

DEBATE

Reflections on the medicalisation of social experience

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I am quite happy to accept criticism from any quarters—even from Phillip Hodson. Criticism, even in the form of a polemic, can be a prelude to a genuine dialogue, something that all parties can benefit from. I do hope that it is possible to debate the many issues related to the cultural influences that provide us with our emotional script, definition of personhood and the relationship between individual vulnerability and resilience, without calling one another unpleasant names.

One of the problems I have in responding to Phillip is that he imputes attitudes (neo-conservative) and beliefs (upholding the virtues of the stiff upper lip and ‘unreasonable nostalgia for the 1950s’) that are alien to my way of thinking. Phillip also generously attributes quotations to me that are directly antithetical to my outlook. He cites me as stating such ludicrous propositions as ‘the country is going to the dogs’, ‘we must find safe and certain ground again’ and ‘this therapy business is the single cause of our problem’. He then proceeds to valiantly counter these invented quotes to demonstrate that I am indeed a representative of the dark ‘forces of conservatism’.

As someone who is a radical atheist and humanist and disinclined to conserve anything from the 1950s, I find Phillip’s description of myself as accurate as his account of my book. But I don’t think that he sets out to deliberately distort the arguments. Unfortunately, Phillip is so obsessed with the standing of his profession that he appears to overlook the fact that the book is not about therapists and counsellors but about *therapy culture*. Nor is this an anti-therapy book, whose objective is to attack therapists or counsellors. As I argue in the introduction, ‘therapeutic culture should not be confused with the growing influence that therapy exercises over people’s lives’. I explicitly note that in the book ‘we are interested in therapy as a cultural phenomenon rather than as a clinical technique’ (p. 22). So my focus is on a way of thinking and its impact on everyday life. Throughout the book, the emphasis is on culture—on a system of meaning that informs life.

I argue that a culture becomes therapeutic when this form of thinking expands from informing the relationship between the individual and therapist to shaping

public perceptions about a variety of issues. At that point it ceases to be a clinical technique and becomes an instrument for the management of subjectivity. What does that mean? You are watching a television programme that contains disturbing images of violence. When the programme is finished, a voice announces that if you were disturbed by what you saw on the television screen and would like to talk to someone you can call a help-line. Through this announcement a clear signal is communicated to the audience. You as the viewer may not be able to cope with what you just experienced, the experience may be so disturbing that sharing it with friends and family members is unlikely to help and that therefore you need to talk to a professional help-line. And through the provision of a help-line the producers are also making a cultural statement to the effect that this is a very serious and disturbing programme. In a sense the help-line is part of the viewing experience.

Like any other system of meaning, therapy as a cultural phenomenon offers a representation of life and a vocabulary through which the public makes sense of an individual's relationship to society. This vocabulary provides concepts through which we can make sense of human nature and potential. Therapeutic culture has helped construct a diminished sense of self that characteristically suffers from an emotional deficit and possesses a permanent consciousness of vulnerability. My argument is that the defining feature of therapy culture is its equation of personhood with vulnerability. Vulnerability has become a key concept of our times. We talk about vulnerable people, vulnerable communities, vulnerable women, vulnerable children . . . Indeed we use the term so frequently that we know longer have to ask 'vulnerable to what'? For the only possible answer to this question is 'vulnerability to everything'.

My objection to the contemporary representation of the vulnerable self is based on the conviction that it disempowers people and distracts them from gaining a measure of control over their lives. Through cultivating a powerful sense of vulnerability, it undermines subjectivity and the sense of human agency. The continuous transmission of cultural signals that suggest that in an ever expanding range of circumstances people should not be expected to cope encourages the professionalisation of everyday life. The nub of my disagreement with Phillip is about this development and on whether or not the professionalisation of people's lives is a good or a bad thing.

Phillip claims that 'counselling has spread because organisations have found it to be an extremely successful and cost effective solution'. Maybe. I argue that the institutionalisation of therapy is bound up with the cultivation of vulnerability and the tendency to treat people as lacking the coping skills to deal with life. Our culture continually reminds us that we are 'at risk', 'vulnerable' and suffering from an 'emotional deficit'. As a sociologist I take the view that if primary school children are told that they need transitional counselling when going to big school they are actually being trained to acquire an inflated sense of fear about their impending move. The institutionalisation of therapy incites people to regard themselves as vulnerable and places them in a relation of dependence on the professional. *Therapy Culture* explores the way in which everyday life has become subjected to the imperative of professionalisation.

In an exchange such as this, it is unlikely that we can resolve the question of whether or not the effect of therapeutic culture is good or bad. I would merely suggest that there was a time when enlightened mental health professionals were critical of the tendency to medicalise human experience. Today we seem to believe that the normal troubles of life—dealing with pain, disappointment and difficult transitions—require professional intervention and help. For me questioning the ethos of professionalisation represents an attempt to shift the focus on the problem solving capacity of people and not an attempt to celebrate the stiff upper lip.