

Thinking, Feeling, Being: Critical Perspectives and Creative Engagement in Psychosocial Health

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Keynote Address

What's the point? The death of vocation in the age of celebrity.

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Introduction

We aim here to explore the idea of vocation in the so-called mental health field. What *exactly* are we called to do as *people* - whether as professionals, friends or fellow travellers - when someone experiences a significant problem of human living?

Like any journey, the road we take in our life's work needs a purpose. What is your purpose? What exactly is the point in being, or becoming, a nurse, a psychotherapist or a friendly supporter? What are we called to do?

Post-Psychiatry

We begin by considering where we stand today. Today's world is commonly described as 'post-modern' or, as Fukayama naively claimed, somehow beyond the 'end of history'. However, given our reliance on story and storytelling, can we ever be 'post' the past? Can we detach ourselves from our histories, whether personal, social, institutional or philosophical?

In England, Bracken and Thomas, developed the idea of 'postpsychiatry' which they described as "... a way of challenging current thinking" ...which aimed "to provoke a serious discussion about the theoretical underpinnings of mental health work in the 21st century".

'Postpsychiatry' challenges the three 'guiding assumptions of modernist psychiatry':

1. That madness needs to be controlled by professional experts or authorities;
2. That mental problems are best viewed through a technical idiom (e.g. as diagnosis); and
3. That madness is located inside people: within some individual 'internal world'.

They described various projects and loose-knit groups that illustrate alternative ways of making sense of people and their madness. Having been associated with similar projects for over 20 years, we share most of their concerns. However, ultimately they pull their punches.

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Despite their intelligent, discussion of Foucault and Fanon, Husserl and Heidegger, they appear to be conservatives in radical clothing.

They want to conserve 'psychiatry', (post or otherwise), and what they call "minimal therapeutic' coercion – if that is not a contradiction in terms.

And, despite their references to 'madness' they also want to conserve the notion of 'mental illness', casting critics like ourselves - and of course Tom Szasz - as some kind of 'mental illness deniers'.

Recently, they wrote:

"No matter how much we are opposed to the oppressive and barbaric practices of psychiatry, the problem of the future of psychiatry will not be answered simply by wishing psychiatry out of existence"

We take a different view.

Two hundred years ago, when modern psychiatry began, the abolition of slavery had not yet started. Who, then, would have imagined the possibility of a 'post-slavery' society?

One hundred years ago, when Freud began to shape the concept of mind and brain, women had not yet gained the vote. Who then, would have imagined a 'post-women's suffrage' society?

In 1917 when Harry Stack Sullivan gained his medical degree, Ireland was still experiencing the aftershock of the Easter Rising. In 1922 when Sullivan began work at Sheppard Pratt Hospital in Baltimore, where he was to develop his influential interpersonal theory, the Irish Free State had just been formed. Who, then would have predicted that Ireland would become a 'post-colonial power', an affluent member of the European community of nations?

In 1960, when Thomas Szasz first laid down his challenge to the orthodox logic of psychiatry, the American civil rights movement had just begun. Who then would have thought that we would now talk so easily of 'post-civil rights'.

In 1990 as Ronald Reagan announced funding for the 'decade of the brain', the Soviet Union began to implode. Who then would have believed that 15 years later, we would talk so casually about 'post communist societies'?

All institutions and their supporting ideologies have a limited lifespan. Nothing lasts. That includes psychiatry. However, institutions are, first and foremost ideas. And, as Tom Szasz has reminded us, ideas have consequences. People, individually and

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collectively, need to act to change our conception of such ideas, if we are to see change in the world. People need to be *agents* rather than *patients*.

The 'modern' world is over 500 years old. People began to talk about the 'future' and its relationships to 'today' and the 'past' in Shakespeare's time. In that sense, we are modernists.

Are Bracken and Thomas right? Can we *only* make sense of ourselves by gazing through the philosophical lenses of Foucault or Fanon, Heidegger or Husserl? We think not. However important such writings may be, social change is not dependent on them. Change has been, and will continue to be, shaped by all manner of unlikely forces. History shows how ordinary people can become *extraordinary* agents in changing society. But first, they need to know their purpose.

Ten years ago, here in Ireland, we suggested that it was time to stop talking about 'mental illness' and to talk more about people's 'problems in human living'. Again, we were recalling Tom Szasz's dictum that 'ideas have consequences. We believed that this idea would lead to talking about what might need to be done to help people - rather than to contain, detain or incarcerate people. We were also interested in who might do this helping - and how they might do it. Simple in principle, but often complex in practice. However complex this might be, it is not dependent on understanding the complexities of continental philosophy.

Vance Packard and the Sleep of Unreason

Why, is helping people so complicated? Part of the answer lies in the assumption that complex problems - like human living - cannot have simple answers. This is linked to the assumption that we always need experts to 'fix' our human problems.

In the mid-1960s, at art school, we first encountered the writings of Vance Packard - who became a noted social commentator on American society and the influence of mass production. By 1965 Packard's book - the *Hidden Persuaders* - was almost ten years old, but its description of how advertisers manipulated people, caught the imagination of many of our colleagues. Packard described how advertisers fostered *desires* for certain products, encouraging people to have *expectations* that these products might change their lives. Ironically, Packard's *warning* became a behaviour-change manual for many baby-boomers, some of whom shaped the culture that overshadows us today. Packard showed how people could be manipulated into believing that something more substantial, something deeper, was happening. However, it was not all one way traffic.

Some people need to be manipulated, or find it too difficult to be their own, autonomous agents. Packard would not be surprised by today's celebrity culture;

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where people slavishly follow fashions, volunteer to be bullied and humiliated on 'reality television', or crave direction, leadership or 'life-coaching' by a wild assortment of gurus – of fashion, diet, health or spirituality.

He might even have understood why, when he was writing in the 50s there were less than a hundred forms of 'psychiatric disorder' whereas today there is four times that number; and why so many people are keen to have these labels applied to them. Nor would he be surprised by Frank Furedi's observation that in 1980, not a single reference to 'self esteem' was to be found in the British press, but ten years later there were over 10; and 20 years later there were almost *three and a half thousand*. Such statistics illustrate the development of what Furedi calls the therapy culture. This:

"(reflects) the changing form of subjectivity...(distracting) people from engaging with wider social issues, in favour of an inward turn to the self.....(By) normalising the sick role and help-seeking, (it) promotes dependence on professional authority.... (discouraging reliance) on intimate and informal relations (thus weakening) the individual's sense of belonging. Worse still, contemporary culture fosters a climate where people really do feel ill, insecure and emotionally damaged. ...where people "seek solace and affirmation through a diagnosis".

The shallowness of psychiatric diagnosis is well-accepted, yet over the past decade psychiatric nurses, psychologists and, in the UK, occupational therapists, have all sought the right to apply diagnoses, prescribe psychiatric drugs or gain the authority to remove a person's freedom under a so-called 'mental health' legislation. In England, the Department of Health indicated recently that nurses who gain accreditation to administer the Mental Health Act, from a three-day training course, will earn between £72K and £90K (between 100 – 130 thousand euros). A generous thirty pieces of silver for the mental health equivalent of the Judas goat. If psychiatry is the last colonial institution there remain plenty volunteers for its imperial army.

The Contemporary Mental Health World

But does everyone want more and more professionals with the power to diagnose, treat and confine them? If we are to believe the legion of witnesses from user, consumer, survivor and advocacy groups, the answer is 'NO!' They want to reclaim some of the age-old, universals: voice, identity, meaning, agency and rights. Few of these people could be described as anti-psychiatric. Pro-person seems a more appropriate title. But, some people do want to be drugged, restrained, shocked and leucotomised, believing that this will address their problems. Or, they have been 'persuaded' – or manipulated, in Packard's terms – into believing this.

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However, others – ourselves included - believe that less sophisticated, and less toxic, interventions might help them – like being heard; being supported; being validated; and being their own agent. Many people tell us that they want someone to *care about them* as a person - not *care for them* as a patient; especially when that so-called care is forced upon them.

Caring and Nursing

But, who really cares any more, anyway? When we ask this question the answer always is: **Nurses** care: that is what nurses do; they do 'caring' stuff. To what extent is this true? Recently, we conducted a crude online search of the *Journal of Psychiatric and Mental Health Nursing*, a key international journal. We looked for citations on 'care' and 'caring', and found over 1400 listed for the past ten years. However, only a handful of these addressed 'caring' specifically. Most used 'care' as an administrative or bureaucratic concept. Only two or three papers explored, examined or described 'caring' as a human activity, rather than as an idea.

Myth of MH nursing

We have also asked lots of nurses: what is 'psychiatric and mental health nursing?' To avoid the high flown rhetoric and cod philosophy often found in academic writing, we asked them to tell us: how do nurses 'do' nursing? We used two line definitions of medicine, psychology and social work, from the internet, as a guide, and asked a range of practitioners, leaders, researchers and professors - to define and describe their discipline in simple language. Interestingly, most needed time to think about this. Some needed weeks, others needed months, to come up with an answer. A few said it couldn't or shouldn't be done, as there were philosophical problems in defining anything. Almost all admitted that these were difficult questions. Which made us wonder how they encourage recruitment to their field if they cannot say, simply, what it involves?

Very few of these nurses referred to *caring* or *care* except in general terms – such as 'nurses give nursing care', which is in the same league as 'doctors practise medicine'! However, one professor of nursing from the USA said that the field was split. The first group was:

" a subservient discipline and an extension of psychiatry's social control mechanism(s), for the policing, containment and correction of already marginalised people", which carried "out a number of defensive, custodial, uncritical and often iatrogenic practices and treatments, based on a false epistemology and misrepresentation of what are, by and large, 'human problems of being' ,rather than so-called 'mental illnesses'."

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The second group was:

“a specialty craft that operates primarily by working alongside people with mental health problems; helping individuals and their families find ways of coping with the here and now (and past); helping people discover and ascribe individual meaning to their experiences; and exploring opportunities for recovery, reclamation and personal growth - all through the medium of the therapeutic relationship”

Which led us to wonder if, when people apply to become nurses, they can choose whether they join the first or the second of these groups?

Another distinguished nurse leader from the UK believed that mental health nursing covered:

“a broad and moveable spectrum of roles, responsibilities and practices, defined by the economics, institutions and policies of the day”. As a result, nursing could not be defined.

But, if nursing is simply whatever the economic, institutional and political influences of the day demand, how do we avoid a repeat of the ‘nursing’ that emerged during the Third Reich?

If nurses do not talk much about ‘ordinary nursing’, in academic circles, they do babble on the internet, where various chat rooms, discussion lists and ‘blogs’ offer them their celebrity moment. Recently, the *Society Guardian* (2007) a prestigious UK broadsheet, reprinted a section from a ‘blog’ euphemistically called ‘mental nurse’. No context was offered: perhaps the editor thought this extract would speak for itself. The piece began:

“In modern nursing, there are two schools of thought. One, there is too much paperwork, preventing quality time to ignore patients.

Two, there is not enough paperwork, making it difficult to avoid patients. The best time to do paperwork is just when someone is going to need a fair period of attention.”

The writer proceeded to illustrate how nurses might use paperwork to avoid being with patients:

“The theory is that time spent with nursing staff is such a wonderful experience that clients will do anything to repeat it. If they do something loud and messy (slash wrists, kick doors, take a tiny overdose) they will get time from staff. The untaught response to a client like this is to ignore them. Otherwise they will just do it again when they want something. Ignoring them reduces the reward, leading to a cessation of the disturbing behaviour. Fabulous lack of intervention. Very person-centred.”

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Some would call this 'black humour' – a way of coping with the demands of caring for 'difficult' people. Others would call it 'post-modern irony'. However, other professionals don't seem to feel the same need to publicise their adolescent natures, or if they do, socially-aware journalists do not promote their professional suicide in the quality press. What is that all about?

Another view might be that people who feel the call to confess their difficulty in caring for people - however anonymously, or ironically - were never called to care in the first place.

Celebrity culture

This chat room nonsense lies in the shadow of the celebrity culture, which has been exploding since Andy Warhol first predicted the 'fifteen minutes of fame'. Christopher Lasch tried to explain its roots, 20 years ago, in the 'Culture of narcissism'. Anticipating Fukuyama and the post-modernists, Lasch argued that the 'cult of narcissism' embraced the idea that things were coming to an end, giving people a rationale for living only in and for the moment.

Lasch anticipated the development of a 'therapeutic sensibility', much like Furedi's 'therapy culture'. Narcissists, he argued, give up the age-old traditions of self-help becoming dependent on therapists and organisations that will validate their 'self-esteem'. Anticipating the celebrity age Lasch noted that in the absence of any sense of psychological peace, meaning or commitment, people experience an inner emptiness, which they try to avoid by living, vicariously, through others; or in seeking spiritual masters and other 'gurus'. Lasch commented:

'Because the narcissist has so few inner resources, he looks to others to validate his sense of self. He needs to be admired for his beauty, charm, celebrity, or power - attributes that usually fade with time'.

Looking back on the story of our development as persons, we seem to have been out of step, if not seriously flawed, for most of our lives. Being autonomous can make one seem like an outsider or eccentric. But now we realise that much of our apparent wrong-headedness does not so much belong to us, as stem from our cultural roots.

The philosophers who most influenced us were our fathers: Joe Barker and Jock Buchanan. Furnaceman and coal miner, neither had much time for reading books, but both had strong convictions about right and wrong; about community and personal responsibility, which they passed silently on to us. We were never taught anything in any formal sense, but when we look for the sources of our values, the trail always winds back to Joe and Jock.

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These ordinary, working class men learned about community and collegiality by standing in the roar of a blazing furnace, or crawling in an 18 inch seam a mile underground. No need for books about the meaning of life. Life was the great Teacher. But sometimes they stood apart from the crowd; made unpopular decisions; followed their own idiosyncratic instinct, and said, 'to hell with the consequences'. Our understanding of ethics, liberty, responsibility and community, was acquired, silently, from these men.

Taking responsibility

We have met and worked with many people who share similar ideas about life and responsibility. We could introduce you to hundreds of people who abolished the seclusion room, even in forensic facilities; who eliminated the use of control and restraint; who replaced forcible drugging with human compassion. You would not recognise them because they are marginal figures. They don't win awards. They don't appear in photo-shoots with politicians. Often, they are seen as 'out of step' with the times, marching to a different drum.

These people understand caring, not as some high-flown, philosophical concept, to write about in journals, but as a felt, human thing. Maybe they are driven by some fundamental ethic of human relations; something so simple that, paradoxically, it appears more complex; something Poppy once called 'uncommon sense' – the power of common decency. Or maybe they had fathers like Joe and Jock who also said, 'do as you would be done by'.

There are enough caring people out there to make a difference, but the odds are stacked against them. If the literature is any guide, nurses are walking backwards out of nursing, or maybe they are just backing out of caring; backing into doctoring, treatment and paper-shuffling administration. All the professions are at risk, but nursing has definitely fallen for the narcissistic fiction, that the only route to success is through academic prowess, through quasi-scientific research, through the development of arcane, abstruse theories, through fitting in with the political and economic power-brokers of the day, by becoming more powerful, whatever the cost to genuine human caring; by selling out. In that sense, nursing never was, and is not now, a true profession. Like the mythical Eve nursing is crafted from the Adam's rib of medicine. The more like medicine it becomes – in its thinking and action - the more fulfilled it appears to be.

But – we ask you - what part did scientific research, obscure philosophising and boardroom double-dealing play in the abolition of slavery, the emancipation of women, the raising of feminist consciousness, in civil rights or in the birth of gay pride? We shall not insult you by asking what part they played in freeing Ireland from British rule.

Recovery and Reclamation

For over 20 years people have said the solution is for the lunatics to take over the asylum. Some say this is already happening, as various users and consumers morph into 'experts by experience' and start writing academic papers, teaching mental health professionals, or leading user-focused research. But there are shades of the celebrity culture here too.

Despite postpsychiatry's opposition to the idea that madness invades some private, personal world, if we lose our minds, only we can know what that means. The experience may affect others, and be affected by them, but our personal tragedy, like our personal joy is ours, individually and alone. This takes us back to our fathers' silent teaching on community and personal responsibility. We all have access to the shared truth of our lives but we can never know the experience of others. Ultimately, we are all 'experts by experience': ultimately we are all alone.

This bleak but realistic outlook was the essence of Samuel Beckett's work. Often mistaken for a despairing nihilist, Beckett was a great humorist if not actually a traditional optimist. John Calder, his friend and publisher, noted that Beckett's work showed us how to face and accept the inevitable, and the importance of doing it with dignity. As Vladimir says in *Waiting for Godot*, "We live until we die and are forgotten". For Beckett, if there was an answer to life it had to be *caritas*: the human willingness to share, to comfort, to be a good companion. In some of his writings Beckett revelled in the absurd fatalism of life:

"Go on failing. Go on. Only next time, try to fail better".

But mostly Beckett reminded us of the futility of hope:

"Where I am, I don't know, I'll never know, in the silence you don't know, you must go on, I can't go on, I'll go on"

Beckett was a Western Zen master, prodding our awareness that everything is futile, and that we are nothing – prodding us into recognising that both we, and the world are perfect, in all our imperfections. Beckett reminds us of Shoma Morita, the Japanese psychiatrist, and contemporary of Freud, who died before World War II. Morita belonged to a Japanese society that had changed little in hundreds of years. However, by incorporating ideas from Zen Buddhism in his work, Morita developed a radically different form of therapy, which did not become known in the West, until almost fifty years after his death. Anticipating today's infatuation with all things 'cognitive', Morita said that, people thought and felt too much, and did not do enough. He saw his role as helping his 'students' (the name he gave patients) learn about themselves, by living fully their everyday lives. Rather than spending

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inordinate amounts of time talking about themselves, he would ask them to talk about what needed to be done.

If Sam Beckett's writing was mainly about 'waiting', then Morita's work was about 'patience'. He waited with his students, until they did what needed to be done. The other parallel with Beckett is that for Morita there could be no betterment, far less the need for improvement that bedevils our celebrity culture. He suffered from anxiety throughout most of his life, but accepted this as something like the weather, which came and went. Rather than try to 'treat' it, or get rid of it, he lived with it - doing what needed to be done. He emphasised the importance of 'knowing one's purpose'. For him, living with a purpose, was his purpose. Now, Morita's ideas are finding a place in palliative care, where people might be helped to find a purpose in dying.

Conclusion

If Beckett and Morita are to be believed, there are no solutions to the problems of human living – and that should be a cause for celebration. From this idea we can begin to explore its key consequence – how do we focus on going on, individually and collectively. As animals we cherish warmth, companionship, belonging and acceptance. As humans we hanker for these abstract, intangible 'things', which we believe bring meaning to our lives. Let the philosophers tie themselves in rhetorical knots over the meaning of life. Life just is.

Surely our human purpose is to provide warmth, companionship and acceptance to our fellow women and men, rather than control and contain them. There are large numbers of people opposed to the dangerous mythology of 'therapeutic coercion'; who are interested in people's problems of human living; and who want to help them, rather than control or contain them. But, there must also have been a lot of people opposed to slavery, in favour of women's emancipation, or racial equality, sex equality, freedom of sexual expression and civil rights.

However, silent opposition is impotent. People need to step forward, to unite their hushed voices, if they are ever to transform their private ideals into a public reality.

Today, the pseudo-science of psychiatry is like a hyperactive busybody, trying to find the ultimate, 'right' answer to the wrong question. The question is not how do we control and contain people and their experiences, but rather, how do we care for and about people; how do we help them to live their own autonomous lives, knowing that they are already perfect, just like us, in all their imperfections.

In the spirit of the social revolutions we mentioned earlier, we are awaiting the birth of a caring movement: a velvet revolution that speaks in the voice of ordinary people; the voice of co-operation and collaboration; the voice of compassion and

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companionship; rather than in daft, unintelligible, philosophical propositions; or in the duplicitous doublethink of 'therapeutic coercion'.

That voice has been calling us - down the ages; calling us to do what needs to be done, to help one another, recognising that ultimately there are no answers. Over 25 years ago, in an interview with Jonathon Miller for the BBC, Tom Szasz concluded by saying:

"I hold all contemporary psychiatric approaches – all 'mental health' methods – as basically flawed because they search for solutions along medical-technical lines. But solutions for what? For life! But life is not a problem to be solved. Life is something to be lived, as intelligently, as competently, as well as we can, day in and day out. Life is something we must endure. There is no solution for it".

Tom was right. There is no solution, but there will be a conclusion, if only for us personally. Like Vladimir, we shall soon be forgotten. If we are to be remembered, however briefly, let it be for our shared common decency; let it be for the value we place on our humanity; **let it be** for our ridiculous, worthless, priceless, faith in the power of human caring.