically inflicted harm on, and obstructed the freedom of, those persons with the audacity to be embodied in a certain way. The movements that formed in response, and the ingenuity of their methods, helped not only bring relief and empowerment to the many previously caught under the grip of oppression, but also helped move toward a new world. Their work, and their methods, live on to this day. Movements were born.

¹We acknowledge, here, that the distinction between worlded and worldly clinicians is itself not firm, but is based more on the respective person's technical training.

One of the remarkable aspects of these movements was the importance of everyone's contributions—not just the Gandhis and the Kings, but the names and bodies, unknown to history books, who worked alongside them, including women and people from disadvantaged socioeconomic backgrounds.² These were individuals, as Diane Nash powerfully recounted in her speech regarding the central role of women in the civil rights movement, who did everything from going to jail, to teaching courses on citizenship, to providing the sustenance for others to maintain their own work (Nash, 2017; Thorkelson, 2017). It was a total effort. The movement itself was a community, interconnected and interdependent. Overall, one could say that both suffering *and* healing were connected to, and dependent on, structures and processes beyond them.

The Interconnections of Well-Being

In this book, we have been concerned about well-being, as well as the conditions needed for its possibility. What we are hopefully beginning to see is that well-being relies on an interconnected world that is itself well. Therefore, what goes into a particular instance of well-being, and unwell-being, or distress, for that matter, includes that which is not this instance of well-being or distress. Recall Thich Nhat Hanh's characterization of the flower (2013): just as a flower is made up of non-flower elements—"the sun, the soil, the rain, and the gardener" (pp. 9–10)—so is the self. Distress, in turn, is similarly made up of elements that are beyond it, in a certain sense, and yet co-constitute it. Well-being is the same way. The message here is that far, far more goes into our own field's central subject matter—mental health—than we typically may see in our day-to-day work. Our attention can conceivably expand to a nearly infinite range of domains and structures whose own well-being is

²My own grandfather had his leg broken during the freedom movements in India. My great uncle received Gandhi on his way to Dandi during the Salt March, and was also jailed at other times. My great aunt's indispensable contributions to the movement included taking care of the family while he was imprisoned. It was truly a collective effort.

integral to supporting personal well-being. Just as a flower requires nurturance and support, so does a person.

Concretely, when a person comes to a clinic, expressing psychological distress, from where did the person, and from where did the distress, come? When they woke up today, where did they wake up? Maybe they had a bed, but maybe they did not. Maybe they had a roof over their head last night, but maybe they did not. Maybe they had adequate access to daily food intake, but maybe they did not. Were they able to get to the clinic today via adequate means, and if so, how was that instance of travel?

As we saw with our socially anxious traveler from Chapter 1, perhaps they traveled through a world that was brimming in often nonverbalized, but undeniably real ill feelings toward them. From step-to-step and moment-to-moment, they encountered non-welcoming glances, stares, and utterances. They had to travel certain paths, even in broad daylight, in order to avoid such insults, which meant that the world was restricted even further than it already was due to walls and borders. They found solace through the memory of ancestors who faced considerable hardships and who now serve as inspiration. But they also could not escape a root sorrow regarding the state of things, the state of affairs that left neighbors and fellow beings on this precious, mysterious, and threatened earth further apart and alienated from one another.

They get to the clinic. But what of this clinic? From where did it arise, and in what community? Whose hands literally built it? From where did those builders come? Where did they wake up? Maybe they had a bed, maybe they did not. Maybe they had adequate access to daily food intake, and health care, but maybe they did not. When they got to the building site on a given day, did they have to travel in the same pathways as our traveler, facing glances or worse if they ventured into terrains unknown and unwelcoming? Slowly, we start seeing just how much constitutes and supports our work of the clinic. We see an entire world related to this clinic, to this building, with its own history, contributions, and needs. We are taken aback by the interdependency of everything—from what constitutes our clients' distress and well-being, as well as our own and that of our fellow neighbors, to what supports daily work and positive movement. The worlds inside, outside, around,

and beyond the clinic are all interrelated. They are bound up with it, from the global community to the local community, from the committed clinical personnel to the caring reception and cafeteria staff, from the food, water, and air to the climate conditions of the planet.

We also see that, in addition to the challenges of constitution and interdependence, there is the beauty of them. Our original traveler may have had a beloved partner who is there through the arduous times and celebrates with them through the joyous times. They may have had a trusted friend who, with ode to the Beatles, helps them get by with a little help. They may have had a family they could laugh about old times with, share tales and trials with, and come together, just as they always had. They may have had a temple, a church, a synagogue, or a meeting space in which they feel welcomed and experience a sense of belonging—a place where they may even occasionally have a sense of what unconditionality may look and feel like, that is, an embrace beyond conditions. They may have had a cherished pet, or the birds singing outside, at least until the tree gets torn down for another damn parking lot. They may have had a state government that was leading the way in sustainable energy, protection of natural resources and wildlife, and provision of green spaces. They may have had a trusted teacher who believed in them and encouraged them to find their voice in the midst and mist of the worldly fog. This was a teacher who also helped them discover philosophers and poets, sages and saints, whose work they read as they listened to Sam Cooke (1964/2003) cry "A Change is Gonna Come," to Dylan (1963/2001) sing "The Times They Are A-Changing," to Aretha Franklin (Redding, 1967/1971) demand "R-E-S-P-E-C-T," or just to a chant of the universal sound of "OM."

There is much the traveler does for themselves as well. They do their best to maintain in the face of discrimination and social exclusion. They try to be a good family member, friend, and community member. They aim to be a better person and contribute to the lives of those around them. They try to help the next generation while caring for the previous one. They try to continue the work of making for a better world and a better planet, despite societal forces that seek to stymy effective action on matters as far ranging as social justice and climate change.

There is much that sustains them. And yet, there is much beyond their control, an unjust world that can suffocate their experience and sustains them not. They cannot change the fact that colonialism, genocide, slavery, and subjugation were much of what the world was about not too long ago, unleashing currents of history that went on to structure whole systems of meaning pertaining to race, gender, and social status that live on today, systems of meaning which, while ignored by many, nonetheless continue to inflict untold, but thankfully increasingly told, damage. These are the same systems of meaning and social orderings that have led to a view that the environment and surrounding world are mere matters for our consumption and production, rather than intimately bound up with us, and in us. They are us, literally and figuratively.

Our traveler cannot, alone, change the circumstances in which they find themselves, because these circumstances are not just about them, but involve everyone connected to the circumstance, which, to be sure, is simply everyone, and everything. This is the world we are dealing with. This is the world that surrounds our work as clinical psychologists. The implications of all of this for clinical psychological practice will be discussed in the next and final chapter.

References

Cooke, S. (2003). A change is gonna come. On *Sam Cooke: Portrait of a legend* [CD]. New York: ABKCO. (Original recorded in 1964).

Dylan, B. (2001). The times they are a-changin'. On *The Essential Bob Dylan* [CD]. New York: Columbia. (Original recorded in 1963).

Hanh, T. N. (2013). Love letter to the Earth. Berkeley: Parallax Press.

Nash, D. (2017, January). *Keynote address*. Rev. Dr. Martin Luther King, Jr. Lecture given at Yale University, New Haven, CT.

Redding, O. (1971). Respect [Recorded by Aretha Franklin]. On *Aretha's greatest hits* [LP Record]. New York: Columbia. (Original recorded in 1967).

Thorkelson, B. (2017, January 27). Diane Nash urges today's activists to apply techniques of the Civil Rights Movement. *Yale News*. Retrieved from https://news.yale.edu/2017/01/27/diane-nash-urges-today-s-activists-apply-techniques-civil-rights-movement.



6

Travel and Movement as Practice: Rhythm, Movement, and Shaking the Foundations

When we peer outside of the clinic what do we see? We see an ever-changing world that has been shaped and reshaped in infinite movement. What appears, now, appears that way only as a result of processes that far predate our current moment and that have contributed to the ongoing march of "worlding." What we may therefore take for granted as the "real" world, is actually, upon further view, a far more messy and contested thing. In addition, that so-called "real world," whatever it might be at a given moment, is not the same for everyone.

When we peer outside of the clinic what do we see? We see that the world outside the clinic gives shape to the world inside the clinic. Social and cultural currents flow into both. There is no clean separation that occurs when we erect walls and doors. We were, are, and will always be a part of a larger interconnected whole, for better or for worse. What goes on out there is carried by people in here. However, while what goes on out there relates to what is addressed in here, it may also set a limit to what can be achieved through the clinic.

When we peer outside of the clinic what do we see? We see that when the world does not foster basic conditions for well-being in a given context, worldly clinicians and collectives have sometimes tried to step

https://doi.org/10.1057/978-1-137-57174-8_6

in and steer the ship in a different direction. We are here because we are walking on the paths that others have helped pave. What has improved conditions out there has improved conditions in here. There is a kind of rhythmic movement at play in the world, a dance in which we are all connected with one another, where advances made in one place reverberate to others. In that sense, we as psychologists are not alone—and never have been—in working toward advancing well-being.

What this book has suggested is that we, in clinical psychology, can join the dance of the world in more direct ways. Therein lies the role of travel as praxis, or critical practice. Overall, what may be needed moving forward is a little more rhythm and movement, as well as some shaking of the foundations of what we have taken to be the work of clinical psychology. Let us now take each in turn.

Rhythm

As suggested in Chapter 3, the world has its own rhythms and processes of change and constitution. Those rhythms are rarely smooth and can bear considerable, even unimaginable, distress for those experiencing the unfortunate conditions of oppression, injustice, or systemic violence. With every new epoch comes new or renewed forms of social conditions that inflict injury on many levels, including but not limited to the psychological. But, as Davidson and colleagues (Davidson, Rakfeldt, & Strauss, 2010) suggested through their own reading of King, we do not have to merely go along with this rushing stream. We can try to change its course while coming to the aid of those who fall under it. What may therefore be needed for a more robust clinical psychology to better address the varied rhythms of the world is what King described as the rhythmic alternation between healing the effects and addressing the causes of social problems (King, 1958). Fight rhythm with rhythm. The notion of rhythm is an instructive one. It emphasizes flexible, agile, and adaptable movement, indeed like a dance. Rhythm also reveals a kind of intelligent, coordinated, embodied, and unified action. Rhythm, when taken as art, also takes practice. Therein lies key elements of travel as practice—flexibility, movement, and collective

action. Let us build greater capacity to rhythmically move through, and sometimes against, the rhythms of the changing world.

Movement

Movement is therefore essential to this process, the capacity to move dynamically and rhythmically across the world in order to fully understand and address the varied forms of suffering (see also Desai, 2014). This kind of movement can come in several forms, including horizontal and vertical. By horizontal movement, I suggest movement across the range of possible vantage points to understand a particular person or phenomenon, placing psychology alongside other domains of life. As examples, psychology can help us understand eating disorders, but we also need to employ ways to understand the disordered culture that places gendered and sexist demands on body image (Davidson & Cosgrove, 2002; Skoufalos, 2010). Psychology can help us understand trauma, but we also need to know its multiple, complex layers, from the cultural to the historical (Blanco et al., 2016; Desai, 2014; Fanon, 1952/1967; Gone & Kirmayer, 2010; Hook, 2005, 2012). Psychology can help us understand depressive experiences, but we also need to understand its relation to depressive social conditions (Ali, Hawkins, & Chambers, 2010; Brouillette, 2016; Desai, Wertz, Davidson, & Karasz, 2017; Gone, 2007). All of the traditional topics of clinical psychology can be similarly moved further into the world, opening up the full array of possible sites of intervention. All told, developing greater capacity to move through the living dynamic world and to flexibly shift analytic "registers" (Hook, 2005) is warranted, in order to fully understand the full contexts and manifestations of suffering as encountered by people in the world, who themselves are experts and with whom we work alongside, not above (Watkins, 2015).

In addition to horizontal movement, vertical movement entails contributing toward the movement of life and the world forward, in whatever ways we can, and preferably in collaboration and partnership with others. Gandhi and King, and their respective movements, taught us a lot about the workings of vertical movement.

In Chapter 4, we saw what they all contributed with regard to promoting dignity and freedom, moving toward a beloved community, establishing just systems, dismantling oppressive structures, incorporating indigenous frameworks, and building a global movement that featured intercultural learning, sharing, and solidarity. These will be explored more later in the chapter.

Shaking the Foundations

Embodying rhythm and movement, and shifting further toward the world outside the clinic, necessitate casting off that which might weigh us down and keep us insular. I discussed specific forms of insularity at the outset of this book—social, ecological, cultural, practical, scientific, and philosophical insularity. But rather than a piecemeal approach to greater openness—where some limited aspects are changed, but the underlying problem of insularity remains—a more radical approach of shaking the foundations altogether is recommended. In this process, we move from a limiting closure to a more fundamental disciplinary openness. It is my view that one of the reasons these insularities have persisted and endured for so long is because they have become so deeply sedimented, and have so deeply permeated the foundation, that they are now merely taken-for-granted as "the way things are." One way out is to kick up the dust of such sedimentation—shake the foundations. We learned ways to do so in Chapter 3, as we traveled with the traditions of Zen and phenomenology. Aiming to be like a beginner, we discovered methods that enabled us to let go of any foundation and start from right here, right now, letting our clear seeing of what then emerged guide our inquiry and science. In this clear seeing, we endeavored to move beyond cognitive constructions that had constricted us before. We, in Husserl's phrase, returned "to the things themselves," holding our presuppositions up to the light of direct, observable evidence, thereby attempting to fulfill the original spirit of science and open inquiry. From the new vista that emerged, we saw, anew, the deep interconnectedness of all life, which carried profound implications for our science and practice of psychology. What we may have once taken to be

an isolated individual is actually an individual that is bound up essentially with the world around them. Psychology is related to everything else. As the world suffers, we suffer.

Shaking the foundations may involve a kind of shock, given that one is venturing into novel terrains and perspectives, and letting go of what was previously taken-for-granted as real. Shock, however, need not always be avoided, particularly if leading to greater illumination. Regarding this sense of shock, and its relation to shaking the foundations, I am inspired by the phenomenologist Alfred Schutz's (1970) notion of the "shock experience" that occurs when shifting from one world, or province of meaning, to another. Reality is not always what it seems, or at least, what we take it to be. Basic examples of these jolting shifts found in the flow of life, as denoted by Schutz, included the shocking leap into the sleeping, dreaming world when we abandon waking life, the shocking leap into the theatrical, dramatic world when the curtain falls, and the shocking leap into the satirical, humorous world when a joke is uttered. In our present discussion, we are talking about the shocking leap into the world outside the clinic, the world outside the individual, the world outside the natural attitude, as described in Chapter 3. This is the world of interconnectivity. As Schutz observed:

And with respect to the paramount reality of everyday life we, with the natural attitude, are induced to [consider this province of meaning as real, and bestow upon it the accent of reality] because our practical experiences prove the unity and congruity of the world of working as valid and the hypothesis of its reality as irrefutable. Even more, this [paramount reality of everyday life] seems to us to be the natural one, and we are not ready to abandon our attitude toward it without having experienced a specific *shock* which compels us to break through the limits of this "finite" province of meaning and to shift the accent of reality to another one. (brackets mine, p. 254)

The shocking move toward other worlds of meaning and structures takes a leap, perhaps involving faith: "This finiteness implies that there is no possibility of referring one of these provinces to the other by

introducing a formula of transformation. The passing from one to the other can only be performed by a 'leap,' as Kierkegaard calls it, which manifests itself in the subjective experience of a shock" (p. 256).

In this new light, once shaken out of habitual patterns, we can remain more open to the interrelatedness of world rhythm, seeing the psychological's place alongside a much larger horizon involving, social, ecological, cultural, economic, and political formations. And for a clinical psychology disciplinarily interested in the amelioration of suffering and the betterment of humanity, the world and its constitution have now themselves become matters for inquiry and intervention. Possible horizons for action include the level of the individual but also include. and engage, local and global communities and structures around them. We are fundamentally interconnected. Shaking the foundations, therefore, does not just stop at challenging presuppositions but also moves forth in a positive manner, grounding the field in a more expansive, open, and interconnected view. We see how the world is an open, yetto-be-determined question, as are the individuals bound up within it. Shaking the foundations thus lends itself toward greater empathic movement (to clearly see how the changing manifestations of world are constituted for all) and toward social movement (to dive into the ongoing changing of the world). We are fundamentally interconnected.

We need each other, are bound to each other, and are collectively responsible for how the world continues to emerge for all of us (see also Davidson & Cosgrove, 2002; Husserl, 1954/1970). We each can participate in this active process and movement of life itself, given, as Gandhi might advise, our own inclinations and talents (Parekh, 1997, p. 10). Perhaps this just means adding a bit more kindness and compassion to the world. Perhaps this means reorienting one's clinical work to take into account the larger systems in which individuals entering a clinic live and dwell. Perhaps this means working on policy initiatives, not just in health, but in other areas as well. Perhaps this means doing one's part in teaching the next generation about structural issues along-side other competencies (Ali & Sichel, 2014; Metzl & Hansen, 2014). Perhaps this means realizing one's place in and contribution to our larger global community (Sachs, 2008). Perhaps this means remembering that our own liberation is bound up with that of others. As Nelson

and Prilleltesnky (2010) noted with regard to the "journey" of their own field of community psychology (CP): "The wellness and liberation of those of us working in the field of CP cannot be complete until those disadvantaged people with whom we work experience wellness and liberation" (p. 1).¹

Let us return now to our traveler from the first chapter, who was facing social anxiety, as well as a world that was socially anxious toward people of color. What are ways to revision our practice in the light of what we have discussed? Each suggestion below will be explored in more detail later in the chapter, with additional support from the literature. For now, we can say that before the traveler even gets to the clinic, that clinic itself can adopt a social justice framework and mission, in addition to a health-related one, given the multitude forms of health (social, cultural, etc.) that are required for well-being. Implicit in frameworks such as these is an understanding that the work of mental health extends beyond the clinic, and that this "beyond" impacts the work within it. We as clinicians can also continually educate ourselves regarding the local conditions that people are living through, including via partnership with community organizations who can help bring awareness to what has been obscured from the clinical purview. The broadening of perspective that emerges, including a fuller understanding of the sources of "symptoms," may engender greater professional compassion for what the socially anxious traveler is actually up against, as well as greater appreciation for the resilience they demonstrate each and every day, just by leaving their house² and moving into the world. As a result, one may be less likely to pathologize and more likely to normalize intense emotional reactions to daily social injuries, such as those encountered before our traveler even got from Point A to Point B. Clients themselves can become more directly involved in service design and provision, as peer

¹The present work shares many of the interests of the field of community psychology, broadly defined. Nelson and Prilleltensky (2010) provided an excellent introduction to community psychology, which they defined as the pursuit of liberation and well-being, and invited readers to take a "journey" with them through the history, scope, diversity, and future of the field. The present work hopes to provide a different way of conceiving of *clinical* psychology than the model that the authors appropriately criticized at the outset of their work.

²I thank Kama Maureemootoo for this idea, description, and inspiration.

supporters, advocates, or advisors. Finally, clinicians, as a collective or in their own time, can creatively discover ways to contribute to movements or advocacy that advances social change or, at the least, consider how such movements connect to the stuff of the clinic.

The preceding chapters have hopefully provided some additional guideposts as to what we may encounter during our journeys outward, for our practice as travel. In this journey, we endeavor to remain open like beginners, while also learning from teachers and guides. In this sense, our historical travels were less history and more retrieval—of insights in service of our contemporary age. In the following delineation of practice as travel, I again utilize King's rhythmic alternation between healing the effects and addressing the causes as a guiding framework. The following offers some possible ingredients for this kind of work, involving multiple levels of journeying, from collective to interpersonal to personal, even to intercellular.

Healing the Effects and Addressing the Causes Healing the Effects

If we revision our practice as travel, then we begin to see our role as

traveling alongside others in their lives and circumstances, understanding not only their personal conditions but the social conditions they live in, which includes larger social systems that clinicians themselves are a part of, whether it be health or political economic systems. "Intervention" can occur at multiple levels.

While the first dimension of healing the effects may initially sound like it signifies a healer-healed relationship, genuine movement actually involves multiple actors and cooperative action, rather than a one-way, top-down process (cf., Adams, Dobles, Gómez, Kurtiş, & Molina, 2015; Watkins, 2015). As such the clinical psychological work of healing the effects fundamentally proceeds from the standpoint of humility and mutuality. Just as we explored the humble science informed by Zen and phenomenology in Chapter 3, we explore humble practice here. We are all in this together. One cannot and should not do all.

Our knowledge cannot and can never account for the fullness of life. Truth, from the standpoint of nonviolent philosophy, is many sided, and the acknowledgment of this difference lends itself more toward cooperation and embrace of diversity, rather than insistence or intolerance (Parel, 2009). We thus endeavor to stand in relation to others with humility, respect, and partnership, never to lose sight of the world around us all.

Relational Journeys

Traditional psychological interventions are now resituated within this larger relational and community horizon. Though this work began with a critique of aspects of clinical science and practice, there is of course still much to glean from the decades of clinical practice with regard to providing places and conditions for healing (now seen within the backdrop of the larger interconnected whole). Chief among these clinical insights is the ability to offer a healing relationship, but a different kind of relationship, premised on supportive values and attitudes that might not be regularly encountered out there in the world. The relationship—that basic building block of connectedness in nearly all clinical psychological encounters—has indeed been shown to be one of the most crucial therapeutic factors that cuts across different modalities and approaches (Wampold, 2012). Theorists have long emphasized specific relationally constituted healing conditions of psychotherapy. Just as a sample, Rogers (1980/2007) elegantly laid out his conditions for healing, in empathy, unconditional positive regard, and congruence/being real; Fromm (1994/2009) described the "art of listening," partly rooted in concentration, generosity, empathy, and care; Horney (1987), with the influence of Buddhism, promoted the development of clinicians' wholehearted attitude, attention, and concentration (see also Morvay, 1999); Hayes (2002), in noting consonances with Buddhism, discussed cultivation of safe conditions and awareness of consciousness that promote the client to take valued action. The list could go on. Thus, all that we have learned regarding fostering therapeutic conditions for promoting positive movement can be situated within a broader world horizon,

and can attempt to be repurposed for those experiencing social ills. However, this work needs to proceed modestly, with the understanding that there may be a limit to what individual interventions can change in the face of surrounding contexts that provide neither warmth, nor empathy, nor unconditionality, nor listening, nor attunement, nor safe environments, nor contexts for healing.

Nonetheless, an attuned therapist can do what is in their power to help individuals contend with the pain that arises in the momentto-moment experiencing of the world, via an ever-attuned awareness of the link between the social and the personal. From this welcoming standpoint and stance of humility, healing the effects can include efforts by liberation-minded therapists to help delink the social and personal meanings and stigma that can infiltrate the minds of those facing oppressive conditions, as well as their own minds. They can assist in the process of, in Fanon's (1952/1967) words, removing bondage to social archetypes and stereotypes, while sensitively remaining aware that these are not the fault of the individual, and that it is the social collective which requires healing too (see Hook, 2005, e.g., pp. 483-484; also Bulhan, 1985; House, 2005, p. 57).³ Therapists can also collaboratively explore ways in which greater agency, Gandhian swaraj and Kingian dignity (Mantena, 2018), can be developed in the face of social pathologies, or to collaboratively discover outlets in the community where clients can pursue opportunities for constructively channelizing their social discontent (King, 1963/1986). Finally, self-reflexivity and self-criticality are needed. That is, scholars have suggested the need for the clinical fields to become critically mindful of ways in which professional models may be subtly engaging in their own cultural presuppositions regarding the self, emotions, treatment, and the rest (Gone & Kirmayer, 2010). The wider material institution itself could be enhanced to promote the active participation of the person rather than further passivity, as we saw in the social and institutional therapy work of Tosquelles and Fanon (e.g., Gordon, 2015; Macey, 2012; Vergès, 1996; see also Davidson et al.,

³See also Mantena, in press, on King's discussion of overcoming these; and Ali, McFarlane, Hawkins, & Udo-Inyang, 2012 on possible limits of psychotherapy in this regard.

2010 for other historical examples). In sum, just as the person you're seeing in the clinic lives in a world that predated them and in which there are structures that currently impact their lives, so do we. Awareness may be a first step toward positive transformation that benefits all.

Social and Institutional Journeys

Even further journeying can occur. Imaginatively revisioning the entire clinical encounter, Hillman (Hillman & Ventura, 1993) described his preferred consultation or psychotherapy (returning to its root words therapeia and psyche, or "care for the soul," Hillman, 1989, p. 73) as a place in which liberation potentials can emerge to transform the system that drove one to therapy in the first place (e.g., Hillman & Ventura, 1993, p. 38). Otherwise, "psychotherapy is only working on that 'inside' soul[,] removing the soul from the world and not recognizing that the soul is also in the world...The buildings are sick, the institutions are sick, the banking system's sick, the schools, the streets—the sickness is out there" (p. 4). Of course, feminist and multicultural psychotherapy scholars have long made this connection between the world out there and the work in here—they had to (see Ali & Lees 2013; Worell & Remer, 2003). That world could not be avoided—it insidiously came to them. This has led recent commentators to suggest the possibility of therapist as advocate, and that engagement by disadvantaged persons in the body politic, as we saw in Gandhian and Kingian campaigns, can itself derive therapeutic advantages (Ali & Lees 2013). As Ali and colleagues have found:

...self-efficacy can be bolstered by the sense of agency that can arise from working to create positive change beyond the individual level. Such change can be tailored to the specific circumstances of a given client and can include joining advocacy groups that lobby local officials to create safer environments in low-income neighborhoods or volunteering with local community grassroots organizations that aim to improve the living conditions of the poor. A key benefit of these activities is the enhancement of well-being that can be achieved by working alongside others toward a collective goal. In our research, we have found considerable psychological benefits from such engagement. (p. 164)

Clinicians themselves can enhance their practice by moving in and out of the clinic, getting to truly know the local community, surroundings, and conditions—humbly, non-invasively, and without presupposition. This can come in many forms, including community engagement, partnership, and learning, as well as understanding the history and meaning of place (see Fullilove, 1996). In the Yale Department of Psychiatry, psychiatry residents are paired directly with community members and peer advocates to spend time in the local communities from where many clients come (Bromage et al., 2017; Bromage, Cranford, Williamson, & Spell, 2017). Watkins (2015) discussed a related notion of "psychosocial accompaniment" that is distinct from traditional psychotherapy. Through psychosocial accompaniment, per Watkins, one literally and figuratively aims to walk alongside others, respectfully and collaboratively. When done in a manner that is not an expert-driven or culturally invasive mission, and is reflexively cognizant of the role of privilege and social position, this decolonial approach can counteract trends in psychology and medicine's history where the other was not adequately recognized (Adams et al., 2015; Watkins, 2015). It, as Watkins observed, aims to fulfill the call by Fanon (1961/2004) "to walk in the company of man, every man, night and day, for all times" (p. 238).

Of course, a great many clinical psychologists are already engaged in the world—whether that be through community service, advocacy, social organizations, environmental stewardship, spirituality, and so forth. Even voting is an attempt to change the ingredients. Many activities can fit into this perspective, so one of the messages is for us to increasingly bring these practices into the notion of good practice for a robust clinical psychology, because these are all related to what one may call "mental health" or well-being. On a more specific level, however, there is a need to explore concrete ways, as Davidson (2014) noted in dialog with Carl Rogers, for psychologists to dare to become change agents, such as through pursuing community partnerships, collaborating with people with lived experience of the issues of concern, and attending to those most in need in a given society. The growing movements of participatory, peer-led, community-partnered, and community-driven care and research have offered much to the

field as templates for such work. This kind of work has been a staple of the Yale Program for Recovery and Community Health (PRCH), which focuses its work in mental health on social inclusion, community building, recovery, and citizenship (e.g., Bellamy, Rowe, Benedict, & Davidson, 2012; Davidson, 2003; Davidson, Bellamy, Guy, & Miller, 2012; Davidson et al., 2010; Davidson, Tondora, O'Connell, Lawless, & Rowe, 2009; Delphin-Rittmon, et al., 2013; Flanagan, Davidson, & Strauss, 2007; Flanagan, Miller, & Davidson, 2009; O'Connell, 2015; O'Connell, Tondora, Croog, Evans, & Davidson, 2005; Rowe, 2014; Rowe, Lawless, Thompson, & Davidson, 2011; Tondora, Miller, Slade, & Davidson, 2014). In a recent project funded by the Patient-Centered Outcomes Research Institute, for instance, PRCH convened a stakeholder group comprised of persons in recovery, policymakers, advocacy groups, researchers, and clinicians to come together around a mutual process of enhancing, and making more community responsive, clinical research. This endeavor is part of a transnational movement centered on enhancing the community connectedness of clinical research and practice (Desai, Bellamy, Guy, Costa, & Davidson, 2016).

Disciplinary Journeys and Movement

Overall, there is a growing movement astir within the fields dedicated broadly to health and mental health. Mental health is gradually being dementalized. Socially concerned clinicians, long frontline witnesses to the ways in which the surrounding world is making us all sick, are attempting to bring examinations of that world directly into theory, practice, and education. These efforts follow from an important history and predecessors, such as those explored in Chapter 2, as well as many, many others (e.g., Davidson, 2018; Davidson et al., 2010; Martín-Baró, 1994; Nelson & Prilleltensky, 2010). Presently, several strands within health care, psychology, and associated fields are converging. These can be broadly placed under the metaphorical current of "upstream" science and practice (e.g., Bierman & Dunn, 2006; Manchanda, 2014;

Rose, 2001; Whitehead & Popay, 2010; Williams, Costa, Odunlami, & Mohammed, 2008). To work upstream means that the clinical eye needs to peer as much upstream to the sources of the problem, as it does downstream, when social and other conditions have already resulted in or flowed into personal conditions.

Much contemporary research and practice, though not self-defined as such, can be placed under this broad rubric of upstream approaches. The list of social conditions currently being investigated in their relation to well-being, mental health, or health can sadly go on and on. These include systemic racism (e.g., Bailey et al., 2017; Metzl, 2009; Moodley & Campo, 2014), income inequality (e.g., Pickett & Wilkinson, 2015), climate change (e.g., Doherty & Clayton, 2011), mass incarceration (e.g., Wildeman & Wang, 2017), immigration struggles (e.g., Kirmayer et al., 2011), social isolation (Wang et al., 2016), neighborhood disorder (e.g., Latkin & Curry, 2003), poverty and pathologies of power (Farmer, 2005), and so on, and so forth. These fundamentally involve issues of social systems, economic systems, cultural systems, and political systems; the worlds of society, economy, culture, and politics; the worlds outside the clinic. Interventions to address these social conditions and upstream sources of distress not only lead to beneficial changes in well-being (Williams et al., 2008), but are morally imperative.

In light of this growing evidence, we are beginning to rethink how we train the next generation of clinicians (Metzl & Hansen, 2014; Nadirshaw, 2014; Neff et al., 2017). Indeed, one area in which upstreaming finds a home is in the innovative approach to education known as "structural competency," which Metzl and Hansen defined as the "trained ability to discern how a host of issues defined clinically as symptoms, attitudes, or diseases...also represent the downstream implications of a number of upstream decisions about such matters as health care and food delivery systems, zoning laws, urban and rural infrastructures, medicalization, or even about the very definitions of illness and health" (p. 128). Inspired by persuasive evidence from such disparate disciplines as anthropology, public health, neuroscience, and genetics demonstrating the undeniable link between societal and personal

health, the authors provided a framework and examples for infusing structural awareness, inquiry, and humility in medical, health, and clinical education. 4 Capacities that would be developed under this new paradigm include competency in social analysis and diagnosis, familiarity with interdisciplinary research, avoidance of interpreting real structural problems as vague issues of cultural difference, and fostering the imaginative capacity for structural intervention. Ali and Sichel (2014) carried on this work for the discipline of counseling psychology, which they argued can play an integral role in advancing the needed training on structural competency, given the field's historically holistic, strengthsbased, and justice-oriented frameworks. The authors sought to extend the purview of counseling psychology, "beyond the therapy room and even beyond the immediate communities of our clients into the sociopolitical contexts that shape people and practices, including practices within the mental health establishment itself" (p. 902). In sum, our physicians and counselors are moving further into the world outside the clinic, and letting insights that emerge enhance their overall practices. There is no real reason clinical psychology could not follow suit in a more sustained manner.

Indigenous Sources of Healing

Cultural and grassroots movements within the field of mental health—those discussed in this work, like indigenous psychology, decolonial psychology, recovery, citizenship, structural competency, and beyond—have demonstrated that effective contributions toward wellness can come from many diverse sources and that a persons' own strengths and assets must be incorporated into therapeutic frameworks. Mental health systems are increasingly emphasizing the role of "natural supports"

⁴In a recent talk given at Yale's inaugural Rebellious Psychiatry conference, exploring the connection between mental health and social justice, Helena Hansen (2017) identified levels of branching out in the world, from in-the-clinic medical-legal partnerships, to forms of leaving the clinic via partnerships, and finally the broader work of advancing policy and treating cities (Fullilove, 2013). Interestingly, Fullilove received inspiration for her own pioneering work on cities through her travels abroad.

(Davidson et al., 2009), seeing these everyday support systems in a person's life as integral to the long-term work of promoting well-being. Traditional services are here positioned within a wider world of possibly effective support and possibilities for practical action and movement.⁵ Communities have their own assets and strengths that have sustained and nurtured their members (Nelson & Prilleltensky, 2010). These too have an evidence of their own. There are opportunities to partner with the community to reveal such evidence (Wallerstein & Duran, 2006; Watkins & Shulman, 2008), allowing more diverse entries into the world of "evidence-based practice," which itself has received criticisms on the basis of its neglect of culturally different populations in samples, as well as its tendency to neglect effective indigenous methods and frameworks (Gone, 2015). Given the challenges of research production in general, and the extent of that which we do not yet knowmore humility and collaboration between traditional intervention and cultural science is not only needed but is good for science and practice (Gone, 2015).

Key Ingredients from Gandhi and King: Clinical Psychopolitics

We are seeing that travel can occasion an awareness of one's place in relation to others and in the larger shared world and can nourish a sense of collective responsibility for the world we inhabit. This global sense of responsibility thus points to an expanded notion of clinical

⁵One of these transformative indigenous methods that has recently witnessed an explosion in Euro-American contexts but has long been a practice related to the amelioration of suffering and betterment of life in other cultures, are those related to meditation, broadly conceived. In Western professional contexts, however, there has often been less emphasis on social relatedness and the world outside the meditating cushion. As we saw with regard to Buddhist approaches to meditation in Chapter 3, however, the social and the interconnected were not divorced from meditative practice. The situation in Western professional contexts of course relates to our overall discussion in this book, and, as such, suggests further movement outward is possible. That is, meditation need not be divorced from attention to the world. As Rahil Rojiani of Yale Medical School, who helps run a local person of color meditation group, nicely put it, meditation and social justice are both paths of liberation.

psychological practice in which psychologists see the social world(s), and societal-level actions and interventions, as integral parts of reducing overall suffering. These include interventions aimed at larger social, economic, political, and organizational structures, which indeed coincide with recent calls for action advocated by leaders in public mental health (Patel, 2015; Priebe, 2015).

I started this work by asking: What is a clinical intervention with respect to the world? Interestingly, the very phrase social condition, particularly the "condition" part, implies that we are speaking about patterns and patternings. These are ways in which the world is presently or previously conditioned, but as with other conditioning, does not have to just be that way. We can try to shake those foundations. I have already suggested some ways above in the context of clinical psychology, and now I will draw from the earlier analysis of worldly clinicians to suggest important elements of travel as practice.⁶

We learned a lot about moving toward psychosocial wellness and health in Chapter 4. Often psychology and health care learn from their own, but this work has been as much about moving outward and learning what others can teach us about movement. What are some of the key ingredients that we found?

• Dignity: Gandhi and King's campaigns were focused squarely on dignity, which itself was tied to a kind of liberation or *swaraj* (see Mantena, in press). Experiences of pervasive indignity, in the midst of colonial and racist structures, was a part of daily life within their respective communities. These experiences motivated a desire to change these unjust systems and transform social relations, for themselves and others. Everyone's soul—oppressed, oppressor, and in between—was at stake. An overall focus on preserving dignity was, is, and will always be warranted.

⁶The reader may find resonances of the work of Gandhi and King with the innovations in practice mentioned earlier. Movements focused on dignity and attainment of recognition, for instance, share similarities with movements within mental health itself.

- Beloved Communities: King (1958) saw the need for moving toward a "beloved community." King was insistent that this was not sentimental emotionality or naïvete, but premised on the truth of the interrelation of all life. This kind of love was focused on otherness, mutuality, needs, and "seeking to preserve and create community" (p. 105). It works against the injustice that works against community.
- Just Systems: Gandhi and King worked toward building systems that were informed by justice, nonviolence, and liberation. Gandhi's nonviolent approach was built on concrete evidence regarding the workings of oppression, but his ultimate opponents were not people but systems. There arose ingenious methods that intended to bring adversaries closer together rather than pushing them further apart. King continued this work and additionally described being maladjusted to systems of violence and oppression, preferring to struggle, as the universe intends, toward a just world.
- Empowerment and Strengths: Gandhi effectively argued that there was a great hidden power among those facing an oppressive system, which itself depends on the cooperation of the oppressed. Oceans apart, King's Montgomery saw these truths being organically implemented in the context of the struggle to end the segregated bus system. Those participating in these respective movements rediscovered their power, built on existing strengths, and cultivated new ones. They partnered with each other and relied on each other. The quest for empowerment and autonomy were themselves empowering (Mantena, 2012), as evidenced by existential-phenomenological analyses of such action (Mantena, in press). The method was the aim, and the aim was the method.
- Indigenous and Indigenizing: Gandhi and King both built on existing indigenous practices and traditions, which their communities already engaged in, in order to forge movements geared toward advancing well-being. The purpose here was not exploitation but creative synthesis, collaboration, and respect for the practices found throughout the world that already contain within them great wisdom, solace, and power for generations. These included spiritual traditions, community networks, the humanities, the arts, and nature. A one-size-fits-all approach was not advisable, whether discussing individual or community-level responses. Gandhian style methods were

- very insistent on sensitivity to the particular context at hand and advocated locally-rooted approaches to reform (Mantena, 2012).
- Decolonial Solidarity: Gandhi and King were increasingly part of a global movement against colonial, racist, and oppressive structures. They found commonalities and shared experience with people not just from other regions but from other continents. Their work was intraracial but also interracial. Colonialism was everyone's problem. Unfortunately, colonial structures are still pervasive today, even if they have changed their outward appearances, and are thus important for psychologists to understand and address (Adams et al., 2015; Desai, 2014; Gone & Kirmayer, 2010; Hook, 2005, 2012): As Gone and Kirmayer noted in their discussion of the need for a decolonial ethic for psychiatry in the face of persisting colonial structures: "...many oppressive features of colonization have not ended, but instead have mutated or gone underground, only to reemerge in powerful new forms" (p. 85).
- Intercultural Engagement and Learning: The movements and individuals of Chapter 4 did not conduct their work in a vacuum. They learned much from others, locally and globally, and the ground of their work was prepared by those who came before. Gandhi drew from his own Indian tradition, as well as from religion, philosophy, and thinkers like Tolstoy. The name given to the method of *satyagraha* was even originally derived from a stakeholder. King (1960/1986) undertook what he described as a "pilgrimage" to the nonviolent approach, through many turns and tributaries, from existentialism to the social gospel to the world of social action. A main part of King's own ingenuity was in unifying Gandhian methods with African American culture and community (Kapur, 1992). Humanity works best when humanity works together, learning from and acknowledging the contributions of cultural wisdom and its sources.

The movements of which Gandhi and King were a part produced real, observable effects. Research has shown that the American Civil Rights Movement had demonstrable effects on even classic indicators of health and well-being (Williams et al., 2008). Gandhi and King were themselves direct observers of the evidence of the psychosocial impact these movements made on those directly or indirectly involved.

Our scientific fields can do even more to support such movements. Noting that scientific research has played a role in social movements, but that the movements themselves are often the main catalysts for widespread change, Wallerstein and Duran (2006) keenly suggested that research "would do well to consider how to contribute to the important social movements of the time, including international movements for health" (pp. 317–318). What I have tried to suggest here is that movements outside the field of mental health effectively improved the health of the world.

Movement(s) Reconsidered

Movements matter. Movement is what is clinically indicated. We are here no longer making the distinction between movements inside or outside our field, but within the field of life itself, the movement of the global community. Indeed, the very fate of the world outside the clinic may ultimately depend on our capacity to come together to face what is arguably the most central social pathology of our time—global climate change and environmental devastation. Climate change is the greatest public health threat in recent history (Costello et al., 2009; Dubrow, 2017; Watts et al., 2015), if not, arguably, in the entirety of human history (Hansen et al., 2013). Indeed, global cooperation and partnership may be our last hope in staving off complete environmental collapse (Sachs, 2008). Sustained international movement (Costello et al., 2009) around this issue will be absolutely vital for securing the necessary conditions for *any* sense of well-being, or being itself, on this planet.

The most vulnerable in our world—who also have contributed the least to climate change—will bear the brunt of climate devastation (Costello et al., 2009; Pope Francis, 2015). And that is a growing tragedy beyond comprehension. We may as a global citizenry draw from Dr. Martin Luther King Jr.'s address to the American Psychological Association where he advocated a type of collective and creative maladjustment to the unjust systems that lead to widespread destruction in the first place. Our world needs to change, and change in such a way that each of us can feel supported and are able to live a life of dignity, care, and love.

Overall, the fundamental question for travel as practice is: How do we move toward a better world? That is the question. The future of life, human and nonhuman, may depend on it. It's good for our collective health. Here, travel becomes movement in its most basic sense—the movement of life forward.

References

- Adams, G., Dobles, I., Gómez, L. H., Kurtiş, T., & Molina, L. E. (2015). Decolonizing psychological science: Introduction to the special thematic section. *Journal of Social and Political Psychology*, *3*(1), 213–238. https://doi.org/10.5964/jspp.v3i1.564.
- Ali, A., Hawkins, R. L., & Chambers, D. A. (2010). Recovery from depression among clients transitioning out of poverty. *American Journal of Orthopsychiatry*, 80, 26–33. https://doi.org/10.1111/j.1939-0025.2010.01004.x.
- Ali, A., & Lees, K. E. (2013). The therapist as advocate: Anti-oppression advocacy in psychological practice. *Journal of Clinical Psychology*, 69(2), 162–171. https://doi.org/10.1002/jclp.21955.
- Ali, A., & Sichel, C. E. (2014). Structural competency as a framework for training in counseling psychology. *The Counseling Psychologist*, 42(7), 901–918. https://doi.org/10.1177/0011000014550320.
- Ali, A., McFarlane, E., Hawkins, R., & Udo-Inyang, I. (2012). Social justice revisited: Psychological recolonization and the challenge of anti-oppression advocacy. *Race, Gender & Class, 19*(1/2), 322–335. Retrieved from http://www.jstor.org/stable/43496876.
- Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: Evidence and interventions. *The Lancet*, 389(10077), 1453–1463. https://doi.org/10.1016/S0140-6736(17)30569-X.
- Bellamy, C. D., Rowe, M., Benedict, P., & Davidson, L. (2012). Giving back and getting something back: The role of mutual aid groups for individuals in recovery from incarceration, addiction, and mental illness. *Journal of Groups in Addiction & Recovery, 7*, 223–236. https://doi.org/10.1080/1556 035X.2012.705703.
- Bierman, A. S., & Dunn, J. R. (2006). Swimming upstream. *Journal of General Internal Medicine*, 21(1), 99–100. https://doi.org/10.1111/j.1525-1497. 2005.00317.x.

- Blanco, A., Blanco, R., & Díaz, D. (2016). Social (dis)order and psychosocial trauma: Look earlier, look outside, and look beyond the persons. *American Psychologist*, 71(3), 187–198. https://doi.org/10.1037/a0040100.
- Bromage, B., Cranford, M., Encandela, J., Hyacinth, M., Diaz, E., & Rohrbaugh, R. (2017, May). *A community-oriented structural competency education intervention*. Poster presented at Medical Education Day at Yale, New Haven, CT.
- Bromage, B., Cranford, M., Williamson, B., & Spell, V. (2017, April). *A community-oriented structural competency education intervention*. Presentation given at the Rebellious Psychiatry conference, Yale University, New Haven, CT.
- Brouillette, R. (2016, March 15). Why therapists should talk politics. *New York Times*. Retrieved from http://www.nytimes.com.
- Bulhan, H. A. (1985). Frantz Fanon and the psychology of oppression. New York: Plenum.
- Costello, A., Abbas, M., Allen, A., Ball, S., Bell, S., Bellamy, R., ... Patterson, C. (2009). Managing the health effects of climate change. *The Lancet*, 373(9676), 1693–1733. https://doi.org/10.1016/s0140-6736(09)60935-1.
- Davidson, L. (2003). Living outside mental illness: Qualitative studies of recovery in schizophrenia. New York: NYU Press.
- Davidson, L. (2014). Dare psychologists become change agents? *Self & Society,* 41(2), 8–12. https://doi.org/10.1080/03060497.2014.11084337.
- Davidson, L. (2018). Transcendental intersubjectivity as the foundation for a phenomenological social psychiatry. In M. Englander (Ed.), *Phenomenology and the social context of Psychiatry*. London: Bloomsbury.
- Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: A review of evidence and experience. *World Psychiatry*, 11(2), 123–128. https://doi.org/10.1016/j. wpsyc.2012.05.009.
- Davidson, L., & Cosgrove, L. A. (2002). Psychologism and phenomenological psychology revisited, part II: The return to positivity. *Journal of Phenomenological Psychology*, 33(2), 141–177. https://doi.org/10.1163/15691620260622877.
- Davidson, L., Rakfeldt, J., & Strauss, J. S. (2010). *The roots of the recovery movement in psychiatry: Lessons learned.* Chichester: Wiley Blackwell.
- Davidson, L., Tondora, J., O'Connell, M. J., Lawless, M. S., & Rowe, M. (2009). A practical guide to recovery-oriented practice: Tools for transforming mental health care. New York: Oxford University Press.

- Delphin-Rittmon, M., Bellamy, C. D., Ridgway, P., Guy, K., Ortiz, J., Flanagan, E. & Davidson, L. (2013). "I never really discuss that with my clinician": U.S. consumer perspectives on the place of culture in behavioral health care. *Diversity and Equality in Health and Care, 10*, 143–154.
- Desai, M. U. (2014). Psychology, the psychological, and critical praxis: A phenomenologist reads Frantz Fanon. *Theory & Psychology, 24*(1), 58–75. https://doi.org/10.1177/0959354313511869.
- Desai, M. U., Bellamy, C. D., Guy, K., Costa, M., & Davidson, L. (2016). Participatory research in behavioral health. Washington, DC: Patient-Centered Outcomes Research Institute [As part of PCORI Eugene Washington Engagement Award].
- Desai, M. U., Wertz, F. J., Davidson, L., & Karasz, A. (2017). Regaining some good in the world: What matters to persons diagnosed as depressed in primary care. *Mental Health in Family Medicine*, *13*, 381–388.
- Doherty, T. J., & Clayton, S. (2011). The psychological impacts of global climate change. *American Psychologist*, 66(4), 265–276. https://doi.org/10.1037/a0023141.
- Dubrow, R. (2017). Faculty biography, Yale school of public health. Retrieved from https://publichealth.yale.edu/people/robert_dubrow.profile [I thank Prof Dubrow his leadership on climate change and health].
- Fanon, F. (1967). *Black skin, white masks* (C. L. Markmann, Trans.). New York: Grove (Original work published 1952).
- Fanon, F. (2004). *The wretched of the earth* (R. Philcox, Trans.). New York: Grove (Original work published 1961).
- Farmer, P. (2005). *Pathologies of power: Health, human rights, and the new war on the poor.* Berkeley: University of California Press.
- Flanagan, E. H., Davidson, L., & Strauss, J. S. (2007). Issues for DSM-V: Incorporating patients' subjective experiences. *American Journal of Psychiatry*, 164(3), 391–392. https://doi.org/10.1176/ajp.2007.164.3.391.
- Flanagan, E. H., Miller, R., & Davidson, L. (2009). "Unfortunately, we treat the chart:" Sources of stigma in mental health settings. *Psychiatric Quarterly,* 80(1), 55–64. https://doi.org/10.1007/s11126-009-9093-7.
- Fromm, E. (1994/2009). The art of listening. New York: Continuum.
- Fullilove, M. T. (1996). Psychiatric implications of displacement: Contributions from the psychology of place. *American Journal of Psychiatry,* 153(12), 1516–1523. https://doi.org/10.1176/ajp.153.12.1516.
- Fullilove, M. T. (2013). *Urban alchemy: Restoring joy in America's sorted-out cities*. New York: New Village Press.

- Gone, J. P. (2007). "We never was happy living like a Whiteman": Mental health disparities and the postcolonial predicament in American Indian communities. *American Journal of Community Psychology, 40*(3), 290–300. https://doi.org/10.1007/s10464-007-9136-x.
- Gone, J. P. (2015). Reconciling evidence-based practice and cultural competence in mental health services: Introduction to a special issue. *Transcultural Psychiatry*, *52*(2), 139–149. https://doi.org/10.1177/1363461514568239.
- Gone, J. P., & Kirmayer, L. (2010). On the wisdom of considering culture and context in psychopathology. In T. Millon, R. F. Kruger, & E. Simonsen (Eds.), *Contemporary directions in psychopathology: Scientific foundations of the DSM-V and ICD-11* (pp. 72–96). New York: Guilford Press.
- Gordon, L. R. (2015). What Fanon said: A philosophical introduction to his life and thought. New York: Fordham University Press.
- Hansen, H. (2017, April). Addressing health disparities through a structural competency framework. Presentation given at the Rebellious Psychiatry conference, Yale University, New Haven, CT.
- Hansen, J., Kharecha, P., Sato, M., Masson-Delmotte, V., Ackerman, F., Beerling, D. J., ... Zachos, J. C. (2013). Assessing "dangerous climate change": Required reduction of carbon emissions to protect young people, future generations and nature. *PLoS one*, 8(12), e81648. https://doi.org/10.1371/journal.pone.0081648.
- Hayes, S. C. (2002). Buddhism and acceptance and commitment therapy. *Cognitive and Behavioral Practice*, 9(1), 58–66. https://doi.org/10.1016/S1077-7229(02)80041-4.
- Hillman, J. (1989). *The essential James Hillman: A blue fire* (T. Moore, Ed.). New York: Harper & Row.
- Hillman, J., & Ventura, M. (1993). We've had a hundred years of psychotherapy and the world's getting worse. New York: HarperCollins.
- Hook, D. (2005). A critical psychology of the postcolonial. *Theory & Psychology*, 15(4), 475–503. https://doi.org/10.1177/0959354305054748.
- Hook, D. (2012). A critical psychology of the postcolonial: The mind of apartheid. London: Routledge.
- Horney, K. (1987). Final lectures (D. H. Ingram, Ed.). New York: W.W. Norton & Company.
- House, J. (2005). Colonial racisms in the care "metropole": Reading *Peau noire, masques blancs* in context. In M. Silverman (Ed.), *Frantz Fanon's black skin, white masks: Interdisciplinary essays* (pp. 46–73). Manchester: Manchester University Press.

- Husserl, E. (1970). The crisis of European sciences and transcendental phenomenology (D. Carr, Trans.). Evanston, IL: Northwestern University Press (Original work published 1954).
- Kapur, S. (1992). Raising up a prophet: The African-American encounter with Gandhi. Boston: Beacon Press.
- King, M. L. (1958). Stride toward freedom. New York: Harper & Brothers.
- King, M. L. (1960/1986). Pilgrimage to nonviolence. In J. M. Washington (Ed.), *Testament of hope: The essential writings and speeches of Martin Luther King, Jr.* (pp. 35–40). New York: Harper One.
- King, M. L. (1963/1986). Letter from Birmingham city jail. In J. M. Washington (Ed.), *Testament of hope: The essential writings and speeches of Martin Luther King, Jr.* (pp. 289–302). New York: Harper One.
- Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., ... Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *Canadian Medical Association Journal*, 183(12), E959–E967. https://doi.org/10.1503/cmaj.090292.
- Latkin, C. A., & Curry, A. D. (2003). Stressful neighborhoods and depression: A prospective study of the impact of neighborhood disorder. *Journal of Health and Social Behavior*, 44(1), 34–44. https://doi.org/10.2307/1519814.
- Macey, D. (2012). Frantz Fanon: A biography. London: Verso.
- Manchanda, R. (2014, August). What makes us get sick? Look upstream [Video file]. Retrieved from https://www.ted.com/talks/rishi_manchanda_what_makes_us_get_sick_look_upstream.
- Mantena, K. (2012). Another realism: The politics of Gandhian nonviolence. *American Political Science Review*, 106(2), 455–470. https://doi.org/10.1017/S000305541200010X.
- Mantena, K. (2018). Showdown for nonviolence: The theory and practice of nonviolent politics. In B. Terry & T. Shelby (Eds.), *To shape a new world: The political philosophy of Martin Luther King, Jr.* Cambridge: Harvard University Press.
- Martín-Baró, I. (1994). Writings for a liberation psychology. Cambridge, MA: Harvard University Press.
- Metzl, J. M. (2009). The protest psychosis: How schizophrenia became a black disease. Boston: Beacon Press.
- Metzl, J. M., & Hansen, H. (2014). Structural competency: Theorizing a new medical engagement with stigma and inequality. *Social Science & Medicine*, 103, 126–133. https://doi.org/10.1016/j.socscimed.2013.06.032.

- Moodley, R., & Campo, M. (Eds.). (2014). Critical psychiatry and mental health: Exploring the work of Suman Fernando in clinical practice. London: Routledge.
- Morvay, Z. (1999). Horney, Zen, and the real self: Theoretical and historical connections. *The American Journal of Psychoanalysis*, 59(1), 25–35. https://doi.org/10.1023/a:1021488721166.
- Nadirshaw, Z. (2014). A 'race' against time: Suman Fernando's contribution to clinical psychology. In R. Moodley & M. Ocampo (Eds.), *Critical psychiatry and mental health: Exploring the work of Suman Fernando in clinical practice* (pp. 262–264). London: Routledge.
- Neff, J., Knight, K. R., Satterwhite, S., Nelson, N., Matthews, J., & Holmes, S. M. (2017). Teaching structure: A qualitative evaluation of a structural competency training for resident physicians. *Journal of General Internal Medicine*, 32(4), 430–433. https://doi.org/10.1007/s11606-016-3924-7.
- Nelson, G., & Prilleltensky, I. (Eds.). (2010). *Community psychology: In pursuit of liberation and well-being* (2nd ed.). Basingstoke: Palgrave Macmillan.
- O'Connell, M. (2015). Psychiatric advance directives. In P. Corrigan (Ed.), Person-centered care for mental illness: The evolution of adherence and self-determination (pp. 103–116). Washington, DC: APA.
- O'Connell, M., Tondora, J., Croog, G., Evans, A., & Davidson, L. (2005). From rhetoric to routine: Assessing perceptions of recovery-oriented practices in a state mental health and addiction system. *Psychiatric Rehabilitation Journal*, 28(4), 378–386.
- Parekh, B. (1997). Gandhi. Oxford: Oxford University Press.
- Parel, A. J. (2009). Editor's introduction to the 1997 edition. In A. J. Parel (Ed.), 'Hind Swaraj' and other writings (pp. xxv–lxxv). New York: Cambridge University Press.
- Patel, V. (2015). Addressing social injustice: A key public mental health strategy. *World Psychiatry*, 14(1), 43–44. https://doi.org/10.1002/wps.20179.
- Pickett, K. E., & Wilkinson, R. G. (2015). Income inequality and health: A causal review. *Social Science & Medicine*, 128, 316–326. https://doi.org/10.1016/j.socscimed.2014.12.031.
- Pope Francis. (2015). *Laudato Si'* [On care for our common home]. Retrieved from http://w2.vatican.va/content/dam/francesco/pdf/encyclicals/documents/papa-francesco_20150524_enciclica-laudato-si_en.pdf.
- Priebe, S. (2015). The political mission of psychiatry. *World Psychiatry*, 14(1), 1–2. https://doi.org/10.1002/wps.20172.

- Rogers, C. (1980/2007). The basic conditions of the facilitative therapeutic relationship. In M. Cooper, M. O'Hara, P. F. Schmid, & G. Wyatt (Eds.), *The handbook of person-centered psychotherapy and counselling* (pp. 1–7). Basingstoke: Palgrave Macmillan.
- Rose, G. (2001). Sick individuals and sick populations. *International Journal of Epidemiology*, 30(3), 427–432. https://doi.org/10.1093/ije/30.3.427.
- Rowe, M. (2014). *Citizenship and mental health*. New York: Oxford University Press.
- Rowe, M., Lawless, M., Thompson, K., & Davidson, L. (2011). *Classics of community psychiatry*. New York: Oxford University Press.
- Sachs, J. (2008). *Common wealth: Economics for a crowded planet*. New York: The Penguin Press.
- Schutz, A. (1970). On phenomenology and social relations; selected writings (H. R. Wagner, Ed.). Chicago: University of Chicago Press.
- Skoufalos, N. C. (2010). *The development of bulimia nervosa: A psychological phenomenological analysis* (Order No. 3438468). Available from ProQuest Dissertations & Theses Global (842864916). Retrieved from https://search.proquest.com/docview/842864916?accountid=15172.
- Tondora, J., Miller, R., Slade, M., & Davidson, L. (2014). Partnering for recovery in mental health: A practical guide to person-centered planning. London: Wiley-Blackwell.
- Vergès, F. (1996). To cure and to free: The Fanonian project of "decolonized psychiatry". In L. R. Gordon, T. D. Sharpley-Whiting, & R. T. White (Eds.), *Fanon: A critical reader* (pp. 85–99). Cambridge, MA: Blackwell.
- Wallerstein, N. B., & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice*, 7(3), 312–323. https://doi.org/10.1177/1524839906289376.
- Wampold, B. E. (2012). Humanism as a common factor in psychotherapy. *Psychotherapy*, 49(4), 445–449. https://doi.org/10.1037/a0027113.
- Wang, J., Lloyd-Evans, B., Giacco, D., Forsyth, R., Nebo, C., Mann, F., & Johnson, S. (2016). *Social isolation in mental health: A conceptual and methodological review* (Scoping Review 14). London: NIHR School for Social Care Research. Retrieved from http://www.sscr.nihr.ac.uk/.
- Watkins, M. (2015). Psychosocial accompaniment. *Journal of Social and Political Psychology*, 3(1), 324–341. https://doi.org/10.5964/jspp.v3i1.103.
- Watkins, M., & Schulman, H. (2008). *Toward psychologies of liberation*. New York: Palgrave Macmillan.

- Watts, N., Adger, W. N., Agnolucci, P., Blackstock, J., Byass, P., Cai, W., ... Costello, A. (2015). Health and climate change: Policy responses to protect public health. *The Lancet*, 386(10006), 1861–1914. https://doi.org/10.1016/s0140-6736(15)60854-6.
- Whitehead, M., & Popay, J. (2010). Swimming upstream? Taking action on the social determinants of health inequalities. *Social Science & Medicine*, 71(7), 1234–1236. https://doi.org/10.1016/j.socscimed.2010.07.004.
- Wildeman, C., & Wang, E. A. (2017). Mass incarceration, public health, and widening inequality in the USA. *The Lancet*, 389(10077), 1464–1474. https://doi.org/10.1016/S0140-6736(17)30259-3.
- Williams, D. R., Costa, M. V., Odunlami, A. O., & Mohammed, S. A. (2008). Moving upstream: How interventions that address the social determinants of health can improve health and reduce disparities. *Journal of Public Health Management and Practice:JPHMP, 14*(Suppl), S8–S17. https://doi.org/10.1097/01.PHH.0000338382.36695.42.
- Worell, J., & Remer, P. (2003). Feminist perspectives in therapy: Empowering diverse women. Hoboken, NJ: Wiley.

Bibliography

- Adams, G., Dobles, I., Gómez, L. H., Kurtiş, T., & Molina, L. E. (2015). Decolonizing psychological science: Introduction to the special thematic section. *Journal of Social and Political Psychology*, 3(1), 213–238. https://doi.org/10.5964/jspp.v3i1.564.
- Ali, A., Hawkins, R. L., & Chambers, D. A. (2010). Recovery from depression among clients transitioning out of poverty. *American Journal of Orthopsychiatry*, 80, 26–33. https://doi.org/10.1111/j.1939-0025.2010.01004.x.
- Ali, A., & Lees, K. E. (2013). The therapist as advocate: Anti-oppression advocacy in psychological practice. *Journal of Clinical Psychology*, 69(2), 162–171. https://doi.org/10.1002/jclp.21955.
- Ali, A., & Sichel, C. E. (2014). Structural competency as a framework for training in counseling psychology. *The Counseling Psychologist*, 42(7), 901–918. https://doi.org/10.1177/0011000014550320.
- Allport, G. W. (1942). *The use of personal documents in psychological science*. (Bulletin 49). New York: Social Science Research Council.
- Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. Structural racism and health inequities in the USA: Evidence and interventions. *The Lancet*, 389(10077), 1453–1463. https://doi.org/10.1016/S0140-6736(17)30569-X.

- Bellamy, C. D., Rowe, M., Benedict, P., & Davidson, L. (2012). Giving back and getting something back: The role of mutual aid groups for individuals in recovery from incarceration, addiction, and mental illness. *Journal of Groups in Addiction & Recovery, 7*, 223–236. https://doi.org/10.1080/1556 035X.2012.705703.
- Bhabha, H. K. (1994). The location of culture. London: Routledge.
- Bhabha, H. K. (2004). Foreword: Framing Fanon. In F. Fanon, *The wretched of the earth* (R. Philcox, Trans., pp. vii–xlii). New York: Grove. (Original work published 1961).
- Bhatia, S. (2002). Orientalism in Euro-American and Indian psychology: Historical representations of "natives" in colonial and postcolonial contexts. *History of Psychology*, 5(4), 376–398. https://doi.org/10.1037/1093-4510.5.4.376.
- Bhatia, S. (2007). Rethinking culture and identity in psychology: Towards a transnational cultural psychology. *Journal of Theoretical and Philosophical Psychology*, 27–28(2–1), 301–321. https://doi.org/10.1037/h0091298.
- Bhatia, S. (2014). Orientalism. In T. Teo (Ed.), *Encyclopedia of critical psychology* (pp. 1294–1300). New York: Springer.
- Bierman, A. S., & Dunn, J. R. (2006). Swimming upstream. *Journal of General Internal Medicine*, 21(1), 99–100. https://doi. org/10.1111/j.1525-1497.2005.00317.x.
- Blanco, A., Blanco, R., & Díaz, D. (2016). Social (dis)order and psychosocial trauma: Look earlier, look outside, and look beyond the persons. *American Psychologist*, 71(3), 187–198. https://doi.org/10.1037/a0040100.
- Bondurant, J. (1965). Conquest of violence: The Gandhian philosophy of conflict (Rev. ed.). Berkeley: University of California Press.
- Boss, M. (1966). *A psychiatrist discovers India* (H. A. Frey, Trans.). Calcutta: Rupa. (Original work published 1959).
- Brouillette, R. (2016, March 15). Why therapists should talk politics. *New York Times*. Retrieved from http://www.nytimes.com.
- Bromage, B., Cranford, M., Williamson, B., & Spell, V. (2017, April). *A community-oriented structural competency education intervention*. Presentation given at the Rebellious Psychiatry conference, Yale University, New Haven, CT.
- Bromage, B., Cranford, M., Encandela, J., Hyacinth, M., Diaz, E., & Rohrbaugh, R. (2017, May). *A community-oriented structural competency education intervention*. Poster presented at Medical Education Day at Yale, New Haven, CT.

- Brown, J. M. (1996). The making of a critical outsider. In J. M. Brown & M. Prozesky (Eds.), *Gandhi and South Africa: Principles and politics* (pp. 21–33). New York: St. Martin's Press.
- Bulhan, H. A. (1985). Frantz Fanon and the psychology of oppression. New York: Plenum.
- Bulhan, H. A. (1999). Revolutionary psychiatry of Fanon. In N. Gibson (Ed.), *Rethinking Fanon: The continuing dialog* (pp. 141–175). New York: Humanity Books.
- Burman, E. (2016). Fanon's Lacan and the traumatogenic child: Psychoanalytic reflections on the dynamics of colonialism and racism. *Theory, Culture & Society, 33*(4), 77–101. https://doi.org/10.1177/0263276415598627.
- Burman, E. (2017). Fanon's other children: Psychopolitical and pedagogical implications. *Race Ethnicity and Education*, 20(1), 42–56. https://doi.org/10.1080/13613324.2016.1150832.
- Burston, D. (1991). *The legacy of Erich Fromm*. Cambridge: Harvard University Press.
- Calaprice, A. (Ed.). (2005). *The new quotable Einstein*. Princeton: Princeton University Press.
- Chattopadhyaya, D. P., Embree, L., & Mohanty, J. N. (Eds.). (1992). *Phenomenology and Indian philosophy*. Albany: SUNY Press.
- Chodorow, N. J. (1989). *Feminism and psychoanalytic theory*. New Haven: Yale University Press.
- Chödrön, P. (1994). Start where you are: A guide to compassionate living. Boston: Shambhala.
- Colaiaco, J. A. (1986). Martin Luther King, Jr. and the paradox of nonviolent direct action. *Phylon, 47*(1), 16–28. https://doi.org/10.2307/274691.
- Compton, M. T., & Shim, R. S. (Eds.). (2015). *The social determinants of mental health*. Washington, DC: American Psychiatric Publishing.
- Cooke, S. (2003). A change is gonna come. On Sam Cooke: Portrait of a Legend [CD]. New York: ABKCO. (Original recorded in 1964).
- Costello, A., Abbas, M., Allen, A., Ball, S., Bell, S., Bellamy, R., ... Patterson, C. (2009). Managing the health effects of climate change. *The Lancet*, 373(9676), 1693–1733. https://doi.org/10.1016/S0140-6736(09)60935-1.
- Davidson, L. (1988). Husserl's refutation of psychologism and the possibility of a phenomenological psychology. *Journal of Phenomenological Psychology*, 19(1), 1–17. https://doi.org/10.1163/156916288X00103.

- Davidson, L. (2003). Living outside mental illness: Qualitative studies of recovery in schizophrenia. New York: NYU Press.
- Davidson, L. (in press). Transcendental intersubjectivity as the foundation for a phenomenological social psychiatry. In M. Englander (Ed.), *Phenomenology and the social context of psychiatry.* London: Bloomsbury.
- Davidson, L. (2014). Dare psychologists become change agents? *Self & Society,* 41(2), 8–12. https://doi.org/10.1080/03060497.2014.11084337.
- Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: A review of evidence and experience. *World Psychiatry*, 11(2), 123–128. https://doi.org/10.1016/j. wpsyc.2012.05.009.
- Davidson, L., & Cosgrove, L. A. (1991). Psychologism and phenomenological psychology revisited, part I: The liberation from naturalism. *Journal of Phenomenological Psychology, 22*(2), 87–108. https://doi.org/10.1163/156916291X00082.
- Davidson, L., & Cosgrove, L. A. (2002). Psychologism and phenomenological psychology revisited, part II: The return to positivity. *Journal of Phenomenological Psychology, 33*(2), 141–177. https://doi.org/10.1163/15691620260622877.
- Davidson, L., O'Connell, M. J., Tondora, J., Lawless, M., & Evans, A. C. (2005). Recovery in serious mental illness: A new wine or just a new bottle? *Professional Psychology: Research and Practice*, *36*(5), 480–487. https://doi.org/10.1037/0735-7028.36.5.480.
- Davidson, L., Rakfeldt, J., & Strauss, J. S. (2010). *The roots of the recovery movement in psychiatry: Lessons learned*. Chichester: Wiley Blackwell.
- Davidson, L., Ridgway, P., Wieland, M., & O'Connell, M. (2009). A capabilities approach to mental health transformation: A conceptual framework for the recovery era. *Canadian Journal of Community Mental Health*, 28(2), 35–46. https://doi.org/10.7870/cjcmh-2009-0021.
- Davidson, L., & Solomon, L. A. (2010). The value of transcendental phenomenology for psychology: The case of psychosis. In Cloonan, T. (Ed.), *The re-direction of psychology: Essays in honor of Amedeo P. Giorgi* (pp. 73–93). Montreal, Quebec: Cercle interdisciplinaire de recherches phénoménologiques.
- Davidson, L., Staeheli, M., Stayner, D., & Sells, D. (2004). Language, suffering, and the question of immanence: Toward a respectful phenomenological psychopathology. *Journal of Phenomenological Psychology, 35*(2), 197–232. https://doi.org/10.1163/1569162042652236.

- Davidson, L., Tondora, J., O'Connell, M. J., Lawless, M. S., & Rowe, M. (2009). A practical guide to recovery-oriented practice: Tools for transforming mental health care. New York: Oxford University Press.
- Delphin-Rittmon, M., Bellamy, C. D., Ridgway, P., Guy, K., Ortiz, J., Flanagan, E., & Davidson, L. (2013). "I never really discuss that with my clinician": U.S. consumer perspectives on the place of culture in behavioral health care. *Diversity and Equality in Health and Care, 10*, 143–154.
- DeMartino, R. (1991). Karen Horney, D. T. Suzuki, and Zen Buddhism. *American Journal of Psychoanalysis*, 51, 267–283.
- Desai, M. U. (2012). Caring in context: Parenting a child with an autism spectrum disorder in India (Doctoral dissertation). Retrieved from Proquest (3563395).
- Desai, M. U. (2014a). Psychology, the psychological, and critical praxis: A phenomenologist reads Frantz Fanon. *Theory & Psychology*, 24(1), 58–75. https://doi.org/10.1177/0959354313511869.
- Desai, M. U. (2014b). Travel as qualitative method: Travel in psychology's history and in Medard Boss' sojourn to India. *Journal of Humanistic Psychology*, 54(4), 494–507. https://doi.org/10.1177/0022167813517942.
- Desai, M. U., Bellamy, C. D., Guy, K., Costa, M., & Davidson, L. (2016). Participatory research in behavioral health. Washington, DC: Patient-Centered Outcomes Research Institute. [As part of PCORI Eugene Washington Engagement Award].
- Desai, M. U., Pavlo, A. J., Davidson, L., Harpaz-Rotem, I., & Rosenheck, R. (2016). "I want to come home": Vietnam-era veterans' presenting for mental health care, roughly 40 years after Vietnam. *Psychiatric Quarterly, 87*, 229–239. https://doi.org/10.1007/s11126-015-9382-2.
- Desai, M. U. & Saxena, A. (2016, May 5). Climate change's hidden damage [Blog post]. *Huffington Post*. Retrieved from http://www.huffingtonpost.com.
- Desai, M. U., Wertz, F. J., Davidson, L., & Karasz, A. (2017). Regaining some good in the world: What matters to persons diagnosed as depressed in primary care. *Mental Health in Family Medicine*, 13, 381–388.
- Doherty, T. J., & Clayton, S. (2011). The psychological impacts of global climate change. *American Psychologist*, 66(4), 265–276. https://doi.org/10.1037/a0023141.
- Drummond, J. J. (2008). *Historical dictionary of Husserl's philosophy*. Lanham: Scarecrow Press.

- Dubrow, R. (2017). Faculty biography, Yale School of Public Health. Retrieved from https://publichealth.yale.edu/people/robert_dubrow.profile. [I thank Prof. Dubrow his leadership on climate change and health].
- Durkin, K. (2014). *The radical humanism of Erich Fromm*. New York: Palgrave Macmillan.
- Dussel, E. (1996). *The underside of modernity: Apel, Ricoeur, Rorty, Taylor, and the philosophy of liberation*. Atlantic Highlands, NJ: Humanities Press.
- Dylan. B. (2001). The times they are a-changin'. On *The Essential Bob Dylan* [CD]. New York: Columbia. (Original recorded in 1963).
- Erikson, E. H. (1950). Childhood and society. New York: Norton.
- Eversley, J. (2014). Is there an emancipatory psychiatry? In R. Moodley & M. Ocampo (Eds.), *Critical psychiatry and mental health: Exploring the work of Suman Fernando in clinical practice* (pp. 43–54). London: Routledge.
- Fanon, F. (1967). *Black skin, white masks* (C. L. Markmann, Trans.). New York: Grove. (Original work published 1952).
- Fanon, F. (2004). *The wretched of the earth* (R. Philcox, Trans.). New York: Grove. (Original work published 1961).
- Fanon, F. (2008). *Black skin, white masks* (R. Philcox, Trans.). New York: Grove. (Original work published 1952).
- Farmer, P. (2005). *Pathologies of power: Health, human rights, and the new war on the poor.* Berkeley: University of California Press.
- Felder, A. J., & Robbins, B. (2011). A cultural-existential approach to therapy: Merleau-Ponty's phenomenology of embodiment and its implications for practice. *Theory & Psychology, 21*, 355–376. https://doi.org/10.1177/0959354310397570.
- Fernando, S. (2014a). *Mental health worldwide: Culture, globalization, and development.* Basingstoke: Palgrave Macmillan.
- Fernando, S. (2014b). Transcultural psychiatry and mental health. In R. Moodley & M. Ocampo (Eds.), *Critical psychiatry and mental health: Exploring the work of Suman Fernando in clinical practice* (pp. 13–21). London: Routledge.
- Fink, E. (1995). Sixth Cartesian meditation: The idea of a transcendental theory of method (R. Bruzina, Trans.). Bloomington: Indiana University Press.
- Flanagan, E. H., Davidson, L., & Strauss, J. S. (2007). Issues for DSM-V: Incorporating patients' subjective experiences. *American Journal of Psychiatry*, 164(3), 391–392. https://doi.org/10.1176/ajp.2007.164.3.391.

- Flanagan, E. H., Miller, R., & Davidson, L. (2009). "Unfortunately, we treat the chart:" Sources of stigma in mental health settings. *Psychiatric Quarterly*, 80(1), 55–64. https://doi.org/10.1007/s11126-009-9093-7.
- Friedman, L. (2013). *The lives of Erich Fromm: Love's prophet.* New York: Columbia University Press.
- Fromm, E. (1941/1994). Escape from freedom. New York: Holt.
- Fromm, E. (1947). Man for himself. New York: Rinehart.
- Fromm, E. (1956/2006). The art of loving. New York: Harper.
- Fromm, E. (1960). Zen Buddhism & psychoanalysis. New York: Harper & Brothers.
- Fromm, E. (1962/2006). Beyond the chains of illusion: My encounter with Marx and Freud. New York: Continuum.
- Fromm, E. (1966). You shall be as gods: A radical reinterpretation of the Old Testament and its tradition. New York: Holt, Rinehart, & Winston.
- Fromm, E. (1967). Memories of Dr. D. T. Suzuki. *The Eastern Buddhist, 2*, 86–89.
- Fromm, E. (1994/2009). The art of listening. New York: Continuum.
- Fullilove, M. T. (1996). Psychiatric implications of displacement: Contributions from the psychology of place. *American Journal of Psychiatry,* 153(12), 1516–1523. https://doi.org/10.1176/ajp.153.12.1516.
- Fullilove, M. T. (2013). *Urban alchemy: Restoring joy in America's sorted-out cities*. New York: New Village Press.
- Gallagher, S. (2014). The cruel and unusual phenomenology of solitary confinement. *Frontiers in Psychology*, 5, 1–8. https://doi.org/10.3389/fpsyg.2014.00585.
- Gandhi, M. K. (1908/1999). Gujarati equivalents for passive resistance, etc. In *The collected works of Mahatma Gandhi (Electronic book)* (Vol. 8, pp. 194–195). New Delhi: Publications Division, Government of India.
- Gandhi, M. K. (1909/2009). *Hind Swaraj*. In A. Parel (Ed.), *'Hind Swaraj' and other writings* (pp. 1–123). Cambridge: Cambridge University Press.
- Gandhi, M. K. (1921/1999). Notes. In *The collected works of Mahatma Gandhi (Electronic book)* (Vol. 23, pp. 211–217). New Delhi: Publications Division, Government of India.
- Gandhi, M. K. (1924/1967). Untouchability and swaraj. In *The collected works of Mahatma Gandhi* (Vol. 24, pp. 226–227). New Delhi: Publications Division, Government of India.

- Gandhi, M. K. (1925/1967). Talk to inmates of Satyagraha Ashram, Vykom. In *The collected works of Mahatma Gandhi* (Vol. 26, pp. 269–274). New Delhi: Publications Division, Government of India.
- Gandhi, M. K. (1926/1999). Discourses on the Gita: Chapter XII. In *The collected works of Mahatma Gandhi (Electronic book)* (Vol. 37, pp. 278–84). New Delhi: Publications Division, Government of India.
- Gandhi, M. K. (1927/1969). Speech at Nagercoil. In *The collected works of Mahatma Gandhi* (Vol. 35, pp. 98–100). New Delhi: Publications Division, Government of India.
- Gandhi, M. K. (1927). An autobiography, or the story of my experiments with truth (M. Desai, Trans.). Ahmedabad: Navajivan Publishing House.
- Gandhi, M. K. (1928). *Satyagraha in South Africa* (V. G. Desai, Trans.). Triplicane: S. Ganesan.
- Gandhi, M. K. (1931/1999). Speech at Birmingham meeting. In *The collected works of Mahatma Gandhi (Electronic book)* (Vol. 54, pp. 43–48). New Delhi: Publications Division, Government of India.
- Gandhi, M. K. (1931/1999). Speech at Pembroke College. In *The collected works of Mahatma Gandhi (Electronic book)* (Vol. 54, pp. 122–125). New Delhi: Publications Division, Government of India.
- Gandhi, M. K. (1936/1999). Interview to American Negro delegation. In *The collected works of Mahatma Gandhi (Electronic book)* (Vol. 68, pp. 234–238). New Delhi: Publications Division, Government of India.
- Gandhi, M. K. (1946/1980). Discussion with Congress workers. In *The collected works of Mahatma Gandhi* (Vol. 82, pp. 277–279). New Delhi: Publications Division, Government of India.
- Gandhi, M. K. (1962/2002). *The essential Gandhi: An anthology of his writings on his life, work, and ideas* (L. Fischer, Ed.). New York: Vintage.
- Gibson, N. (Ed.). (1999). *Rethinking Fanon: The continuing dialog*. New York: Humanity Books.
- Gibson, N. (2003). Fanon: The postcolonial imagination. Cambridge: Polity.
- Gibson, N., & Beneduce, R. (2017). Frantz Fanon, psychiatry, and politics. London: Rowman & Littlefield.
- Giorgi, A. (2009). The descriptive phenomenological method in psychology: A modified Husserlian approach. Pittsburgh: Duquesne University Press.
- Gitre, E. J. K. (2011). The great escape: World War II, neo-Freudianism, and the origins of US psychocultural analysis. *Journal of the History of the Behavioral Sciences*, 47(1), 18–43. https://doi.org/10.1002/jhbs.20455.

- Glassman, B., & Fields, R. (1996). *Instructions to the cook: A Zen Master's lessons in living a life that matters.* New York: Bell Tower.
- Goldsmith, G. N. (2010). Approaches to the treatment of narcissistic disorders: Kohut and Kernberg. Retrieved from https://www.scribd.com/document/173410445/Approaches-to-The-Treatment-of-Narcissistic-Disorders-Kohut-and-Kernberg.
- Gordon, L. R., Sharpley-Whiting, T. D., & White, R. T. (1996). Introduction:
 Five stages of Fanon studies. In L. R. Gordon, T. D. Sharpley-Whiting, & R. T. White (Eds.), Fanon: A critical reader (pp. 1–8). Cambridge, MA: Blackwell.
- Gone, J. P. (2004). Mental health services for Native Americans in the 21st century United States. *Professional Psychology: Research and Practice*, 35(1), 10–18. https://doi.org/10.1037/0735-7028.35.1.10.
- Gone, J. P. (2007). "We never was happy living like a Whiteman": Mental health disparities and the postcolonial predicament in American Indian communities. *American Journal of Community Psychology, 40*(3), 290–300. https://doi.org/10.1007/s10464-007-9136-x.
- Gone, J. P. (2008). Introduction: Mental health discourse as Western cultural proselytization. *Ethos*, 36(3), 310–315. 10.1111/j.1548-1352.2008.00016.x.
- Gone, J. P. (2015). Reconciling evidence-based practice and cultural competence in mental health services: Introduction to a special issue. *Transcultural Psychiatry*, 52(2), 139–149. https://doi.org/10.1177/1363461514568239.
- Gone, J. P., & Kirmayer, L. (2010). On the wisdom of considering culture and context in psychopathology. In T. Millon, R. F. Kruger, & E. Simonsen (Eds.), *Contemporary directions in psychopathology: Scientific foundations of the DSM-V and ICD-11* (pp. 72–96). New York: Guilford Press.
- Gordon, L. R. (2015). What Fanon said: A philosophical introduction to his life and thought. New York: Fordham University Press.
- Gordon, L. R., Sharpley-Whiting, T. D., & White, R. T. (1996). Introduction:
 Five stages of Fanon studies. In L. R. Gordon, T. D. Sharpley-Whiting, & R. T. White (Eds.), Fanon: A critical reader (pp. 1–8). Cambridge, MA: Blackwell.
- Grob, G. (2013). Foreword. In L. Friedman (2013), *The lives of Erich Fromm: Love's prophet* (pp. xi–xvii). New York: Columbia University Press.
- Guha, R. (2013). Gandhi before India. New York: A. A. Knopf.
- Guha, R. (2014, April). *Gandhi before India*. Lecture given at Yale University, New Haven, CT.

- Guha (2014). Author interviews: 'Before India,' A young Gandhi found his calling in South Africa. Retrieved from http://www.npr.org/2014/04/16/303363995/before-india-a-young-gandhi-found-his-calling-in-south-africa.
- Gunderson, R. (2014). Erich Fromm's ecological messianism. *Humanity & Society, 38*(2), 182–204. https://doi.org/10.1177/0160597614529112.
- Hankerson, S. H., Watson, K. T., Lukachko, A., Fullilove, M. T., & Weissman, M. (2013). Ministers' perceptions of church-based programs to provide depression care for African Americans. *Journal of Urban Health*, 90(4), 685–698. https://doi.org/10.1007/s11524-013-9794-y.
- Hanna, F. J. (1993a). The transpersonal consequences of Husserl's phenomenological method. *The Humanistic Psychologist*, 21(1), 41–57. https://doi.org/10.1080/08873267.1993.9976905.
- Hanna, F. J. (1993b). Rigorous intuition: Consciousness, being, and the phenomenological method. *The Journal of Transpersonal Psychology*, 25, 181–197.
- Hanna, F. J. (1995). Husserl on the teachings of the Buddha. *The Humanistic Psychologist*, 23, 365–372.
- Hanh, T. N. (2013). Love letter to the earth. Berkeley: Parallax Press.
- Hansen, J., Kharecha, P., Sato, M., Masson-Delmotte, V., Ackerman, F., Beerling, D. J., ... Zachos, J. C. (2013). Assessing "dangerous climate change": Required reduction of carbon emissions to protect young people, future generations and nature. *PLoS One*, 8(12), e81648. https://doi.org/10.1371/journal.pone.0081648.
- Hansen, H. (2017, April). Addressing health disparities through a structural competency framework. Presentation given at the Rebellious Psychiatry conference, Yale University, New Haven, CT.
- Hay, S. (Ed.). (1988). *Sources of Indian tradition* (2nd ed.). New York: Columbia University Press.
- Hayes, S. C. (2002). Buddhism and acceptance and commitment therapy. *Cognitive and Behavioral Practice*, 9(1), 58–66. https://doi.org/10.1016/S1077-7229(02)80041-4.
- Heidegger, M. (1962). *Being and time* (J. Macquarrie & E. Robinson, Trans.). New York: Harper & Row.
- Henrich, J., Heine, S. J., & Norenzayan, A. (2010). The weirdest people in the world? *Behavioral and Brain Sciences*, 33(2–3), 61–135. https://doi.org/10.1017/s0140525x0999152x.
- Hillman, J. (1989). *The essential James Hillman: A Blue Fire* (T. Moore, Ed.). New York: Harper & Row.

- Hillman, J., & Ventura, M. (1993). We've had a hundred years of psychotherapy and the world's getting worse. New York: HarperCollins.
- Hitchcock, S. T. (2004). Karen Horney: Pioneer of Feminine Psychology (Women in Medicine).
- Hook, D. (2005). A critical psychology of the postcolonial. *Theory & Psychology*, 15(4), 475–503. https://doi.org/10.1177/0959354305054748.
- Hook, D. (2012). A critical psychology of the postcolonial: The mind of apartheid. London: Routledge.
- Horney, K. (1934). The overvaluation of love: A study of a common present-day feminine type. *The Psychoanalytic Quarterly, 3,* 605–638.
- Horney, K. (1987). Final lectures (D. H. Ingram, Ed.). New York: W. W. Norton.
- Horney, K. (1939/1999). New ways in psychoanalysis. London: Routledge.
- House, J. (2005). Colonial racisms in the care "metropole": Reading *Peau noire, masques blancs* in context. In M. Silverman (Ed.), *Frantz Fanon's black skin, white masks: Interdisciplinary essays* (pp. 46–73). Manchester: Manchester University Press.
- Husserl, E. (1969). Formal and transcendental logic (D. Cairns, Trans.). The Hague: Martinus Nijhoff.
- Husserl, E. (1970). *The crisis of European sciences and transcendental phenomenology* (D. Carr, Trans.). Evanston, IL: Northwestern University Press. (Original work published 1954).
- Husserl, E. (1977). *Phenomenological psychology* (J. Scanlon, Trans.). The Hague, Netherlands: Martinus Nijhoff. (Original work published 1925).
- Husserl, E. (1983). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy. First book: A general introduction to pure phenomenology* (F. Kersten, Trans.). The Hague: Martinus Nijhoff (Original work published 1913).
- Husserl, E. (1989). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy. Second book: Studies in the phenomenology of constitution* (R. Rojcewicz & A. Schuwer, Trans.). Dordrecht: Kluwer. (Original work published 1952).
- Husserl, E. (1991). On the phenomenology of the consciousness of internal time (J. Brough, Trans.). Dordrecht: Kluwer. (Original work published 1928).
- Husserl, E. (1999). *Cartesian meditations* (D. Cairns, Trans.). Dordrecht: Kluwer. (Original work published 1950).
- Johnson, R. L. (2004). From childhood to *Satyagrahi*. In R. L. Johnson (Ed.), *Gandhi's experiments with truth* (pp. 3–14). Lanham: Lexington Books.

- Kabat-Zinn, J. (2011). Some reflections on the origins of MBSR, skillful means, and the trouble with maps. *Contemporary Buddhism*, 12(1), 281–306. https://doi.org/10.1080/14639947.2011.564844.
- Kabat-Zinn, J. (2013). Full catastrophe living. New York: Bantam Books.
- Kapur, S. (1992). Raising up a prophet: The African–American encounter with Gandhi. Boston: Beacon Press.
- Karen, R. (2001). *The forgiving self: The road from resentment to connection*. New York: Anchor Books.
- Kazdin, A. E. (1999). Overview of research design issues in clinical psychology. In P. C. Kendall, J. N. Butcher, & G. N. Holmbeck (Eds.), *Handbook of research methods in clinical psychology* (pp. 3–30). New York: Wiley.
- Kim, U., Yang, K.-S., & Hwang, K.-K. (2006). Contributions to indigenous and cultural psychology: Understanding people in context. In U. Kim, K.-S. Yang, & K.-K. Hwang (Eds.), *Indigenous and cultural psychology: Understanding people in context* (pp. 3–25). New York: Springer.
- King, M. L. (1958). Stride toward freedom. New York: Harper & Brothers.
- King, M. L. (1967). The role of the behavioral scientist in the Civil Rights Movement. Retrieved from http://www.apa.org/monitor/features/king-challenge.aspx.
- King, M. L. (1956/2007). Desegregation and the future. In C. Carson (Ed.), *The papers of Martin Luther King, Jr.* (Vol. III, pp. 471–479). Berkeley: University of California Press.
- King, M. L. (1957/2007). The Christian way of life in human relations. In C. Carson (Ed.), *The papers of Martin Luther King, Jr.* (Vol. VI, pp. 322–328). Berkeley: University of California Press.
- King, M. L. (1959/1986). My trip to the land of Gandhi. In J. M. Washington (Ed.), *Testament of hope: The essential writings and speeches of Martin Luther King, Jr.* (pp. 23–30). New York: Harper One.
- King, M. L. (1960/1986). Pilgrimage to nonviolence. In J. M. Washington (Ed.), *Testament of hope: The essential writings and speeches of Martin Luther King, Jr.* (pp. 35–40). New York: Harper One.
- King, M. L. (1963/1986). Letter from Birmingham City Jail. In J. M. Washington (Ed.), *Testament of hope: The essential writings and speeches of Martin Luther King, Jr.* (pp. 289–302). New York: Harper One.
- King Encyclopedia (n.d.). Montgomery bus boycott. Retrieved from http://kingencyclopedia.stanford.edu/encyclopedia/encyclopedia/enc_montgomery_bus_boycott_1955_1956/index.html.

- Kirkland, F. M., & Chattopadhyaya, D. P. (1993). *Phenomenology: East and west, essays in honors of J.N. Mohanty.* Dordrecht: Kluwer.
- Kirmayer, L. (2006). Beyond the new cross-cultural psychiatry: Cultural biology, discursive psychology and the ironies of globalization. *Transcultural Psychiatry*, 43(1), 126–144. https://doi.org/10.1177/1363461506061761.
- Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., ... Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *Canadian Medical Association Journal*, 183(12), E959–E967. https://doi.org/10.1503/cmaj.090292.
- Kleinman, A. M. (1977). Depression, somatization and the new cross-cultural psychiatry. *Social Science & Medicine*, 11(1), 3–10. https://doi.org/10.1016/0037-7856(77)90138-X.
- Kondo, A. (1991). Recollections of Dr. Horney. *American Journal of Psychoanalysis*, 51, 255–266.
- Kramer, T. L., Blevins, D., Miller, T. L., Phillips, M. M., Davis, V., & Burris, B. (2007). Ministers' perceptions of depression: A model to understand and improve care. *Journal of Religion and Health*, 46(1), 123–139. https://doi.org/10.1007/s10943-006-9090-1.
- Kuhn, T. (1970). *The structure of scientific revolutions* (2nd ed.). Chicago: The University of Chicago Press.
- Kurtiş, T., & Adams, G. (2015). Decolonizing liberation: Toward a transnational feminist psychology. *Journal of Social and Political Psychology, 3*(1), 388–413. https://doi.org/10.5964/jspp.v3i1.326.
- Latkin, C. A., & Curry, A. D. (2003). Stressful neighborhoods and depression: A prospective study of the impact of neighborhood disorder. *Journal of Health and Social Behavior*, 44(1), 34–44. https://doi. org/10.2307/1519814.
- Lebeau, V. (1998). Psychopolitics: Frantz Fanon's *Black Skin, White Masks*. In J. Campbell & L. Harbord (Eds.), *Psycho-politics and cultural desires* (pp. 113–123). London: UCL Press.
- Lewis-Fernández, R., & Kleinman, A. (1994). Culture, personality, and psychopathology. *Journal of Abnormal Psychology*, 103(1), 67–71. https://doi.org/10.1037/0021-843X.103.1.67.
- Maccoby, M. (1995). The two voices of Erich Fromm: Prophet and analyst. *Society, 32,* 72–82.

- Macey, D. (2005). Adieu foulard. Adieu madras. In M. Silverman (Ed.), Frantz Fanon's black skin, white masks: Interdisciplinary essays (pp. 12–31). Manchester: Manchester University Press.
- Macey, D. (2012). Frantz Fanon: A biography. London: Verso.
- Majmudar, U. (2005). *Gandhi's pilgrimage of faith: From darkness to light*. Albany: SUNY Press.
- Maldonado-Torres, N. (2008). *Against war: Views from the underside of modernity*. Durham, NC: Duke University Press.
- Manchanda, R. (2014, August). What makes us get sick? Look upstream [Video file]. Retrieved from https://www.ted.com/talks/rishi_manchanda_what_makes_us_get_sick_look_upstream.
- Mandela, N. (1993). Nelson Mandela's speech at unveiling of Gandhi Memorial. Retrieved from http://www.anc.org.za/content/nelson-mandelas-speech-unveiling-gandhi-memorial.
- Mantena, K. (2012). Another realism: The politics of Gandhian nonviolence. *American Political Science Review*, 106(2), 455–470. https://doi.org/10.1017/S000305541200010X.
- Mantena, K. (in press). Showdown for nonviolence: The theory and practice of nonviolent politics. In B. Terry & T. Shelby (Eds.), *To shape a new world: The political philosophy of Martin Luther King, Jr.* Cambridge: Harvard University Press.
- Martín-Baró, I. (1994). Writings for a liberation psychology. Cambridge, MA: Harvard University Press.
- Martinez, J. A. (2000). Phenomenology of Chicana experience and identity: Communication and transformation in praxis. Lanham, MD: Rowman & Littlefield.
- McCulloch, J. (1983). Black soul, white artifact: Fanon's clinical psychology and social theory. Cambridge, UK: Cambridge University Press.
- McLaughlin, N. (1998). How to become a forgotten intellectual: Intellectual movements and the rise and fall of Erich Fromm. *Sociological Forum*, *13*(2), 215–246. https://doi.org/10.1023/a:1022189715949.
- Merleau-Ponty, M. (1945/2002). *Phenomenology of perception* (C. Smith, Trans.). London: Routledge Classics.
- Metzl, J. M. (2009). *The protest psychosis: How schizophrenia became a black disease*. Boston: Beacon Press.
- Metzl, J. M., & Hansen, H. (2014). Structural competency: Theorizing a new medical engagement with stigma and inequality. *Social Science & Medicine*, 103, 126–133. https://doi.org/10.1016/j.socscimed.2013.06.032.

- Mezzich, J., Snaedal, J., van Weel, C., & Heath, I. (2010). Toward person-centered medicine: From disease to patient to person. *Mount Sinai Journal of Medicine: A Journal of Translational and Personalized Medicine, 77*(3), 304–306. https://doi.org/10.1002/msj.20187.
- Mezzich, J. E., Snaedal, J., van Weel, C., Botbol, M., & Salloum, I. (2011). Introduction to person-centred medicine: From concepts to practice. *Journal of Evaluation in Clinical Practice*, 17(2), 330–332. https://doi.org/10.1111/j.1365-2753.2010.01606.x.
- Miletic, M. P. (2002). The introduction of a feminine psychology to psychoanalysis. *Contemporary Psychoanalysis*, 38(2), 287–299. https://doi.org/10.1080/00107530.2002.10747102.
- Millán, S., & Gojman, S. (2000). The legacy of Fromm in Mexico. International Forum of Psychoanalysis, 9, 207–215. https://doi.org/10.1080/080370601300055598.
- Mohanty, J. N. (2002). *Between two worlds: East and West: An autobiography*. New York: Oxford University Press.
- Moodley, R., & Campo, M. (Eds.). (2014). Critical psychiatry and mental health: Exploring the work of Suman Fernando in clinical practice. London: Routledge.
- Moradi, B., & Huang, Y.-P. (2008). Objectification theory and psychology of women: A decade of advances and future directions. *Psychology of Women Quarterly, 32*(4), 377–398. https://doi.org/10.1111/j.1471-6402.2008.00452.x.
- Morley, J. (2008). Embodied consciousness in tantric yoga and the phenomenology of Merleau-Ponty. *Religion and the Arts*, 12(1), 144–163. https://doi.org/10.1163/156852908X270980.
- Morley, J. (2016, May). *Mindfulness: Phenomenon and method.* Paper given at the Conference of the Society for Qualitative Inquiry in Psychology. Ramapo, NJ.
- Morvay, Z. (1999). Horney, Zen, and the real self: Theoretical and historical connections. *The American Journal of Psychoanalysis*, 59(1), 25–35. https://doi.org/10.1023/a:1021488721166.
- Nadirshaw, Z. (2014). A 'race' against time: Suman Fernando's contribution to clinical psychology. In R. Moodley & M. Ocampo (Eds.), *Critical psychiatry and mental health: Exploring the work of Suman Fernando in clinical practice* (pp. 262–264). London: Routledge.
- Nash, D. (2017, January). *Keynote address*. Rev. Dr. Martin Luther King, Jr. Lecture given at Yale University, New Haven, CT.

- Natanson, M. (1973). Edmund Husserl: Philosopher of infinite tasks. Evanston: Northwestern University Press.
- Nauriya, A. (2006). *The African element in Gandhi* [Electronic version]. New Delhi: National Gandhi Museum.
- Nelson, G., & Prilleltensky, I. (Eds.). (2010). *Community psychology: In pursuit of liberation and well-being* (2nd ed.). Basingstoke: Palgrave Macmillan.
- Nojeim, M. (2004). *Gandhi and King: The power of nonviolent resistance*. Westport, CT: Praeger.
- O'Connell, A. N. (1980). Karen Horney: Theorist in psychoanalysis and feminine psychology. *Psychology of Women Quarterly*, *5*(1), 81–93. https://doi.org/10.1111/j.1471-6402.1981.tb01035.x.
- O'Connell, M. (2015). Psychiatric advance directives. In P. Corrigan (Ed.), *Person-centered care for mental illness: The evolution of adherence and self-determination* (pp. 103–116). Washington, DC: APA.
- O'Connell, M., Tondora, J., Croog, G., Evans, A., & Davidson, L. (2005). From rhetoric to routine: Assessing perceptions of recovery-oriented practices in a state mental health and addiction system. *Psychiatric Rehabilitation Journal*, 28(4), 378–386.
- O'Hara, M. (2010). Another inconvenient truth and the developmental role for psychology in a threatened world. *The Humanistic Psychologist*, 38(2), 101–119. https://doi.org/10.1080/08873267.2010.485915.
- Parekh, B. (1989). *Gandhi's political philosophy: A critical examination*. Houndmills, Basingstoke: Macmillan.
- Parekh, B. (1997). Gandhi. Oxford: Oxford University Press.
- Parel, A. J. (2009). Editor's introduction to the 1997 edition. In A. J. Parel (Ed.), 'Hind Swaraj' and other writings (pp. xxv–lxxv). New York: Cambridge University Press.
- Paris, B. (1994). *Karen Horney: A psychoanalyst's search for self-understanding*. New Haven, CT: Yale University Press.
- Paris, B. (Ed.). (2000). The unknown Karen Horney: Essays on gender, culture, and psychoanalysis. New Haven, CT: Yale University Press.
- Patel, V. (2015). Addressing social injustice: A key public mental health strategy. World Psychiatry, 14(1), 43–44. https://doi.org/10.1002/wps.20179.
- Patel, V., & Kim, Y.-R. (2006). Contribution of low- and middle-income countries to research published in leading general psychiatry journals, 2002–2004. *The British Journal of Psychiatry, 190*(1), 77–78. https://doi.org/10.1192/bjp.bp.106.025692.

- Pickett, K. E., & Wilkinson, R. G. (2015). Income inequality and health: A causal review. *Social Science & Medicine*, 128, 316–326. https://doi.org/10.1016/j.socscimed.2014.12.031.
- Pickren, W. E. (2010). Hybridizing, transforming, indigenizing: Psychological knowledge as mélange. *Boletín de la Sociedad de Historia de la Psicología*, 44, 6–12.
- Ponterotto, J. G., Casas, J. M., Suzuki, L. A., & Alexander, C. M. (2010). *Handbook of multicultural counseling* (3rd ed.). Thousand Oaks, CA: Sage.
- Pope Francis. (2015). Laudato Si' (On care for our common home). Retrieved from http://w2.vatican.va/content/dam/francesco/pdf/encyclicals/documents/papa-francesco_20150524_enciclica-laudato-si_en.pdf.
- Prashad, V. (2000). *The karma of brown folk*. Minneapolis: University of Minnesota Press.
- Priebe, S. (2015). The political mission of psychiatry. *World Psychiatry*, 14(1), 1–2. https://doi.org/10.1002/wps.20172.
- Public Broadcasting Service. (2006). James Baldwin. American Masters. Retrieved from http://www.pbs.org/wnet/americanmasters/episodes/james-aldwin/aboutthe-author/59/.
- Quinn, S. (1987). A mind of her own: The life of Karen Horney. New York: Summit.
- Ratcliffe, M. (2012). Phenomenology as a form of empathy. *Inquiry*, 55(5), 473–495. https://doi.org/10.1080/0020174X.2012.716196.
- Redding. O. (1971). Respect [Recorded by Aretha Franklin]. On *Aretha's greatest hits* [LP Record]. New York: Columbia. (Original recorded in 1967).
- Robbins, B. (2013, August 16). Dignity, personalism, and humanistic psychology [Blog post]. Retrieved from https://www.saybrook.edu/blog/2013/08/16/08-16-13/.
- Rogers, C. (1980/2007). The basic conditions of the facilitative therapeutic relationship. In M. Cooper, M. O'Hara, P. F. Schmid, & G. Wyatt (Eds.), *The handbook of person-centered psychotherapy and counselling* (pp. 1–7). Basingstoke: Palgrave Macmillan.
- Rose, G. (2001). Sick individuals and sick populations. *International Journal of Epidemiology*, 30(3), 427–432. https://doi.org/10.1093/ije/30.3.427.
- Rowe, M. (2014). *Citizenship and mental health*. New York: Oxford University Press.
- Rowe, M., Lawless, M., Thompson, K., & Davidson, L. (2011). *Classics of community psychiatry*. New York: Oxford University Press.

- Sachs, J. (2008). *Common wealth: Economics for a crowded planet*. New York: The Penguin Press.
- Schell, J. (2003). *The unconquerable world: Power, nonviolence, and will.* New York: Metropolitan Books.
- Schimmel, N. (2007). Judaism and the origins of Erich Fromm's humanistic psychology. *Journal of Humanistic Psychology*, 49(1), 9–45. https://doi.org/10.1177/0022167808319724.
- Schuhmann, K. (1992). Husserl and Indian thought. In D. P. Chattopadhyaya, L. Embree, & J. T. Mohanty (Eds.), *Phenomenology & Indian philosophy* (pp. 20–43). Albany: SUNY Press.
- Schutz, A. (1970). On phenomenology and social relations; selected writings (H. R. Wagner, Ed.). Chicago: University of Chicago Press.
- Schutz, A. (1976). The stranger: An essay in social psychology. In A. Schutz & A. Brodersen (Eds.), *Collected papers: Vol. 2. Studies in social theory* (pp. 91–105). The Hague: Martinus Nijhoff.
- Seifried, M. (2015). *Democracy and analogy: The practical reality of deliberative politics* (Order No. 3682487). Available from ProQuest Dissertations & Theses Global. (1658119807). Retrieved from https://search.proquest.com/docview/1658119807?accountid=15172.
- Segal, N., & Timms, E. (Eds.). (1988). Freud in exile: Psychoanalysis and its vicissitudes. New Haven, CT: Yale University Press.
- Sen, A. (1999). Development as freedom. New York: Anchor Books.
- Sahn, Seung, & Master, Zen. (1999). The compass of Zen. Boston: Shambhala.
- Sekyi-Otu, A. (1996). Fanon's dialectic of experience. Cambridge: Harvard University Press.
- Sheng-Yen, Chan Master. (2001). *There is no suffering: A commentary on the Heart Sutra*. Elmhurst, NY: Dharma Drum Publications.
- Shweder, R. A. (1995). Cultural psychology: What is it? In N. R. Goldberger & J. B. Veroff (Eds.), *The culture and psychology reader* (pp. 41–86). New York: NYU Press.
- Shweder, R. A. (2008). The cultural psychology of suffering: The many meanings of health in Orissa, India (and elsewhere). *Ethos*, *36*(1), 60–77. https://doi.org/10.1111/j.1548-1352.2008.00004.x.
- Silverman, M. (2005). Introduction. In M. Silverman (Ed.), *Frantz Fanon's black skin, white masks: Interdisciplinary essays* (pp. 1–11). Manchester: Manchester University Press.

- Sinha, M. (2016). *Gandhi's forgotten campaign: The abolition of indenture and the Mahatma*. South Asian Studies Annual Gandhi Lecture, Yale University, New Haven, CT.
- Skoufalos, N. C. (2010). *The development of bulimia nervosa: A psychological phenomenological analysis* (Order No. 3438468). Available from ProQuest Dissertations & Theses Global. (842864916). Retrieved from https://search.proquest.com/docview/842864916?accountid=15172.
- Sowa, R. (2007). Essences and eidetic laws in Edmund Husserl's descriptive eidetics. *The New Yearbook for Phenomenology and Phenomenological Philosophy, 7,* 77–108.
- Storey, D. (2012). Zen in Heidegger's way. *Journal of East-West Thought, 2*, 113–137.
- Steele, C. M. (1997). A threat in the air: How stereotypes shape intellectual identity and performance. *American Psychologist*, 52(6), 613–629. https://doi.org/10.1037/0003-066X.52.6.613.
- Sue, S. (1999). Science, ethnicity, and bias: Where have we gone wrong? *American Psychologist*, 54(12), 1070–1077. http://dx.doi.org/10.1037/0003-066X.54.12.1070.
- Sundararajan, L. (2010). *Task force on indigenous psychology of div 32*. Society for Humanistic Psychology. Retrieved from http://www.indigenouspsych.org/index.html.
- Sundararajan, L. (2015). *Understanding emotion in Chinese culture: Thinking through psychology*. Cham: Springer.
- Ravetz, J. (1971). Scientific knowledge and its social problems. New York: Oxford University Press.
- Richards, D. A. J. (2005). *Disarming manhood: The roots of ethical resistance*. Athens: Swallow Press.
- Thorkelson, B. (2017, January 27). Diane Nash urges today's activists to apply techniques of the Civil Rights Movement. *Yale News*. Retrieved from https://news.yale.edu/2017/01/27/diane-nash-urges-today-s-activists-apply-techniques-civil-rights-movement.
- Thottam, J. (2014, May 8). Cradle of civil disobedience. 'Gandhi Before India,' by Ramachandra Guha. *New York Times*. Retrieved from https://www.nytimes.com/.
- Tolstoy, L. N. (1899). *The kingdom of God is within you/What is art?* (A. Maude, Trans.). New York: Charles Scribner's Sons.

- Tondora, J., Miller, R., Slade, M., & Davidson, L. (2014). *Partnering for recovery in mental health: A practical guide to person-centered planning*. London: Wiley-Blackwell.
- Vergès, F. (1996). To cure and to free: The Fanonian project of "decolonized psychiatry". In L. R. Gordon, T. D. Sharpley-Whiting, & R. T. White (Eds.), *Fanon: A critical reader* (pp. 85–99). Cambridge, MA: Blackwell.
- Vergès, F. (2005). Where to begin? 'Le commencement' in *Peau noire, masques blancs* and in creolisation. In M. Silverman (Ed.), *Frantz Fanon's black skin, white masks: Interdisciplinary essays* (pp. 32–45). Manchester: Manchester University Press.
- Vidich, A. J., & Lyman, S. M. (2000). Qualitative methods: Their history in sociology and anthropology. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 37–84). Thousand Oaks, CA: Sage.
- Wada, K., & Park, J. (2009). Integrating Buddhist psychology into grief counseling. *Death Studies*, 33(7), 657–683. https://doi.org/10.1080/07481180903012006.
- Wallerstein, N. B., & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice*, 7(3), 312–323. https://doi.org/10.1177/1524839906289376.
- Wampold, B. E. (2012). Humanism as a common factor in psychotherapy. *Psychotherapy*, 49(4), 445–449. https://doi.org/10.1037/a0027113.
- Wang, J., Lloyd-Evans, B., Giacco, D., Forsyth, R., Nebo, C., Mann, F., & Johnson, S. (2016). *Social isolation in mental health: A conceptual and methodological review* (Scoping Review 14). London: NIHR School for Social Care Research. Retrieved from http://www.sscr.nihr.ac.uk/.
- Watkins, M. (2015). Psychosocial accompaniment. *Journal of Social and Political Psychology*, 3(1), 324–341. https://doi.org/10.5964/jspp.v3i1.103.
- Watkins, M., & Schulman, H. (2008). *Toward psychologies of liberation*. New York: Palgrave MacMillan.
- Watters, E. (2010). *Crazy like us: The globalization of the American psyche*. New York: Free Press.
- Watts, N., Adger, W. N., Agnolucci, P., Blackstock, J., Byass, P., Cai, W., ... Costello, A. (2015). Health and climate change: Policy responses to protect public health. *The Lancet*, 386(10006), 1861–1914. https://doi.org/10.1016/S0140-6736(15)60854-6.
- Wertz, F. J. (2005). Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology*, 52(2), 167–177. https://doi.org/10.1037/0022-0167.52.2.167.

- Wertz, F. J. (2010). The method of eidetic analysis for psychology. In T. F. Cloonan, & C. Thiboutot (Eds.), *The redirection of psychology: Essays in honor of Amedeo P. Giorgi* (pp. 261–278). Montréal, Canada: Le Cercle Interdisciplinaire de Recherches Phénoménologiques (CIRP), l'Université du Québec.
- Wertz, F. J. (2011). The qualitative revolution and psychology: Science, politics, and ethics. *The Humanistic Psychologist*, 39(2), 77–104. https://doi.org/10.1080/08873267.2011.564531.
- Wertz, F. J. (2016). Outline of the relationship among transcendental phenomenology, phenomenological psychology, and the sciences of persons. *Schutzian Research*, 8, 139–162.
- Wertz, F.J., Desai, M., Maynard, E., Misurell, J., Morrissey, M.B., Rotter, B., & Skoufalos, N.C. (in press). Research methods for person-centered health science: Fordham studies of suffering and transcendence. In M. Englander (Ed.), *Phenomenology and the social context of psychiatry.* London: Bloomsbury.
- Whaley, A. L. (2000). Cultural mistrust of White mental health clinicians among African Americans with severe mental illness. *American Journal of Orthopsychiatry*, 71(2), 252–256.
- Whaley, A. L. (2001). Cultural mistrust: An important psychological construct for diagnosis and treatment of African Americans. *Professional Psychology:* Research and Practice, 32(6), 555–562.
- Whitehead, M., & Popay, J. (2010). Swimming upstream? Taking action on the social determinants of health inequalities. *Social Science & Medicine*, 71(7), 1234–1236. https://doi.org/10.1016/j.socscimed.2010.07.004.
- Wildeman, C., & Wang, E. A. (2017). Mass incarceration, public health, and widening inequality in the USA. *The Lancet*, 389(10077), 1464–1474. https://doi.org/10.1016/S0140-6736(17)30259-3.
- Williams, D. R., Costa, M. V., Odunlami, A. O., & Mohammed, S. A. (2008). Moving upstream: How interventions that address the social determinants of health can improve health and reduce disparities. *Journal of Public Health Management and Practice: JPHMP, 14,* S8–17. https://doi.org/10.1097/01.PHH.0000338382.36695.42.
- Worell, J., & Remer, P. (2003). Feminist perspectives in therapy: Empowering diverse women. Hoboken, NJ: Wiley.
- World Health Organization. (2007). http://www.who.int/suggestions/faq/en/.
- Zhang, W. (2006). Heidegger, Rorty, and the Eastern thinkers: A hermeneutics of cross-cultural understanding. Albany: State University of New York Press.

Index

A	Heart Sutra 79, 80
Advaya jñana 14	koan 52
Anekantavada 118	and Martin Heidegger 71
Authoritarianism 27, 41, 47, 50	meditation 174
	and mental constructions 75
	middle way 80
В	mindfulness 42, 51
Baldwin, James 106	Suzuki, D.T. 18, 42, 56, 154
Biography 103, 110	Theravada 56
Boss, Medard 15, 42, 142	true self 74
Buddha 67, 72, 74, 80, 81	Zen 18, 51, 52, 56, 59, 66–68,
Buddhism	72, 74, 76, 154
beginner's mind 68	
bodhichitta 83	
compassion 83	С
don't know 83	Carson, Rachel 98
dukkha 53	Césaire, Aimé 34, 35
and Edmund Husserl 18, 19, 66,	Chödrön, Pema 83
67, 69, 74, 80–83	Citizenship, in mental health 171,
emptiness 80	173

Clear seeing	birthplace of Martinique 30, 36,
in Buddhism 66, 67, 72, 91 in phenomenology 66, 67, 69, 70,	38, 39 phenomenology, influence of 35, 59
72, 73, 91, 162 Climate change 6, 157, 172, 178	Tosquelles, influence of 37, 168
Clinical psychology 2–6, 8, 10–12,	train incident 34, 38
16–20, 42, 51, 59, 65–67, 69,	World War II service 38, 39
74, 82, 85–87, 89–91, 97, 100,	Fanon, Josie 36
123, 145, 160, 161, 164, 165,	Feminism 42
170, 173, 175	Fink, Eugen 67, 81
Colonialism 8, 9, 27–29, 34, 38,	Foundationless foundation 12, 66
100, 103, 105, 106, 128, 131,	Freedom 7, 8, 45, 47, 50, 57, 69, 82,
141, 142, 154, 158, 177	99, 120, 122–128, 130, 132,
Community psychology 4, 165	135, 137, 138, 141, 142, 147,
Consumerism 91	154, 155, 162
Counseling psychology 173	Freud, Sigmund 29, 35, 44–46, 138
	Fromm, Erich
	clinical approach of 7, 18, 41, 42,
D	48, 50, 57, 154
Davidson, Larry 6	consumerism 91
Decolonial 9, 10, 17, 170, 173, 177	Judaism, and 51
	marketing personality 50
	World War I, impact of 49
E	and Zen 154
Economics 41, 97	
Einstein, Albert 82	
Empowerment 122, 123, 136, 147,	G
154, 176	Gandhi, Kasturba 110
Erikson, Erik 91, 138	Gandhi, Mahatma (Mohandas
Evidence-based practice 119, 174	Karamchand)
Exile 48, 49	Balasundaram, and 111
	in England 103, 104
	Hind Swaraj (1909/2009) 121,
F	122
Fanon, Frantz	in India 103–106, 108, 109,
Black Skin, White Masks	112, 114, 118, 121, 122, 125,
(1952/1967 & 2008) 31, 33	134, 140, 141, 143, 144, 154,
and institutional therapy 168	155

intellectual and spiritual travels of 115, 140, 143 mother's influence 104 as phenomenologist 121 psychopolitics 30, 98, 100–102, 106, 107, 110, 113, 114, 116, 117, 119, 120, 125, 174 Raychandbhai, influence of 104 satyagraha 102, 106, 110, 111, 113, 114, 116, 117, 119, 120, 123, 133, 140, 146, 177 in South Africa 19, 99, 102, 103, 105–107, 109–114, 116, 122, 130, 132, 133 swaraj 121–123, 136, 137, 168, 175 Tolstoy, relation to 115, 116, 118,	Income inequality 6, 91, 172 Indentured servitude 109 Indigenous psychology 10, 173 Insight 18, 31, 35, 48, 50, 57–59, 66, 67, 72, 99, 121, 124, 132 Insularity cultural 5, 8–11, 17, 19, 29, 55, 162 practical 5, 10, 11, 55, 162 scientific/philosophical 5 social/ecological 5 Interconnectivity 14, 15, 66, 82–84, 89, 91, 119, 121, 124, 163
122, 177 train incidents 113, 114	Kernberg, Otto 139
on truth 106, 110, 113, 115,	King, Coretta Scott 129
117–120, 123	King, Martin Luther, Jr.
Gender 7, 8, 15, 16, 18, 44, 45, 90,	American Psychological
102, 104, 117, 154, 158	Association address 140, 141, 145, 178
	beloved community 137, 140,
Н	144, 162, 176
Hanh, Thich Nhat 14, 155	and Christianity 125, 126
Hayes, Steven 167	creative maladjustment 100, 145,
Heidegger, Martin 71	178
Hinduism 51, 81	on dignity 124, 129, 133, 135,
Horney, Karen	136, 140, 141, 147, 162, 168,
feminine psychology 42	175, 178
and Zen 154	in India 141–144, 154
Humility 17, 86, 89, 90, 118,	intellectual and spiritual travels of
166–168, 173, 174	140, 143
Husserl, Edmund 6, 11–14, 16, 18, 19, 41, 66, 67, 69–71, 74–84,	Letter from Birmingham City Jail 147
86–88, 127, 128, 162, 164. <i>See</i>	in Montgomery, Alabama 19, 99,
also Phenomenology	125, 126, 129, 130, 132, 133,

135, 136, 140, 141, 143, 144, 154, 176 Montgomery Bus Boycott 98, 125, 129, 134 pilgrimages 140, 141, 143, 144, 177	89, 91, 97–102, 105, 108, 111, 113, 115–117, 119–130, 132–138, 140, 141, 145, 153, 155, 156, 159–162, 164, 166, 167, 171, 174, 175, 177–179
psychopolitics 98, 100, 101, 125, 126, 135–137, 140–142, 145, 174 Stride Toward Freedom (1958) 126, 130 Kondo, Akihisa 52 Kuhn, Thomas 85, 97	Nash, Diane 126, 155 Natural supports 173 Niebuhr, Reinhold 139 Nonviolent philosophy 119, 125, 144, 167
L Liberation 10, 30, 44, 52, 53, 80, 90, 105, 106, 111, 115, 124, 133, 146, 164, 165, 168, 169, 174–176	Objectification theory 43 Objectivity 78, 80, 84 Oppression 10, 27, 28, 31, 37, 105, 106, 110, 123, 126, 130, 131, 133, 136, 137, 140, 141, 146, 147, 154, 160, 176
Mandela, Nelson 105 Maslow, Abraham 42 Mental health 1, 2, 4–7, 9, 11, 18, 20, 28, 33, 41, 43, 51, 65, 85, 87, 98, 100, 116, 140, 145– 147, 154, 155, 165, 170–173, 175, 178 Merleau-Ponty, Maurice 36, 71, 92 Mindfulness. See Buddhism, mindfulness Morita therapy 52 Movement 3, 4, 10, 11, 15–20, 27, 31, 34–36, 40–42, 46–48, 50, 54, 59, 68, 82, 83, 85, 88,	Parks, Rosa 129, 134 Participatory research 170 Perls, Fritz 42 Personalism 129 Phenomenology 12, 13, 18, 36, 59, 66–74, 76, 77, 80, 81, 83, 86, 91, 118, 127, 129, 154, 162, 166 eidetic 71, 82 epochē 78–81, 83 existential/existentialism 35, 36, 81, 176

intersubjectivity 81, 84	Rhythm 19, 160, 162, 164
intuition 70	Rogers, Carl 42
method 13, 14, 18, 36, 69, 71, 73,	
79, 81–83, 86	
natural attitude 77, 84	S
naturalism 14, 68, 76, 77, 79, 84	Schutz, Alfred 163
phenomenological attitude 67, 76,	Segregation 32, 100, 125–134, 136
77, 83, 84	Sen, Amartya 7, 123, 147
principle of all principles 70	Senghor, Léopold 35
psychologism 76	Shaking the foundations 162–164
psychology 70, 71, 74, 81, 84, 86,	Silence 77, 91, 92, 101
121, 129, 166	Social justice 4, 19, 65, 89, 102, 143,
scientific crisis 13	157, 165, 173, 174
sedimented meanings 86, 162	Social movements 19, 20, 98, 99,
transcendental 67, 76, 81, 83, 86,	124, 138, 178
87, 121	Socrates 74
transcendental "I" 79	Structural competency 172, 173
Poverty 6, 7, 172	Systems 14, 16, 19, 28, 98, 111,
Psychoanalysis 42, 43, 45, 49, 52, 56,	119, 121, 126, 131–133, 137,
57, 139	140, 146, 158, 162, 164, 166,
Psychocultural analysis movement 41,	172–176, 178
46, 47	
Psychopolitics/Psychopolitical 30, 31,	
98, 100–102, 106, 107, 110,	T
113, 114, 116, 117, 119, 120,	Thurman, Sue Bailey & Howard 125
125, 126, 136, 137, 140–142,	Transcendental phenomenology. See
145, 174	Phenomenology, transcendental
Psychosocial accompaniment 170	Trauma 28, 29, 33, 38, 40, 90, 154,
Psychotherapy 52, 54, 167–170	161
Public mental health 6, 175	Travel 3, 7, 16–20, 27, 30, 31,
	33–37, 40–42, 45, 46, 48, 55,
	59, 71, 89, 98, 100–102, 104,
R	106, 108, 110, 111, 115, 116,
Race 16, 18, 29–31, 33, 35, 37, 38,	122, 124–127, 129, 133, 135,
102, 130, 142, 154, 158	140–143, 156, 160, 166, 174,
Recovery, in mental health 7, 171,	175, 179
173	Truth, Sojourner 98

214 Index

U	Υ
Upstream healthcare 10	Yoga 55, 81
W	Z
Worlded clinicians 52, 153, 154	Zen Master Jok Um 73
Worldly clinicians 19, 92, 100, 121,	Zen Master Seung Sahn 73, 74
124, 154, 159, 175	Zen. See Buddhism, Zen