

Are we all dysfunctional now? The consequences of blurring the distinctions between mental health and mental illness

Following the Enlightenment, human suffering- until then accepted and explained as the will of God- began to be seen as a problem for scientists to solve, an undesirable condition. Human pain, misery and madness were converted into technical problems which could be understood in standardised ways, and which were amenable to technical interventions by experts.

A major feature of Western culture - and still gathering pace - has been how medicalised ways of thinking have come to dominate explanations for the vicissitudes of life, and the vocabulary of distress. Biomedicine plays a major role in what has been called the regulation of the self, the production of a citizen harmonised to contemporary society and its political and economic norms. The concept of a person now emphasises not resilience but vulnerability- a momentous shift; there is a focus on emotion as the touchstone of personal authenticity, as well as a cultural preoccupation with “trauma” and the language of emotional deficit. Terms like “stress”, “trauma”, “counselling”, “self-esteem” etc., are at the heart of this new vocabulary.

What has been described as a culture of therapeutics has demonised reticence and stoicism, and invites people to see a widening range of experiences in life as inherently risky and liable to make them ill. There is a pervasive blurring between unpleasant but everyday mental states, and those suggesting a clinical syndrome and candidature for professional help and compensation. The mental health industry has contributed to the idea that the trials of life represent noxious influences easily able to penetrate the average citizen, not just to hurt but to disable: this is to endorse a much thinner-skinned version of a person than previous generations would have recognised or respected. Medicotherapeutic language is so embedded in popular constructions of “common sense”, and in the aesthetics of expression, that not to use it can give the impression that someone’s difficult experiences are being minimised.

It has been argued that as many as one in four of US or UK population could at anytime be diagnosed with one or another official category of mental disorder. The number of professionals engaged in mental health services continues to grow, 3 times the number of people in UK are now claiming doctor-attested disability benefits compared to the 1970’s, there is an epidemic of antidepressant prescribing, and “counselling” is represented as a general panacea.

What are the implications - for social policy, for health service provision, for “culture” itself - of an expansive and mechanistic view of mental ill-health, trading on a pessimistic and indeed misanthropic view of individual capacity for endurance and for self-reliant citizenship?