

“Measuring the unmeasurable” – looking at the culture that perpetuates mental health, its labelling, and measurement by psychiatric science



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I have been living with schizo-affective disorder for over 20 years. In that time I have had periods of relative wellness and relative illness. I fight each battle as it comes. I am now trying to win my latest battle, through my PhD studies.

Basically, schizo-affective disorder is a major psychotic disorder that is like schizophrenia but with affective elements, such as depression and anxiety.

My anthropological doctoral research aims to unpack, explore and analyse what it is like to be labelled and categorised as a sub-human, sub-citizen and/or a social misfit in the context of my lived experience of having schizo-affective disorder.

My research then turns to focus on the analysis of the culture/s which perpetuate these categories and labels. The study is about making the personal political (Langellier KM, 2013). It is about giving a voice, empowering the silenced and the social outcasts, and recognising the cultural meaning and significance to which the outcasts are confined (Tuhivai-Smith L, 2012).

I am conflicted. I am labelled and categorised. All within a bio-medical culture that confines me as such, often without my input or true representation. How can I break through the cultural divide, break through the disempowerment and misrepresentation bestowed on me? Who is granted a voice in this cultural space?

This cultural space has affected me, defined me, and branded me. In this culture, I don't seem to have a choice. As a young woman (when I was diagnosed), it was through the culture of medical science that my identity was set. This identity construct disempowered me and brought me great shame, being labelled as a social misfit.

Exploring the place of culture in mental health

At this stage, 'culture' needs to be defined. Culture may be described as the dynamics of values, norms, beliefs, boundaries and meanings bestowed on a social structure. Elements of culture include language and other symbolic meanings and representation. Labelling involves symbolic meanings of the mentally ill.

Within the culture that sets boundaries of values and norms from which structured society is confined, culture defines the labels of those with a mental health disorder.

I have been stuck with and oppressed by my diagnosis and the perceived treatment I need to have, as per the decrees of mental health professionals. The suffocation of my expression, my thoughts, my essence, is perhaps the most disabling, disempowering and de-humanising experience of my life. Such stifling suppression is embedded in psychiatry, for everyone. As well, a major issue is the added marginalisation and subjugation that mental health consumers receive when they are an already marginalised and subjugated group.

I would delineate the cultural as defining the importance of what is social, and at the same time I would delineate the social as structuring what is cultural. Only a systemic analysis can come to terms with this quality of culture that escapes the individual's control (Hacking I, 1999, p 15). It is the exercise of power within culture and the social body that I am interested in (Foucault M, 1964). Indeed, as Kleinman (1988, p 25) says: "some illnesses are more modern than others and are based on more modern cultural values, for example anorexia".



How can I break through the cultural divide, break through the disempowerment and misrepresentation bestowed on me?

Culture is fundamental to power. In fact, culture is fundamentally about power. Culture tells the story of the most influential and how they became so formidable. Then how they use their strength and effectiveness to keep them in significant positions through which they can continue to dominate others. It is because of this relationship between culture and power that the sub-humans/sub-citizens/social misfits have been excluded, marginalised and rejected because of the part of the robustness in the culture.

Can we measure the seemingly unmeasurable?

Measurement is a cultural phenomenon. Measurements are a way of creating meaning and validation as cultural phenomena, creating culturally crafted facts. The power of measurements and consequent numbers are quite profound. The “magic” of numbers is enticing for those who respect and adhere to positivist scientific measurements (Lea T, 2008).

The modernist measurement process creates a space, a construction and structure for political technology, where the act of measurement forms a type of discovery which has political and governmental significance. These qualifications form part of the culture which precipitate the label of the sub-human and sub-citizen. Politics of mental health issues are supported or negated by cultural measurement. Ultimately, however, despite the persistence of and respect of science, and regarding today’s psychiatry, one is led to wonder, considering psychiatry, can we measure the seemingly unmeasurable?

The purpose of psychiatry, as a form of medical science, is to gain a scientific grasp of mental illness and of healing the mentally ill. Psychiatry also plays a cultural role, defining those with mental health disorders as a type of social class, a class that is defined as lacking. The mentally ill are stigmatised as a form of outcasts. They are not

fully human or fully citizens – they are people who don’t belong and are unwanted. This disdain is precipitated and justified by various policies of cultural significances and control, in the name of managing “anti-social behaviour” and with people classed as “stigmatised”.

Similar treatment was assigned to women, homosexual people and Indigenous peoples, also seen as not fully human or as not fully citizens, who were hunted and imprisoned, some killed like vermin. Then there were the days of Bedlam, a psychiatric institution in London, founded in 1247, where the outcasts were displayed as a freak show. Other sub-humans/sub-citizens were rounded up and put in concentration camps, reserves or institutions, like creatures to be broken and branded and put to work (Arnold C, 2008; Tuhiwai-Smith L, 2012, p 28).

Mental health professionals have measured the mentally ill with psycho-metric assessments, creating facts which aid in the broader governmentality (a term coined by philosopher Michel Foucault which refers to how the state exercises control over, or governs, its populace) of the unwell. Such assessments by mental health professionals cement the social identity of those living with a mental illness as sub-humans and sub-citizens, dependents on the state. I am in servitude to medical science, and will be for as long as I am sick, which will most likely be until I die.

The impact of labelling and governing

The psycho-metric measurements performed on me have proven to be the most significant – anthropologically, that is – in the cultural context of (dis)empowerment of the mentally ill. Today’s mental health institutions and hospitals are all about measuring and judging and surveillance. The mental health assessment tools and medical observations, cultural tools of modern psychiatry, are about measuring and judging deviance.

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After consideration from psychiatrists, psychologists, counsellors, nurses, peer support workers, a neuro-psychologist, dieticians and others, how was I pigeonholed from these measurements, when so much is riding on the use of the measurement tools? Have the many years of living with a major psychotic illness affected the function of my brain (my worst fear)? Though how much emphasis do I place on these measurements? Even when my psychiatrist and neuropsychologist have both reassured me there are so many confounding factors with the measurement tools that their results cannot be taken at face value. This makes me question the validity of measurements altogether. Yet they are still used.

It should be noted that it is ironic to label what we state we should not label. And it is equally ironic that we put so much faith in the measurement of mental health. Both of these add to the strength of the perpetuating biomedical, scientific culture. So, labeling of the mentally ill, and measuring it in the field of medicine, all add to strengthen and validate the culture that perpetuates this.

What examples or types of culture/s are we talking about? One perspective is an economic model, where the social is influenced by economic properties. Here the mentally ill are labelled as outcasts of the economy, they do not value-add a valid role. The mentally ill do not have a positive role in the economy and yet they are dependent on the state for treatment (Foucault M, 1964). I am reliant on the state for my clozapine (anti-psychotic) medication, and ultimately the state can change the law and change my medication regime. So ultimately my health can be taken away at any minute.

There are a number of questions that should be explored further, and they will be in the broader discussion of my thesis. Why is my story significant? Why should people know my story? How is my story different from others? Why am I different? What have I got to offer? Is my thesis relevant or significant? Who am I, in regards to mental health? Where am I placed? How has my disability affected my life? What differences have I made in looking at sub-humans and sub-citizens, and culture? How does my methodology succeed with this topic? How does my experience contribute to an anthropology of mental health? How does my psychosis and forthcoming thesis enculturate and situate in space and history? What are the gaps in this analysis?

Addressing these issues also includes, most importantly, an understanding as to why the mentally ill are labelled, exploring the place of culture in mental health and its power dynamics in society, and the role of measurement in psychiatry. Tackling these concerns as part of my PhD studies will help build my confidence to win another battle.

Always, there is monitoring, measuring and medicating. Always. As Biehl (2005, p 236) asserts regarding the nuances of mental illness: "It's a mystery!"

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