

Values, Diversity and Mental Health: An appeal for reform

Abstract

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Citation

Willoughby, C. J. (2015). 'Values, Diversity and Mental Health: An appeal for reform', *The Journal of Critical Psychology, Counselling and Psychotherapy*, 15 (1), pp. 30-41.

Full-Text

Values, Diversity, and Mental Health: An appeal for reform

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SUMMARY: Psy professions tend to stare down a bio-psycho-medical microscope that makes the real world invisible. This paper explores the consequences and some alternatives to that fixation.

KEY WORDS: diversity, mental health, human nature, Psy

The shoe that fits one person pinches another; there is no recipe for living that suits all cases.

Carl Jung

Mental health provision is a mess and in urgent need of reform. This despite the 2011 UK Government policy paper, *No Health Without Mental Health: A cross-government mental health outcomes strategy for people of all ages*. Fundamental shortcomings, weaknesses, and inadequacies in provision continue to be ignored: a bystander attitude.

Following Wittgenstein's observation that a philosophical problem is best dealt with by addressing the *root* of the problem, the contention in what follows claims that contraindicated interventions occur because providers possess a deeply flawed understanding of human nature. It is that which denies many service users the specific – and often practical – help they actually need. This is not to say that people do not suffer debilitating states of emotional distress or exhibit behaviour regarded as out-of-the-ordinary and, in some cases, odious and objectionable. These behaviours exist; which for some people fall within the bounds of normal conduct while for others it is abnormal. All of which is informed by psychiatric and psychological knowledge. Professions that spend

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much of their time staring down a bio-psycho-medical microscope that makes the real world invisible.

Psy experts and the exploitation of public trust

Human nature is of immense biopsychosocial complexity revealed in different values and a profusion of outlooks. People are also self-regarding and manoeuvre to secure their self-interest. A tendency played-out in myriad ways, not always consistent with the procrustean expectations of the society on which we each depend.

Psy professionals have little interest in the societal aspect of human behaviour. As occupations captivated by an endogenous view, they seek to correct conduct that does not fall within a socially acceptable definition of 'normal'. Indeed, the refusal of the Psy professions to recognise the true nature of human beings is, to borrow an assertion, 'like the Victorian's embarrassment about sex, only worse: it distorts our science and scholarship, our public discourse, and our day-to-day lives. Logicians tell us that a single contradiction can corrupt a set of statements and allow falsehoods to proliferate through it.'¹ So it is in mental health provision – the naked emperor of the human sciences.

Ignoring over-five decades of evidence taken from science, scholarship and common sense, the *mind*-centric biomedical dogma advanced by the Psy professions is unreliable and consequently blights the life of many service users. But who cares? Not democratic governments who understand better than most that, while ever they retain public trust, misleading information ('spin' and concealment) is an effective form of social control. This is most obviously the case when social regulation is undertaken through medical praxis; NHS mental health duplicity masked by institutions of proven worth: medicine, doctor, nurse, therapy, NICE guidelines, The Royal College of ..., all denote trustworthiness.

Yet when UK governments and mental health professionals exploit public trust in this way, they undermine the very principles they claim to represent. For 'trust is a social good to be protected just as much as the air we breathe or the water we drink. When it is damaged, the community as a whole suffers; and when it is destroyed, societies falter and collapse'².

A great deal of mental health provision represents the application of contentious theories and slippery terminology. Consequently Psy professionals often come to different conclusions when faced with the same presenting difficulty. Slovenly self-serving praxis: wholly unacceptable in any other occupation. If structural engineers adopted the same approach buildings and bridges would be forever falling down, which would be a serious matter. Not so in mental health. The damage done is easily concealed through public and political indifference.

But they agree on one thing. The Psy professions take it as axiomatic that those who come to their attention suffer defects and deficiencies (politely called ‘vulnerabilities’) of various biological and psychological sorts, despite there being no conclusive evidence or general agreement to support this claim. Consequently, misdiagnosis and unnecessary prescribing must surely occur as critics suggest and some service users complain.

This lack of clarity and honesty is most apparent in the slipshod definition of terms in *No Health Without Mental Health*, which says that a mental illness is a mental health problem and a mental health problem is a mental illness³. Circular logic that creates a Kafkaesque nightmare for many service users erroneously categorised with specious conditions from which they can never recover.

Critics of the endogenous view claim that if you want to know what is wrong with someone, look at the world in which they live. Look at their circumstances. Did the glass break because it was too thin and brittle or because it was hit by a stone? Distress invariably originates in the *context* of a person’s life. Therefore, most people referred to mental health services are suffering *socially induced misery*, which is not recognised as such by psychiatrists, clinical psychologists and psychological therapists who *individualise* and *internalise* distress. Consequently, misdiagnosis ensures that people do not receive the specific social and economic help they actually need. Contained in the community on medical authority, no longer suffering a social and economic problem. This is how governments of all political persuasions maintain the *status quo* by exploiting public trust through the abuse of medical power. It’s an old argument, which is a measure of how long the injustice has been sustained. Power abused for decades, littered with broken lives.

Diversity

Ethologists understand that sensitivity to the environment is not a deficiency in an organism. Only human beings are held to be defective when they show the signs of socially induced pain. This is particularly the case where people are exposed to discrimination for being unacceptably different: different in their values; different in their temperament; and different in their outlook. Anyone different risks being drawn into a diagnostic system on the authority of psychiatry and clinical psychology: Big Psy.

Veracity and reliability – secured through a wider reading of the human sciences – gives us an altogether more accurate nuanced picture, which shows considerable diversity amongst human beings – as exists with all species. That is because variation lies at the heart of Darwin’s theory of evolution by natural selection.

The evidence derived from seventy-years of neo-Darwinian research says, you cannot have natural selection without differences from which to select. This applies to *Homo sapiens* as much as it does to any other species. Even identical twins are not exactly alike. Charles Darwin (1859) put it this way in, *The Origin of Species by Means of Natural Selection*:

then, considering the infinite complexity of the relations of all organic beings to each other and to their conditions of life, causing an infinite diversity in structure, constitution, and habits, to be advantageous to them, it would be a most extraordinary fact if no variations had ever occurred useful to each beings own welfare, in the same manner as so many variations have occurred useful to man.⁴

In addition, consider, of the 160,000 to 200,000 years *Homo sapiens* are thought to have existed as a recognised species, over 90% of that time was spent surviving by hunting foraging and scavenging. A tenuous existence that nearly failed. But with recovery and high survival rates human beings began to spread around the world; settling and living in diverse cooperative groups of a few dozen, many of who were extended family members. Contact with outsiders was limited and initially treated with suspicion.

With the introduction of agriculture roughly 10,000 years ago, some people gradually began to live in urban communities, made possible through food surpluses, cultural innovation, specialisation, and growing prosperity for the dominant segments of what was increasingly becoming a society. All of which was set against a backdrop of life threatening events such as high infant mortality, fatal diseases and injuries, poverty for the majority, periods of famine, and violent conflict.

Only since the mid-nineteenth century, a mere 165 years ago, have most people lived in an urban setting we would recognise as truly scientific and modern. In the past life for most people was rural, short, fraught with insecurity, and brutal. Consequently we are, as the evolutionary sciences remind us, space age people but with a stone age brain. *Homo sapiens* evolved to survive and replicate in a world very different from the one a small number of innovative problem-solvers have recently made possible.

In a populace of tens-of-millions of people it is, therefore, hardly surprising that naturally occurring diversity does not always accord with political expectations. Currently in the UK and much of the world, free-market capitalism, which is characterised as being very good at creating prosperity (especially for the favoured few) albeit at the expense of everyone else and the natural environment. Consequently, a person may become the wrong kind of human being for no other reason than that they exhibit characteristics regarded

as unacceptable when set against prescriptive social norms. Scapegoats. Modern-day folk devils. The in-group-out-group bias writ large.

For example, to be shy or lack the motivation to be a celebrity, entrepreneur, or ambitious manager in free-market Britain is to your considerable disadvantage; exacerbated if your identity is not that of a compliant 'human resource' (and even worse, 'human capital'): a fungible item that can be replaced with *something* cheaper. Complain about the emotional and practical impact of discrimination, unemployment, and social deprivation – in other words, being treated as an object rather than a person – and mental health categorisation becomes a hermetic glass cage designed to silence the pain of social exclusion.

As an algorithmic process, natural selection has shaped human conduct over hundreds-of-thousands of years, and continues to do so. While this facilitates our biological adaptation to the environment as a species, it does not always work *culturally* to the advantage of everyone. That is because as a slowly evolving heuristic bricolage nature-nurture system, natural selection produces and retains a range of characteristics across the species, some of which are held to be 'appropriate' by the dominant segments of society while others are not.

On this evidence it would seem that in the great scheme of things, nature and the alpha-types couldn't give a fig about our happiness and well-being. From the perspective of unhurried natural selection in conflict with rapid cultural evolution, the driving force of 'survival of the species' becomes: many of us are physically and culturally expendable.

Whether the person you *happen to be* possesses prized attributes is not something over which any of us has any control. We do not choose to be the person we are, neither are we infinitely malleable on the direction of Psy experts and our superiors. Claims of conscious free will and a capacity for resilient psychotherapeutic adjustment are frequently expedient and hugely overstated. A legacy of Judaeo-Christian theology, Cartesian dualism, and the distorting influence of Big Psy.

Not that behaviour remains fixed. Some people change in remarkable ways; sometimes in a manner that leave them distraught, relieved, or ecstatic. Much to the curiosity of reputable human scientists. And so to insist that because there are occasions when psychological therapy *appears* to benefit some, then this should equally apply to all service users, represents an inferential leap that would defeat even the most gifted logician.

Misleading assumptions of this sort on the part of Big Psy – who are clever enough to know better – are engineered from professional expediencies built on a fallacious partisan understanding of human nature and an unconscionable willingness to abuse their power.

Givens

In addressing the root of the problem in mental health – and despite the intractable difficulties created by current social and economic policy – if we *really* valued people (which current mental health policy does not confirmed by the harm it continues to do), research suggests that health and well-being are grounded on accepting two fundamental and inescapable claims – givens.

The first, already touched upon, is that the mix of traits and competencies we each possess is something of a natural lottery. Therefore, whether the characteristics we each possess are viewed favourably by the society on which we depend is not something we can do much about. As the aphorism has it, you can't make a silk purse out of a sow's ear. And while you can certainly take a horse to water, you can't make it drink as teachers and parents will testify.

So while most people wish to realise their potential through being socially engaged – usually to our mutual benefit – the manner in which that might occur will be contingent on factors over which the individual has little or no control. Lest we forget: human beings are first and foremost *social beings*. We do not fend for ourselves, we depend upon one another.

People invariably have a great deal to offer given the right circumstances. Yet whether a person is thought to have any social value depends on the *Zeitgeist* of the time. It's a sociopolitical judgement, not psychological and certainly not a medical judgement.

Therefore, a realistic evaluation of human behaviour is determined by taking account of *all* the known facts, social values, and the morality and integrity of those making the evaluation. And so to contrive a situation in which people are socially excluded for no other reason than that they are different, displays the moral turpitude of eugenics and the intellectual veracity of phrenology. It's nonsense. And deeply damaging nonsense at that.

So the first given presents us with the ethical question of how to socially assimilate and accommodate people despite apparent differences. This presents those who currently benefit from existing social arrangements (in some cases quite spectacularly) with a particular difficulty based on current competitive individualistic values. Why would you want to engage in social change simply to accommodate people you don't know and of who you may not approve even if you did know them?

In addition, social change that seeks to ethically embrace diversity and social inclusion raises the politically inconvenient question of how to achieve this objective in a country in which the population continues to increase in size. Currently in the UK approaching sixty-four-million and rising. Government already grapples with the demands and tensions of considerable cultural and ethnic diversity. On current misunderstanding and policy errors,

how much diversity can a society tolerate before it descends into rampant chaos?

It's not unreasonable to suggest that the discriminative injustice suffered by many mental health users is the crumbling edge of this growing and largely ignored unstable cliff. That is, the unwillingness of politicians to adopt social and economic policy arrangements that are genuinely inclusive: The Good Society. The principle of which they appear to have abandoned. In an era of business managerialism, social injustice and glaring social inequalities are a 'challenge' to be micro-managed not a problem to be solved.

So, despite the need that people have to be a valued member of society, to be different in a manner unacceptable to current social mores presents government with a conflict and control problem. Which is currently masked through 'compassion' and 'care' by pathologising the anguish of being held to be unacceptably different. An expediency that continues to escalate in more broken lives and episodes of social disruption as the cause of this crippling injustice continues to be concealed by the so-called 'experts' in behaviour – Big Psy.

The second given identifies the meeting of elemental needs that are *vital* for human health and well-being. Besides the obvious survival needs of food, water, shelter, healthcare and so on, people also need to feel *socially valued*. They need to satisfy a sense of belonging and they need to secure a sense of purpose and meaning in life through engaging with others. All of which are met when collectively we value each one of us as the person we happen to be. And not simply through hollow political psychobabble rhetoric, but in the *practical* way we weave people into the fabric of society through access to suitable roles and responsibilities.

Paying lip-service to these givens is shabby and mean-spirited. For politicians to imply that a fair and just society will come about once the economy has recovered is dishonest and deeply cynical. It's a social control lie the marginalised and dispossessed have been living with for far too long. Consistent with the trickle-down economics of the 1980s that never happened as intended, but did work to the advantage of a privileged few. The principle of which persists to this day.

Values: Power-orientated or life-orientated?

The deeply damaging controversy in mental health, therefore, turns on the question of what we value most as a society. Either economic security and prosperity for the favoured (which includes the Psy professions) with all the injustice and anguish that inflicts on others through living in a winner-take-all society. Or the values that say, we *really are* all in this together. Suffering is not his or her problem, it's *our* problem. And the solution to our problem is a life-

orientated society of fairness, justice, and opportunity for all, in which different motivations are accepted not managed and marginalised.

The rejoinder made by those who defend orthodoxy claims that the controversy in mental health is actually one of 'ideology'. The assertion being that critics of current provision are not evidence-based but informed by an entirely left-of-centre sociopolitical persuasion, which is simply untrue. Quality provision, for sure, rests on the values of a sustainable pluralistic society. But it also rests on evidence provided by quality research and scholarship taken from *across the human sciences*; rather than rely on a myopic bio-psycho-medical view.

When we adopt the collective values of *us*, *we* and *our* – which really does mean everyone, not simply those politically expedient entities 'the Country', 'Middle Britain', or 'hard-working families' – most mental health problems are manifestations of structural injustice, a lack of opportunity, and the cruel consequences of ruthless competition, all of which create a destructive environment. Science and scholarship puts this claim beyond reasonable doubt.

So, with the exception of those delinquent power-orientated people for whom no amount of thrills, attention, and prosperity is ever enough, evidence suggests that most people look to adopt a secure stable way of life in accord with circadian rhythms, a valued social role, the support of family, friends, and the social milieu, and dignity, respect, and the acceptance of others: life-orientated people. While ever circumstances permit the meeting of vital needs in a manner acceptable to the person, most mature adults look to adopt a sustainable way of life achieved through a culture of care based on the values of service and ethical businesses.

Conclusion

Human beings are an evolved primate: hierarchical, self-regarding, and ultra-social. These features came about to the survival benefit of *Homo sapiens* while ever people lived in an interdependent cooperative group of one sort or another; diverse groups which reflect the differences that exist amongst people. An innate tendency we call *pluralism*. Yet in a fiercely competitive, impersonal, one-size-fits-all, increasingly homogenous society, these characteristics work to the advantage of many but to the disadvantage of others. Which is not dissimilar to living in a badly run zoo that does not appreciate the significance of diversity, and subsequently fails to grasp the need for suitable environments. The absence of which provokes conduct that is aggressive, fearful, and flordid.

In threatening conditions human beings react in a 'fight or flight' manner. Those who possess the necessary characteristics 'fight' through participation and competing. A gentle reserved sensibility often represents a mismatch between the

person and society. Losers then turn in flight – except you cannot escape from the society on which you depend – by becoming increasingly anxious ‘depressed’ and withdrawn. In effect, a deep sense of suppressed resentment precipitated by not being accepted as the person you happen to be; cheated out of a valued role and harmonious social environment. The natural place for life-orientated people, many of whom are women, although not exclusively so.

Therefore the choice mental health providers face is this: Do they continue to promote and personally benefit from a mental health provision that *creates and perpetuates* as much distress as it may alleviate. Or do they grasp the nettle of propriety and engage in the kind of reform that would be genuinely beneficial to the public and service users – as well as offering the prospect of an infinitely more constructive working life for themselves.

Psychiatry and psychology are powerful tools. And like any powerful tool, whether it is used to benefit people or to do harm will depend on the integrity of the people using them. It therefore follows that reform of provision rests on there emerging a critical mass of Psy professionals who are not hindered by personal and professional self-interest. Which is to say, provision open to a realistic understanding of human nature, unwilling to compromise the Hippocratic injunction: First, do no harm. And having fulfilled these two requirements, then, actively engage in reform.

Endnotes

1. Steven Pinker (2002) *Preface* / ix
2. Sissela Bok (1999 [1978]) pp.26-27
3. HM Government policy paper (2011): *No Health Without Mental Health: A cross-government mental health outcomes strategy for people of all ages*. The Glossary, Annex C, p.88.
4. Charles Darwin (1872 [1859]) *The Origin of Species by Means of Natural Selection*. London: Senate, p.102

Glossary

Mental health problem

A phrase used in this strategy as an umbrella term to denote the full range of diagnosable mental illnesses and disorders, including personality disorder. Mental health problems may be more or less common and acute or longer lasting, and may vary in severity. They manifest in different ways at different ages and may present as behavioural problems (for example, in children and young people). Some people object to the use of such terms as ‘mental health

problem' on the grounds that they medicalise ways of thinking and feeling and do not acknowledge the many factors that can prevent people from reaching their potential. We recognise these concerns and the stigma attached to mental ill health; however, there is no universally accepted terminology that we can use as an alternative.

Mental illness

A term generally used to refer to more serious mental health problems that often require treatment by specialist services. Such illnesses include depression and anxiety (which may also be referred to as common mental health problems) as well as schizophrenia and bipolar disorder (also sometimes referred to as severe mental illness). Conduct disorder and emotional disorder are the commonest forms of childhood mental illness.

Select Bibliography. The ideas, claims, and analogies in this paper were taken from and supported by reference to the following literature.

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