Psychiatry and False Conceptions of Selfhood: Deconstruction of (Ab)Normal in Churchill's Play *Lovesick* (1967)

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Abstract

In her play Lovesick, Caryl Churchill uses the metaphor of love and sexuality to criticize the repressive uses of psychology, especially behavioral psychology, which treats human beings as mere mechanisms easily conditioned and manipulated at will. Churchill ridicules behaviorist techniques as much as the class of the people who seem to be natural consumers of this type of therapy service, but more importantly, she argues that every approach to understanding human behavior based on psychology and divorced from sociological input actually confirms the social status quo instead of challenging it. The purpose of this paper then is to offer a more political reading of the play, to present an alternative way of understanding "insanity" in line with Laing's anti-psychiatry, and to remind readers about the constructive potential of psychology as well as its abuses.

Key words: psychology, behaviorism, love, aversion therapy, homosexuality.

Introduction

Caryl Churchill is one of the most important living playwrights in Great Britain and one of the most reputable in the entire world. Her theatre has always belonged to the political tradition of socially engaged theatre that works as a kind of medium for exploring the truth and dramatizing the criticism of false ideologies. Prominent examples, among others, include her play *Vinegar Tom* (1976) which reveals that women accused of witchcraft were actually poor and socially undesirable women, or sexually independent and free women and women healers, or her play *Top Girls* (1982) which expounds on feminism in all of its forms (liberal, social, radical) and reveals that success for a handful of women does not mean betterment for all women. Another example would include her play *Drunk Enough to Say I Love You* (2006) which is highly critical of American neo-imperialism and its military interventions around the world, and another more recent example of Churchill's strong feeling for justice is the controversial play *Seven Jewish Children* (2009) which reveals the truth about Gaza and predates Israeli violence perpetrated against Palestinians today.

A special kind of her political approach in her first plays is the deconstruction of ideologically conceived readings of selfhood and psychological disorders which in a way echo Lionel Trilling's "bitter hostility to culture" (in Petrović 2004: 269) that, even in the postmodernist era, do not have a proper conception of selfhood. In Western culture, as we understand it, the individual always comes first, but nobody has an actual idea about the nature and true needs of this individual. This fatal ignorance (or deliberate ignoring of an actual human need which turned out to be quite frequent in recent decades) was contributed to significantly by theoretical insights from the fields of psychiatry and psychology. Two main theories on personal development are those of Sigmund Freud, of course, from the end of the 19th century, and behavioral theory from the beginning of the 20th century which pushed psychoanalysis in the background but never abolished it permanently.

Theoretical background

The contribution to understanding the human psyche which had been made by Sigmund Freud is undisputable, and some of his insights, as we all know, have become part of a general conceptual framework for thinking about psychological phenomena on an everyday basis. However, just like behaviorism that succeeded it, Freudian analysis has limitations which became a cornerstone for the conventional understanding of human nature and society. Our goal here is not to delve too deeply into Freudian theory of psycho-sexual development, but it is still necessary to underline that his claim about the family as the only relevant context for understanding human beings and Oedipus complex (incestuous desire, fear of castration, repression, sublimation) as the key moment in the process of coming to age and socialization offer a depoliticized, unhistorical, and also a tragic interpretation of human destiny. Freudian familial romance is inapplicable to other, non-Western, cultures where people develop, according to different social circumstances, different relationships towards nature, women, body, etc. These are external, ideological and social conditions that Freud seems to forget: for him, his Austro-Hungarian, patriarchal, authoritarian family - and its pedagogy based on eliminating all natural impulses and implanting socially desirable obedience, which traumatizes a child and preconditions appearance of different neuroses and aberrations, including incestuous and patricidal fantasies - is not historical, but timeless and an inevitable circumstance in human life (as revealed by Alice Miller in her book For Your Own Good: Violence in Child Rearing, 1983). Eternal complexes, and not concrete historical, material and economic practice, become determining factors of human behavior. At first, behavioral approach seems to be completely opposite to Freudian: there is no such thing as eternal human nature because a human being is capable of learning and changing. However, behavioral conception of human is actually much more reductive to Freudian since, as we will show in the following part devoted solely to behaviorism, it deprives humans of rich dimensions of their subconscious, as well as of spiritual and moral values, by reducing man's behavior, decisions, emotions, ethics, to a conditioned reflex. So, just like Freudian theory, behavioral theory reflects the same, implicit and apolitical interpretation of humans and their behavior in society.

Lovesick is the first in a series of plays (such as Schreber's Mental Illness, 1972 and The Hospital in the Time of the Revolution, 1972) that criticizes these exclusively psychological identity patterns. Caryl Churchill's unspoken thesis is that every approach to understanding human behavior which is based on psychology and divorced from sociological input is actually a kind of Barthes's depolitised speech which confirms the social status quo instead of challenging it (1991). In her plays, Churchill positions her criticism against these, already stereotypical, conceptions of selfhood from the perspective of Laing's anti-psychiatry as well as Marxist sociological analysis of psychological disorders offered by Frantz Fanon (2004). That these perspectives are indeed superior to psychoanalysis and behavioral theory was also stated by Erich Fromm in his book Beyond the Chains of Illusions: My Encounter with Marx and Freud (1962) where Fromm argues against deficiency of Freudian analysis when compared to much superior Marxist analysis. Although Freud shows interest in social neurosis, Fromm asserts that this is not enough to prove against the essential difference between him and Marx, which is Freud's lack of interest in society:

Marx sees man as formed by his society, and hence sees the root of pathology in specific qualities of the social organization. Freud sees man as primarily formed by his experience

in the family group; he appreciates little that the family is only the representative and agent of society, and he looks at various societies mainly in terms of the quantity of repression they demand, rather than the quality of their organization and of the impact of this social quality on the quality of the thinking and feeling of the members of a given society.

(Fromm 1990: 46)

Caryl Churchill developed her interest in insanity in the early sixties, which is also evident from the literature she had been researching at the time of writing the plays Schreber's Nervous Illness and The Hospital at the Time of the Revolution. She reminds us in the notes preceding the plays that these are psychological studies on split personalities such as *Divided* Self (1960) by R. D. Laing and a famous study on Schreber's case by Freud (1911). Churchill used entire quotes from the last one which is why Schreber's Nervous Illness can be classified as a documentary play. The same can be said for The Hospital at the Time of the Revolution which heavily relies on the fifth chapter of Fanon's book Wretched of the Earth (1961) about the war against colonial slavery and the mental disorders it conditions. Her interest in psychology and the nature of mental disorders was not unusual for this period when an "antipsychiatry" movement appeared whose main criticism against conservative psychological practice was the brutality of some procedures such as electro-shock treatment and lobotomy. The scientists involved in the movement, mainly psychiatrists, included individuals such as R. D. Laing, Thomas Szasz, David Cooper, and Franco Basaglia who were all enraged by the contemporary treatment of the patients by mainstream psychiatry and who wanted to reform this practice for the better. Although it has been claimed by Rismiller that the anti-psychiatry movement "has diminished and transmogrified into 'a patient-based consumerist movement", there is evidence that anti-psychiatry sentiment is resurging in the original field of psychiatry but also in grass root activity¹ (in Whitley 2012).

In the mentioned plays, Churchill challenges authoritarian attitudes of traditional psychiatrists by revealing a rich world of imagination of their patients. Anti-psychiatry model as interpreted by R.D. Laing, it is important to note, does not define psychological disorder as a kind of delusion but an alternative mode of understanding the world, one which is different and opposed to dominant views. Furthermore, as Dan Rebelatto (2009), a playwright and an academic, observes the representatives of this school make a direct link between oppressive treatment of the "insane" and the repressive logic of capitalism and patriarchal society in general (169).

Right at the start of his study on divided personalities, R.D. Laing (1969: 11-12) underlines that his primary goal is to make insanity and the process of losing one's "mind" understandable and to reveal how sensical the words and behavior of those we too lightly dismiss as "psychotic" can be:

Our civilization represses not only "the instincts," not only sexuality, but any form of transcendence. Among one-dimensional men, it is not surprising that someone with an insistent experience of other dimensions, that he cannot entirely deny or forget, will run the risk either of being destroyed by the others, or of betraying what he knows.

In the context of our present pervasive madness that we call normality, sanity, freedom, all our frames of reference are ambiguous and equivocal.

A man who prefers to be dead rather than Red is normal. A man who says he has lost his soul is mad. A man who says that men are machines may be a great scientist. A man who says he is a machine is "depersonalized" in psychiatric jargon. A man who says that Negroes are an inferior race may be widely respected. A man who says his whiteness is a form of cancer is certifiable.

How psychiatric practice works and the role it has in modern repressive society is visible from the play *Lovesick* written in 1967 in which Churchill challenges the ethics of behaviorism as one of the most influential branches of psychology.

Discussion

Aversion therapy, which is based on creating nausea while exposing a patient to photographs of his "deviant" desire, was a usual practice in "treating" sexual deviations such as fetishism, transvestitism, sadism, or homosexuality in the fifties of the last century (Churchill focuses on homosexuality which was not depathologized as a disease until 1990s). According to Feldman (1966), usual conditioning techniques included electrical or chemical aversive stimuli in the treatments that could last up to 30 hours and there were those that could even be conducted by the patient himself in his own home. One of these treatments is described as follows:

The patient was required to stand in the same small room as used for the previous patient. A male picture was illuminated for 1 second, 84 times in 15 minutes at random intervals, and in 30 of these, randomly interspersed, the illumination was accompanied by a shock to the feet which began ½ second after the picture had appeared; that is, they again used classical conditioning and a VI/VR [variable interval/variable ratio] schedule. (Feldman 1966: 70)

This form of therapy was founded on the premises of behavioral theory according to which a man is nothing but a mechanism of adopted patterns of behavior which can be easily deconditioned and preconditioned anew. According to John B. Watson (1913), one of the originators of this field of psychiatry, there is no difference between a man and an animal, and just like a scientist can teach an animal to react to external stimuli adequately, a man can as easily be preconditioned and deprived of rational thinking which is devaluated by Watson anyway as merely "sensory-motor processes in the larynx" (Watson 1913, footnote no. 7). How confident Watson (2005) was about the strength of this therapy we can see from the following words:

Give me a dozen healthy infants, well-formed, and my own specified world to bring them up in and I'll guarantee to take any one at random and train him to become any type of specialist I might select – doctor, lawyer, artist, merchant-chief and, yes, even beggarman and thief, regardless of his talents, penchants, tendencies, abilities, vocations, and race of his ancestors. I am going beyond my facts and I admit it, but so have the advocates of the contrary and they have been doing it for many thousands of years.

(Watson 2005: 2)

In the article "Psychology as the Behaviourist Views It," Watson (1913) opts for absolute ignoring of the "internal states" and conscious phenomena at all, due to their speculative and thus unknowable nature. His point of reference, therefore, is not human consciousness but human behavior, which is also more suitable to his chosen method of experiment, favorable in the world of exact natural sciences where he wants to position his psychological research. By reminding us that certain results have been achieved in this field, with rats used in the experiment, Watson (1913) suggests that "we need to have similar experiments made upon man, but we care as little about his 'conscious processes' during the conduct of the experiment as we care about such processes in the rats" (4). In this sense, we can say that the play *Lovesick* follows modern trends in psychology and that it critically represents its reductive assumptions and degrading epilogue of Watson's endeavors.

The central character of the play is a psychiatrist Hodge whose clients are mostly members of the English higher middle class, wealthy individuals of immature emotionality, ready to pay for an instant release of all uncomfortable feelings and an artificial production of desirable emotions. In this play, to put it differently, Churchill ridicules behaviorist techniques as much as the class of the people who seem to be natural consumers of this type of therapy services.

Hodge's clients include a wealthy heir Kevin and, surprisingly, Ellen, who does not belong to the rich class like most of the characters in the play and who also does not share their ideology. What they do have in common is that they both are unaware that they are subjects of Hodge's psychotherapeutic intentions. Namely, Hodge observes all people from his surroundings as his potential patients and guinea pigs, whether they ask him to "help" them or not. This is how Hodge concludes that Jessica, his friend Max's lover, is a typical example of a possessive mother and that her two grown-up sons, Kevin and Robert, are infantile mother-fixated males. That Churchill was well-informed and studiously prepared to challenge the psychiatric practices of the time and the ways these respond to homosexuality is also obvious from her portrayal of Jessica and her sons who fit into the concept of the developmental origin of homosexuality. According to these theories, parental influence plays a major role in impacting same-sex attraction since the findings show that most of the surveyed homosexuals had dominant mothers and weak or even absent fathers as is the case with Kevin and Robert from the play. In the following summary, we find that

Freud (1916) described the mothers of homosexuals as excessively loving and their fathers as retiring or absent. Stekel (1930) noted strong, dominant mothers and weak fathers. In 1936, Terman and Miles found the mothers of homosexuals to be especially demonstrative, affectionate, and emotional, while the fathers were typically unsympathetic, autocratic, or frequently away from home.

(Sprigg and Daily 2004: 20)

Protected by the authority of a scientist and the undisputable trust of his layman friends, Hodge responds positively to Jessica's appeal to use his aversion therapy to cure Kevin of homosexuality. What they do not know, however, is that Hodge plans not only to manipulate Kevin but also Ellen by curing her of the love she feels for Kevin – and this in order to seduce her himself:

Jessica wanted me to cure him of homosexuality and my first thought was to do the opposite. I'd give him the nausea drug all right and follow it not with pictures of men but pictures of Ellen, and other women too for good measure. I'd rehabilitate him in love with Michael and disgusted by Ellen, leaving her for me.

(Churchill 1990: 14)

His alleged worry for the wellbeing of others is especially manipulative in his selfish attitude towards Ellen who has truly deep feelings for Kevin:

I'm going to cure her of Kevin. I'll make her feel disgusted at the sight of him for the rest of her life. Then I'll cure her phobia for me, that's easy enough. And then I'll addict her to me. She won't be able to live without me. She'll experience almost physical pain when I withdraw and the most intense well-being and ecstasy when I'm with her. She'll beg me to stay with her.

(Churchill 1990: 16)

By treating Kevin, Ellen, and the rest of the patients as mechanisms only, whose reactions are conditioned by a certain external stimulus, which he as a psychiatrist can produce and control at will, Hodge plays with the ethics of his profession, and at the same time, by the irony of fate, nature or something else, he himself becomes a product of his own conditioning. If all occurrences, as behavioral psychiatrists believe, are imperatively connected by laws of cause and effect, that is the stimulus and the response to the stimulus, then the very ending of the play where Hodge is put into a position of the conditioned subject by the chain of his experiments is more than expected.

Namely, since Robert, Ellen's other son, out of his own selfish and incestuous instincts switches the therapies, the final result of the behavioral aversion process can be thought of as catastrophic: Ellen is turned into a lesbian, Kevin commits suicide, due to unrequited love of his psychiatrist, Hodge, while Hodge himself starts a "self-healing" process, by using the same kind of therapy, in order to cure himself of his obsession for Ellen.

A comical approach to the play does not diminish its seriousness. As it was already implied, this farce on sexual identities was used to point out the superficial nature of the behavioral conception of the psyche, but more importantly to point out the recent general tendency to perceive love as habit or conditional reflex which can be substituted for another at will. This is the impression we get from the destructive ending of the play which alludes to a thesis of another scientist involved in the process of classic conditioning, a Russian physiologist Ivan P. Pavlov. In one part of his lecture on conditioned reflexes and physiological activities of the cerebral cortex, Ivan Pavlov claims:

Every material system can exist as an entity only so long as its internal forces, attraction, cohesion, etc., balance the external forces acting upon it. This is true for an ordinary stone just as much as for the most complex chemical substances; and its truth should be recognized also for the animal organism. Being a definite circumscribed material system, it can only continue to exist so long as it is in continuous equilibrium with the forces external to it: so soon as this equilibrium is seriously disturbed the organism will cease to exist as the entity it was.

(Pavlov 1927: 7)

The question, however, that Pavlov does not ask is the one that first comes to mind: to what extent do physiologists, behavioral psychiatrists, or any scientists themselves with their methods of conditioning contribute to the disbalance of the organism which represents its inevitable end? Since Watson and Pavlov both posit the control over the subject as the main goal of their controversial research – which is later supposed to be at the disposal of "the educator, the physician, the jurist and the business man" (Watson 1913: 4) to utilize it in a practical way – the logical conclusion is that all those who are not members of this social elite

are nothing but laboratory rats whose life imbalance as such does not matter at all, just like their, intentionally written off, inner states. It is ironical to insist on this disparaging of the phenomena of consciousness, whose existence is what differentiates men and animals in the first place, especially if we take into consideration the fact that "advanced" Europeans (the topic of Churchill's play *The Hospital at the Time of the Revolution*) singled out precisely the consciousness and ability to think as the trait that makes them "civilized" and the lack of which makes the members of the black race mere "animals". Frantz Fanon (2004) cites one of the French psychiatrists of the Algerian school, Professor Porot, who offered a "scientific" explanation of the intellectual disability of the Algerians in 1939. The basis of his doctrine is such:

The Algerian has no cortex, or to be more exact, like the inferior vertebrates he is governed by his diencephalon. The cortical functions, if they exist, are extremely weak, virtually excluded from the brain's dynamics. There is therefore neither mystery nor paradox. The colonizer's reluctance to entrust the native with any kind of responsibility does not stem from racism or paternalism but quite simply from a scientific assessment of the colonized's limited biological possibilities.

(in Fanon 2004: 226)

Scientific explanations, tendentiously adapting to the purpose they are supposed to serve, turn the science of psychology into a tool suitable for controlling, manipulating, and colonizing of the human mind.

Conclusion

Using homosexuality as her metaphor, Churchill informs us about the dangers lurking behind the attempts to control sexuality. Looking back to Laing's words on repressive tendencies in modern society, we can conclude that every attempt to control sexuality is a form of manifold repression. Such a conclusion fits Althusser's definition of psychiatry as an institution inbetween repressive and ideological apparatuses: repressive apparatuses (police, courts, army) use violence to maintain state control whereas ideological apparatuses use ideology and persuasion. In order to maintain the system of dominant ideas, which mostly do not correspond with real existential conditions and create "favorable" conditions for capitalist exploitation and oppression, it is necessary to combine repression and ideology as psychology and psychiatry do. It is true that the methods used by psychiatrists today have become "subtler" as, for example, in the case of hypnosis which is used to manipulate the human mind painlessly, but the point we are trying to make in this paper is that they are equally as repressive as those crueler methods from the past.¹ This is what Laing (1969: 12) has to say about the constructive potential of psychiatry and its abuse:

Psychiatry could be, and some psychiatrists are, on the side of transcendence, of genuine freedom, and of true human growth. But psychiatry can so easily be a technique of brainwashing, of inducing behaviour that is adjusted, by (preferably) non-injurious torture. In the best places, where straitjackets are abolished, doors are unlocked, leucotomies largely forgone, these can be replaced by more subtle lobotomies and tranquilizers that place the bars of Bedlam and the locked doors inside the patient. Thus I would wish to emphasize that our 'normal' 'adjusted' state is too often the abdication

of ecstasy, the betrayal of our true potentialities, that many of us are only too successful in acquiring a false self to adapt to false realities.²

Laing's words crushingly confirm that the negative utopia described in Huxley's *Brave New World* is not that far from us. Just like the characters from the play *Lovesick*, the occupants of this other false utopia are products of genetic engineering, hypnopedia and conditioning which, working side by side, have induced permanent repulsion in people against nature, flowers, books. Unlike Huxley's brave new people who had acquired repulsion against all forms of emotional bonding in early childhood – and who, conditioned to hate and abhor words such as mother as the source of all unhappiness in life, identify their happiness with freedom *from* love and passion – Churchill's characters at first refuse to denounce love, but even this initial difference is lost at the end of the play. Originally, Hodge experienced his love for Ellen through sadist male fantasies of power provided for him by means of science:

I could dissect Ellen, not so crudely, not even surgically, but in the laboratory applying every known stimulus to that organism and getting gall her reactions by analysis, by hypnosis, by abreactive drugs, by shaving her red hair and laying bare open her brain, yes, surgically perhaps or a chopper.

(Churchill 1990: 3)

In the end, he finally decides that rational, composed commitment to work is a more desirable state to being in love: "I have a photograph of Ellen on my desk. I've plenty more, and I will take a drug in just a minute. It can't be fear of nausea that makes me hesitate. By next week, if I don't turn back, I could be free to concentrate on my work, with no thought of Ellen, whose beauty is great" (Churchill 1990: 19). From love as merchandise that can be acquired instantly, through love as a habit emptied of all human passions and emotions, love finally becomes a pathological state and a kind of tumor that is best removed at once.

Notes

1.Whitley (2012) mentions blogs, Web sites, YouTube channels, and Facebook pages that critique psychiatric practices, particularly psychopharmacology. For example, a search of YouTube reveals videos such as "Psychiatry Exposed!" (123,000 views), "Zoloft Made Me Feel Like a Zombie" (55,000 views), and "Things You Do Not Say to a Psychiatrist" (30,000 views). Blogs, such as "Beyond Meds," have received over 1.5 million hits.

2.Let me remind you about the difference between these two strictly professional terms from psychiatry, *leucotomy* and *lobotomy*: it goes without saying that cruel lobotomy – the process of surgical removal of the frontal lobe – is indeed "subtler" to even more barbarian and monstrous leucotomy which was performed by stabbing a nail in the eye of the patient in order to disable the functions of the frontal lobe responsible for thinking, forming an opinion and understanding.

3.However, one should be aware that cruelty is still used in psychiatry. In his book *The Protest Psychosis: How Schizophrenia Became a Black Disease* (2011), psychiatrist and cultural critic Jonathan Metzl shows how American black leaders were often diagnosed with schizophrenia or other mental illnesses in order to discredit their calls for societal reform. According to declassified documents, "the FBI diagnosed Malcolm X with 'pre-psychotic paranoid schizophrenia' and highlighted his 'plots' to overthrow the government" (Staff 2020) Furthermore, some of the coercive measures regularly used in psychiatric care include involuntary admission, involuntary treatment, outpatient commitment; but also more notorious measures, such as administering of drugs (LSD and "Truth Serum") to people without

their knowledge or consent and other experiments in mind control for political purposes (Rosenberg 2018).

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