

Theorising Mental Health: Introduction to Special Issue

Bruce M. Z. Cohen*

With record numbers of the global population diagnosed with a mental illness, along with the modern advances in treatment for those with mental health problems, it would appear there is little left for sociologists to contribute in this area beyond, perhaps, more accurately identifying patterns of disadvantage that lead some groups to be more susceptible to mental disorders than others. It sometimes takes a self-declared ‘original believer’ in psychiatric science, however, to put us straight. In the late 1990s, the award-winning medical journalist Robert Whitaker (2010, pp. 3–5) identified an obvious, if under-analysed, conundrum in the official psychiatric narrative which he found hard to process: if knowledge and treatment modalities for this disease were continually improving, *why were people getting sicker rather than healthier?* Using the United States as his example, Whitaker noted that we should expect to see the number of people ‘disabled’ by mental illness (that is, those who due to their illness receive a welfare payment from the government) begin to decline as the newer generation of antidepressants (the selective serotonin re-uptake inhibitors, including Prozac and Zoloft) entered the market. In fact, the opposite has occurred: disabilities due to mental disorder have “skyrocketed” (Whitaker, 2010, p. 5) and more of us than ever appear to be susceptible to mental pathology, including an alarmingly high proportion of young people.

I am ashamed to admit that Whitaker was doing the work that few sociologists in the first decade of the new century appeared capable of: namely, asking the awkward questions, problematising the claims being made by the mental health system, and researching upstream, following the money, the power and the vested interests of an expanding psychiatric business (see also Whitaker & Cosgrove, 2015). Following in the spirit of Whitaker, this special issue is one attempt to revitalise sociology’s critical questioning and analysis in the mental health space. And, as referenced in the title of this issue, what makes this intervention proudly sociological as opposed to, say, anthropological or social psychological, is the authors’ central engagement with social theory, which permeates each of the research articles that follow. I believe it is the ability of sociologists to systematically evaluate research through collective sets of ideas, concepts and arguments on Western capitalism which means that the sociology of mental health has the potential to produce genuinely new and innovative knowledge in the area. As Nikolas Rose, one of the most senior sociologists still working in the area, has recently declared, “It is time for those concerned with social theory to re-engage with questions of ‘mental health’” (Rose et al., 2021, p. 121). This issue then is our local response to Rose and colleagues and, we hope, a call to arms for other sociologists to abandon their weak analyses of social-economic determinants of mental illness (characterised by deficit theories of pathology) and return to investigating critical issues such as “power and social exclusion, social control and resistance; identity, gender, racialization and stigmatization; self, subjectivity and subjectification; norms, normality and normalization; knowledge and its authority” (Rose et al., 2021, p. 122).

Seven research articles make up the core of this issue; this nearly doubles the number of articles on mental health and illness that have featured in *New Zealand Sociology* since 2000. A quick online search of the journal reveals that in that time, research has been published on suicide (Cover, 2005; Curtis et al., 2013; Weaver & Munro, 2010), total institutions (Crothers, 2016), Tongan people and mental distress (Vaka, 2016) and the previous issue of women in Aotearoa/New Zealand being forced to seek a mental illness diagnosis so as to access abortion services (Lawley, 2022; Leask, 2013; Lloyd, 2007). As important as adding

* **Bruce M. Z. Cohen** is an Associate Professor in Sociology at Waipapa Taumata Rau, the University of Auckland. His research investigates the expanding realms of psychiatric discourse and psy-professional power in neoliberal society.
Email: b.cohen@auckland.ac.nz

to the literature on mental health in our national journal is, just as significantly, these articles introduce the voices of seven new local scholars. As the country has only a small handful of critical sociologists working in the mental health area, the possibility of another seven sociologists joining our ranks is definitely a healthy sign for the future. These young scholars engage with a range of social theory in this issue, including feminist theory, social constructionism, Marxist and Foucauldian theory, critical realism and queer theory. The articles do what good sociology should do: they challenge the taken-for-granted assumptions about mental illness, psychiatry and associated psy-professions and the mental health system as a whole; they ask the difficult questions and provide (often) uncomfortable answers; they place the specific focus of their analysis in its socio-historical context; and they recognise wider sets of social, political and economic processes which inevitably frame the business of mental health and illness. Before acknowledging the two book reviews and giving my thanks to all those who made this issue possible, the research focus for each of the seven articles is briefly outlined below.

Despite being a foundation for Marxist analysis and a typical area of intensive research activity for sociology in general, work and labour under capitalism receives surprisingly little attention from sociologists of mental health, bar a few notable exceptions, including the tireless work of Andrew Scull (1993, 2015). It is therefore refreshing that the first article in this issue, Samuel Vella's "Community psychiatry and the medicalisation of unemployment", reminds us of the importance of analysing the history of psy-professional interventions in (and beyond) the workplace. Taking inspiration from Diana Ralph's (1983) seminal—if often forgotten—text *Work and madness: The rise of community psychiatry*, and centring the discussion on recent welfare changes in Aotearoa/New Zealand, Vella argues that the increased marketisation of the self under neoliberal conditions has been successfully cemented through an "activation ideology" in which the structural realities of work and unemployment are reduced to problems in the individual. His materialist analysis proposes that this ideology has been successfully progressed through the expansion of psy-professionals into areas such as welfare benefit assessments, job centres and re-training programmes. Psychologists, therapists and counsellors promote mental health interventions which reinforce the individual worker as in deficit and in need of change. In turn, waged labour is promoted as a de facto positive for one's well-being, despite research that contests this assumption. These dynamics, concludes Vella, have acted to normalise the social organisation of capital through the increased medicalisation (and thus, depoliticisation) of 'underproductivity' and unemployment in capitalist society.

This year marks the 50th anniversary of the American Psychiatric Association (APA) voting homosexuality out of the second edition of the *Diagnostic and statistical manual of mental disorders* (DSM). Probably not an occasion for the APA to get out the bunting, though one can imagine some hacks deciding this is a good opportunity to remind us of how far psychiatry has come and what a stellar record of supporting and caring for the marginalised they have had since then. Arin Hectors' timely article "Homosexuality in the DSM: A critique of depathologisation and heteronormativity" reminds us that any such celebration would be premature. Critically surveying psychiatry's extensive history of policing queer, trans and gender diverse subjects as threats to traditional gender roles, the heterosexual family and the reproduction of the workforce, he argues that the highly publicised expunging of homosexuality from the DSM in fact allowed the APA to continue their pathologisation project through new mental disorders such as sexual orientation disturbance, ego-dystonic homosexuality and gender identity disorder of childhood. An extended analysis of the current DSM-5 classifications for transvestic disorder and autogynephilia ("a male's paraphilic tendency to be sexually aroused by the thought or image of himself as a woman" (American Psychiatric Association, 2013, p. 703)) in the second half of the article leaves little doubt of the APA's continued problematisation of behaviour and emotions that deviate from heterosexuality as 'suboptimal' and in need of correction. The 'demedicalisation' of homosexuality in 1973, concludes Hectors, was a sadly hollow victory and one which cannot be fully celebrated until all references to gender non-conforming and queer people have been removed from the current DSM.

The ‘psychopath’ has been a common trope in popular media and appears as common-sense vernacular in society—a metaphor for the uncaring criminal who takes pleasure from unrelenting acts of senseless violence. It might then come as something of a surprise to discover that the psychopath is absent from the current DSM (beyond a brief mention under the classification of antisocial personality disorder (ASPD)). This is clearly outlined in Gayle Jones’s article “Deconstructing antisocial personality disorder”, which draws on social constructionist theory to contest the ‘progressive’ psychiatric history of moral insanity, the psychopathic personality and ASPD. This is a socio-historical analysis that places the mental health system’s concern for the perceived immorality of ‘the dangerous classes’ at its heart. Following in the footsteps of David McCallum’s (2001) excellent book *Personality and dangerousness: Genealogies of antisocial personality disorder*, Jones demonstrates that the morphing of the psychopath into a person with an antisocial personality has been a story of failed science, deinstitutionalisation and expanding professional boundaries. She argues that the dominant nineteenth-century ideas on violent, psychopathic criminals as biologically and morally suspect individuals have been replaced by an expanding ASPD classification which can now potentially capture anyone who commits a crime (indeed, criminality and the breaking of social norms are explicitly cited in the symptoms of the current disorder). On this basis, concludes Jones, we can understand ASPD as a key example of the increasing medicalisation of criminal behaviour.

Led by David Pilgrim and Richard Bentall, social constructionist critiques of psychiatric science are also a key focus for critical realist (CR) scholarship, as Lennox Johnson notes. Johnson’s ambitious article “The network approach to major depressive disorder: A critical realist perspective” proposes that a fruitful way forward for study in the sociology of mental health could be a partnership between the philosophy of CR and the recent innovations of researchers from psychology, psychiatry and philosophy who propose network approaches to understanding mental disorder. While the classification of major depressive disorder (MDD) in the current DSM has been roundly criticised for its lack of categorical stability, cultural and historical specificity, and fast-expanding borders—Pilgrim and Bentall (1999) argue that MDD represents the APA’s successful medicalisation of misery—it is argued by CR that depression (and some other mental disorders) may have common, stable and enduring features in any given epoch. While CR balances the absolute relativism of ‘strong constructionism’ with the reductionism of the biomedical model, network approaches have similarly been critical of academic psychiatry’s focus on biological factors to the exclusion of social, environmental and experiential conditions. As the name suggests, the researchers propose that specific networks of social, psychological and biological factors can better account for depression as a true mental pathology. Challenging and nuanced, Johnson’s discussion offers a refreshingly different approach, which links critical ideas on mental illness from sociology with philosophical thought and empirical research in the psychological sciences.

The underlying problems of DSM nosology are further examined in Virginia Lambert’s article “Gender dysphoria and the medicalisation of distress”. Through an extended socio-historical analysis of psychiatric and psychological theories on gender variance, Lambert demonstrates that the mental health system’s problematisation of gender fluidity and deviations from binary gender roles has a long, dark past involving eugenics, lobotomies and the Holocaust. While the transgender community may be a typical focus for the gender dysphoria (GD) label that appears in the DSM-5, following the work of Jemma Tosh (2016), Lambert reveals that the surveillance of independent women, homosexuals and other suspected gender deviants also remains an important part of the psychiatric project. Similar to Hectors’ critique (see above), Lambert proposes that while the APA may claim such labels are now a way of helping those distressed by their gender identity, they nevertheless continue to potentially pathologise all those who fail to conform to the dominant categories of male and female. Drawing on queer and critical feminist theory, Lambert concludes that the GD label continues the APA tradition of reproducing cisnormative and heterosexist ideals through forcing trans, gender diverse and queer people to accept a diagnosis of mental disorder in order to access medical support and treatment.

Some would argue that a special issue on theorising mental health would be incomplete without a focus on the work of the classic French scholar of madness and psychiatry Michel Foucault. Zak Devey answers this call with his innovative article “Happy now? A Foucauldian analysis of the *World Happiness Report 2021*”. As he outlines in this discussion, the concern for a population’s happiness has become a global concern and one that is now regularly codified in governmental policies (including Aotearoa/New Zealand’s ‘Wellbeing Budget’ of 2021). Yet, what appears as a common-sense humane and progressive narrative, Devey argues, is in fact the further capture of human emotions under economic and medical rubrics that ignore structural barriers to happiness and instead focus on the self as the site for change. Devey skilfully employs Foucault’s concepts of biopower and governmentality to make sense of the normalisation of a psy-professional ‘happicratic’ discourse in neoliberal society; arguing that the self-surveillance of our emotions through (for example) apps, mindfulness sessions and self-help videos represents the successful administering of political power on the body. This is the acceptance by subjects that optimising their own happiness and well-being can act as a major source of personal capital. Drawing on Edgar Cabanas’s (2016) concept, Devey concludes his article by proposing that the increased focus on happiness has produced a “psytizenship”; that is, a population whose understanding of their emotions is increasingly shaped through a dependence on psy-professional discourse.

The implications of happiness as a seemingly compulsory state in neoliberal society are further considered in the last article in the issue, “A queer critique of psychiatric knowledge: Medicalising queer sadness” by Kate Jack. Through an understanding of ‘queer’ as necessarily “defined against ‘normal’” (Warner, 1991, p. 16), Jack’s discussion centres on the utilisation of the DSM as a normalising technology in which queer subjects are inevitably perceived by psychiatry as more prone to mental illness. Instead of focusing on a more obvious transphobic or homophobic classification (see Hectors, above), the author considers the ways that the diagnosis of MDD supports her thesis. As happiness has come to be considered the ‘normal’ state for individuals in neoliberal society (see Devey, above), Jack argues that marginalised groups who face structural barriers to such capital are considered by psychiatry as more at risk of experiencing mental health problems. In the case of MDD, LGBTQIA+ communities experience higher rates than cisgender and heterosexual people. In her nuanced analysis, Jack utilises the scholarship of Sara Ahmed (2010) and Heather Love (2007) to note that, due to the long history of struggle against marginalisation and structural oppressions, queer lives are typically associated in the public imaginary with loss, loneliness and sadness. The very fact of queerness, she argues, has therefore become synonymous with sadness for psychiatry and thus for a label of MDD to follow. Despite this current situation, Jack’s conclusion is relatively positive in calling on LGBTQIA+ communities to reject the DSM’s cisheteronormative discourse of compulsory happiness and, instead, to be happily queer within unhappiness.

The special issue is concluded with the review of two very useful new books in the sociology of mental health. In my view, both Martin Harbusch’s *Troubled persons industries: The expansion of psychiatric categories beyond psychiatry* (reviewed by Benjamin Hemmings) and Baptiste Brossard and Amy Chandler’s *Explaining mental illness: Sociological perspectives* (reviewed by Roberto McLeay) offer great examples of innovative and critical ways forward for sociological research and study in the area.

As a final note, I would like to thank the editorial team of *New Zealand Sociology*—especially the co-editors Jessica Terruhn and Casimir MacGregor—for their support and suggestions towards this issue, their timely feedback on submissions, and their all-round efficiency in seeing this publication to a conclusion. I am also incredibly grateful to all those scholars who were involved in the double-blind peer review process; I was greatly touched at how generous you guys still are with your time despite the increasing pressures we are all under. It really is testament to this community to be able to honestly state that some of the foremost international experts in the area reviewed the research articles that make up this issue. Lastly, I thank Ben and Robbie for their kind and considered book reviews, and the seven young scholars of the

research articles who have experienced the joys (and occasional heartaches!) of writing for journal publication for the first time. I am very proud of you all!

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