



## Psychiatric Imperialism in India

A Review of

*Decolonizing Global Mental Health: The Psychiatrization of the Majority World*

by China Mills

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When Thorazine was approved as a drug for the treatment of schizophrenia in the mid 1950s, the psychiatric profession believed they had demonstrated that mental illness was a brain disease, which could be treated with psychotropic medication. Because the medical model had always prevailed over alternative explanations, the discovery of Thorazine was heralded by the proponents of the medical model as putting the nail in the coffin of psychological approaches. Instead, it raised the debate to a qualitatively different level for opponents of the model. China Mills's *Decolonizing Global Mental Health: The Psychiatrization of the Majority World* is the latest book to criticize the medical model and its application to the majority world in general and in particular the Global South (India), which has a population of 1.2 billion people, second largest in the world.

The author's major point is that treatment toward the mentally ill can be defined as "psychiatric imperialism" (p. 6). Mills believes that treatment of the mentally ill by the psychiatric profession, in collusion with the pharmaceutical industry, is comparable to the imperialism inflicted by European nations with their use of military, economic, and political forces to subjugate its colonies. The author's unique and critical analysis hinges on an examination of the policies toward the mentally ill in India adopted by three groups: the World Health Organization (WHO), the Movement for Global Mental Health, and nongovernmental organizations.

Some may find the author's writing style and approach to the topic refreshing, whereas others may find it disorganized and hard to comprehend. But to be fair to the author, she does prepare the reader at the outset by stating, "I want to write messily, not in opposition to or to be 'anti' GMH [global mental health]" (p. 12). Mills does not want to write in a linear fashion or be bound by the Western way of presenting evidence. She includes case studies, personal history about her grandmother, and philosophical and theoretical citations and references to her own clinical experiences working with the mentally ill in India. Personally, I

found much of the narrative difficult to follow because I've been trained in a Western tradition.

One of the themes of this book, which tends to be repeated often, is the rejection of the view that "mental illness is an illness like any other illness." Her analysis examines the sociopolitical forces that may be contributing to psychiatric disorders and the validity of the psychiatric diagnosis system in the Global South. Her argument harkens back to Thomas Szasz's work, a leader of the antilabeling movement toward the mentally ill. However, one minor criticism is that she fails to reference George W. Albee (1969), a leading psychologist, who wrote tirelessly on the need for psychology to abandon the medical model and focus on the social, political, and economic conditions and their impact on mental health.

One of the strengths of *Decolonizing Global Mental Health* is its examination of mental health in India. It is refreshing to see a book examining mental illness in a non-Western society. Professors teaching in this area will find this book a nice addition to their bookshelves, although I think Watters's (2010) work examined the globalization of mental health in a more comprehensive fashion than does Mills's work. The psychological profession has recognized the need to be more diverse and to shift from its ethnocentric view of the world, and Mills's book will assist the reader in viewing the unique issues confronting the treatment of the mentally ill in India. However, even if one is not particularly interested in India, the book will help the reader view the complex issues faced by the mental health movement in other developing countries from a different perspective.

Is this book appropriate for undergraduates? I don't think so. The author's narrative style is complex as she applies dialectical thinking to the subject matter and shifts from real-life cases to the theoretical works of Michel Foucault and Frantz Fanon. Unfortunately, most undergraduate students have had little contact with Fanon's and Foucault's writings, and I think they would find Mills's analysis challenging.

One of the more interesting chapters examines how "violence" is inflicted on the mentally ill and then defined as psychiatric treatment. For example, Mills argues that although the psychiatric profession views the use of electro-convulsive therapy (ECT) as treatment, it can be viewed as the infliction of violence perpetrated on the powerless mentally ill. She provides an excellent example of how psychiatry defines an autistic child's self-injurious behavior as violent, but views the administration of ECT to the child as treatment. The author proceeds to discuss the use of psychotropic medication with children diagnosed with attention-deficit/hyperactivity disorder (ADHD) as another example of dispensing a violent psychiatric treatment. Although the author's claims may produce passionate reactions from mental health professionals, parents, and patients who have benefitted from ADHD treatment and ECT, she does raise an interesting point. According to Mills, what is recognized as violent is determined by who applies that label. As Piketty (2014) stated in relation to taxation policies, which is completely analogous to Mills's point about psychiatric treatment in the West and India, "The developed countries were fortunate enough not to have anyone tell them what they ought to be doing . . . rich countries tend to use the less developed world as a field of experimentation, without really seeking to capitalize on the lessons of their own historical experience" (p. 492).

The author has done an excellent job of providing numerous references and has included some interesting facts. For example, she points out that AstraZeneca, the manufacturer of Seroquel, has decided to slash research dollars for drug treatment for psychiatric disorders;

that Emil Kraepelin, who coined the term dementia praecox, the precursor to Eugen Bleuler's term schizophrenia, believed that insanity was more prominent in European society than in Indonesia; and Loren Mosher's letter in 1998, when he announced his resignation as president of the American Psychiatric Association, "Psychiatry has been almost completely bought out by the drug companies . . ." (Mosher, 1998, para. 2).

Mills's book, although disorganized and in need of significant editing, is an important addition to the body of literature on the misuse of psychiatric treatment in India. Some may find it worth the effort to plow through whereas others will undoubtedly find it frustrating.

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