Institute of Ideas Health Forum

Session 2: Are we all dysfunctional now? The consequences of blurring the distinctions between mental health and mental illness

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Introduction

The existence of pain and suffering is a constant in the human experience, but the way in which they are interpreted, understood and thereby given meaning changes over time and varies by culture.

The introduction to the session emphasised the significance of the post-Enlightenment process of secularisation that occurred in Western societies for the understanding of human pain, misery and madness. No longer was suffering something that had to be rendered consistent with theistic principles. Instead it was objectified, becoming a subject for positivistic enquiry and technical intervention. This marked a fundamental change in the understanding of human identity, with memory replacing soul as the primary locus of identity. The separation of human understanding of physical and psychological processes – and consequently of human self-image – from determination by faith or nature laid the foundation for a non-moral language of illness and suffering.

Recent trends, however, suggest a partial reversal of this situation, with the rise of a more deterministic understanding of psychological influences and an inward focused concern for the self. We have seen a rise in cultural attitudes towards the self which assume that individuals are vulnerable and thin-skinned. There is a cultural dynamic towards feeling more pain and expressing pain more readily. Whilst once ill health was a perturbation, a potentially treatable deviation from a normal situation of healthiness, now the norm is much more to present individuals as perpetually at risk of illness, or indeed as already being ill but not recognising the symptoms. As one participant put it, the idea of normality had become marginalised. Public policy has moved in tandem with this change and has taken on a psychological inflection through concepts such as self-esteem. The shift in political terminology, for example from poverty to social exclusion, testifies to the way in which politics has been reoriented around a concern with the way in which individuals can be supported in order to overcome deleterious psychological influences.

These developments take place against the backdrop of the rise of a medico-therapeutic discourse which pretends to neutrality, downgrades agency and promotes instrumental technological fixes. As a consequence, socio-moral thinking and collective ideas of society are lost and the distinction between mental health and mental illness elided.

A pervasive social concern regarding threats to children and the long-term consequences of experiences in the early years of life means that the question raised in the introduction – how tough are our kids? – has particular cultural resonance. Evidently there is no objective answer, if by that is meant an answer which abstracts away from social context and conditioning. It is clear that social context conditions the way in which psychological resilience is understood. Historical comparisons are striking. After the Aberfan disaster in 1966 children who survived the tragedy quickly returned to school. They were assumed to be self-sufficient and with the resources to cope in the aftermath of the tragedy. Official investigations some time after the event reported that the community had reformed without requiring outside intervention. More recently, as was apparent in the Beslan school siege, there is a greater cultural sensitivity to the possible damaging consequences of psychological trauma. It was argued in the introduction that such cultural attitudes towards the individual would have been found neither useful nor attractive by previous generations.

It was further suggested that there is no such thing as a universal or 'real' trauma response. Humans adjust to circumstances and to expectations. Therefore, the only real answer to the

question of how resilient individuals are is, provocatively, that 'in any one society at any one time a citizen is as tough as the circumstances require them to be'.

Resilience and pluralism

Immediately the question was raised as to whether a pluralistic society is possible without a model of the person as thin-skinned. Stoic resilience was felt to be incompatible with a society that embraces difference and encourages individuals to express their unique standpoint and have their emotional experiences recognised and validated. Our current situation was presented as one in which we have overcome the authoritarian moral outlook of the stiff upper lip, which promoted uniformity and stifled difference.

However, in turn scepticism was expressed about the extent to which contemporary society is truly pluralistic. Pluralism perhaps too easily tends to be regarded as an end in itself, when in reality some moral judgement must be passed on whether the range of different lives made possible encourages valuable forms of human life. From this perspective the case could be made that without a social expectation of a basic level of resilience, repertoires of individual behaviour and possible modes of human existence are curtailed. Unless outward appearance are given some credence, which is threatened by this assumption that individuals are in denial, the result is a rapid spiral of accommodation to the most basic of human failings and frailties. Indeed, such a model of pluralism would tend to reinforce forms of atomized and individuated citizenship which undermine collective social forms of resilience.

Response to disaster

One participant shared the results of personal research findings concerning social resilience in the aftermath of the September 11 attacks. This, he believed, gave grounds for optimism. In the midst of a disaster people's response tends to be focussed, co-operative and supportive. It was argued that the real problem lies in a subsequent imposition of a cultural agenda which assumes the necessity of professional assistance. Instead, it was argued, we should support rather than supplant the organic response of existing communities and the emergence of new communities.

Professional intervention

The scope and role of professional intervention and support was the focus of some discussion. In general the effects of professional involvement were presented negatively, blamed for leading to an estrangement from emotions and a distancing from others. One example cited was the distorting effect on social relationships of formalizing and institutionalising the position of a carer. However, it was also argued that not all professionals block the natural paths of informal relationships and that for example in the case of midwives they could facilitate the establishment of new relationships, such as those between new mothers. Whilst in a response this point was accepted, it was suggested that the pressure on professionals to go beyond the traditional boundaries of their professional roles made this positive influence more unlikely. Midwives being trained to look for signs of domestic violence was given as a case in point.

Distorting incentives

A number of points were raised about the incentives that exist to assimilate a therapeutic discourse of vulnerability. This was felt by one speaker to be particularly evident in the case of refugees who, it was said, quickly adapt to fulfil a social expectation of the way in which they will describe their experiences. Refugees readily fit themselves into the discourse of Post-Traumatic Stress Disorder (PTSD), for instance, realising that this forms the framework through which shocking and painful experiences are understood in their host society. However, such a form of self-expression and understanding is not simply adopted in an instrumental manner. Instead for an individual it can become a fully lived out framework for the self-interpretation of their situation.

This is one instance of the way in which a formal label can be an essential prerequisite for accessing support. Pharmaceutical companies were criticised for the way in which they exploit this, seeking to bring an ever-widening field of human experience within the domain of medical labelling and intervention. However, in response it was suggested that this explanation was too simplistic, suggesting a deterministic model of cause and effect. The same point was made in relation to the idea that political elites play upon people's fears for political advantage. The situation was presented as actually being more complex than this, with push factors operating together with these pull factors, so that pharmaceutical companies and other social actors themselves are caught up in wider social trends.

Culture and concepts

The argument was made that it is necessary to remind people of the way in which concepts like depression are culturally constructed, thereby re-establishing a connection between culture and concepts and preventing them from floating free of their social moorings. Perhaps suggesting that this process is not occurring to a sufficient degree, another participant spoke of how the situation of victims has become medicalised. They argued that PTSD is used as a proxy for a moral judgement regarding the perpetrators of torture and located this tendency in our need to account for badness in measurable ways and pinpoint a definable effect. This should serve as a warning against allowing our personal perceptions, shaped as they are by prejudices and adopted from a position of detachment, to influence are expectations and approach to the suffering of others.

Self-fulfilling prophesies

What became apparent in the discussion was how distorting and dangerous is the attempt to isolate a real or authentic response to trauma, to believe that individuals are constantly looking to unburden themselves or bare their souls if only they are given the appropriate encouragement or prompting. This exhibits a worrying tendency to assume that self is locatable outside of a social context. There is a recurrent oversight in contemporary thinking which ignores the way in which individual behaviour is affected by cultural expectations, an essentializing tendency to regard individuals as objectively given and therefore denying their capacity for development.

This has two consequences. First, it feeds into a positivistic separation of clearly identifiable problem and imposed solution. An understanding of individuals as separable and malleable apart from society suggests the possibility of policy quick fixes. Second, the fiction of the 'real' self obscures the way in which individuals adjust to expectations. We find what were we looking for because our actions contribute to creating it, rather than because it was always there to be found. A discourse of vulnerability, for example, can produce circuits of confirmation and self-reinforcement.

Relativism and Enlightenment universalism

Related to this a debate emerged about the extent to which acknowledging the social construction of categories of illness implies a relativistic understanding of such categories. One participant argued that this did not follow, as suggested by the significant commonalities in instinctive individual and communal responses to disaster provided a universal foundation for human action. Furthermore, the fact that all cultures do not understand things in the same way in know way leads to the conclusion that some cultures do not understand things in a morally more valuable way.

In another contribution it was argued that the picture set out in the introduction threatened to do away with many of the central tenets of Enlightenment thought, particularly the model of personhood, agency and individualism.

Self-esteem

One participant wondered whether self-esteem wasn't a positive concept, giving people hope that they'll be able to lead more creative and satisfying lives. However, in response the contention that the concept of self-esteem has a forward-looking and transformative dynamic was questioned. In fact is was suggested that self-esteem has become concretised, that it has become almost a biological variable, contributing to a deterministic psychological tendency to see experiences in early life as determining subsequent experiences. The deficit framework in which self-esteem is largely understood focuses on the dangers of low self-esteem, a problem that needs to be combated, rather than holding out the promise of future development or achievement.

'Resilience therapy'?

It was suggested that the critique of approaches which emphasise human vulnerability had been taken on board in many quarters. However, by failing to grasp the context responsible for framing the issue in a particular way, such responses can be expressive of the same assumptions, representing a mirror image of previous failings by, for example, holding out the prospect of something approaching 'resilience therapy'. This remains locked within the same discourse, merely representing a change in emphasis. Resilience is not a quality that individuals can be empowered to display or something that can be conferred on them. What should be emphasised is rather a sense of independence.

The decline of the social

A theme running through the discussion was that the underlying factor at work in the rise of discourses of illness and vulnerability was a retreat from the social to the self. Resilience is essentially epiphenomenal, displayed not in an inward turned focus on fortifying the self against outside threat but in the determination to continue and progress in some commitment or course which extends beyond the individual. In a political context in which 'big ideas' are notable by their absence, and thus the very possibility of progress is questioned, a flattened moral landscape exists which prevents sufferings and threats from being placed in a broader perspective. As a result, we lack the philosophical and conceptual resources which are produced by a sense of personal agency within a wider social world and allow us to rationalise and give meaning to the daily vicissitudes of life.