Culture Unbound:
Journal of Current Cultural Research

Thematic Section:
Therapeutic Cultures

Edited by

Alan Apperley, Stephen Jacobs & Mark Jones

Culture Unbound, Extraction from Volume 6, 2014

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Introduction: Therapeutic Culture

By Alan Apperley, Stephen Jacobs & Mark Jones

An advertisement for the *Miruji Wellbeing Massage Chair* promises its users not only a personalised massage designed, amongst other things, to 'reduce stress', but also the possibility of transforming a 'negative mindset' into a 'positive "can-do" mindset'. This is to be achieved through the simultaneous use of 'exclusive' audios which employ the techniques of Neuro-Linguistic Programming (NLP). One satisfied customer, cited on the website, testifies to the chair's ability not only to produce a 'feeling of total relaxation', but also to boost its user's 'motivation and self-esteem'.

If, after your *Miruji* massage/NLP life-coaching session, your self-esteem is still languishing in the doldrums, you could do no worse than sign up to one of Anthony 'Tony' Robbins' arena-scale motivational weekends such as his *Unleash the Power Within* (UPW) event, held at the San Jose Convention Centre (audience capacity: 3,900) in June this year (2014). Tickets for this event ranged from $995 for general admission, to $2,595 for a 'Diamond Premiere' ticket, which included seating in the front section of the arena ('Close to Tony!') and access to 'Ultimate Edge' – described (admittedly on Robbins' own website) as 'The World's #1 Personal Development System' and available to non-attenders for the sum of $299 (+ $14.99 pp).

Robbins' motivational products – themselves based on a version of NLP – cover just about every aspect of life, from personal growth and development, through love, passion, health, energy, fitness (the Robbins brand includes a range of 'Inner Balance' health supplements) life and time management, and career advancement.

Robbins, of course, is merely one – albeit very successful – purveyor of what might be described variously as 'self-help', 'self-actualization', or 'motivational' products. The scope of such products is now bewildering, ranging from the specific – such as advertisements for *L'Oreal* hair products exhorting us to buy their products 'because we're worth it' – to the general – whole sections of bookshops devoted to publications (including, of course, CDs and DVDs) now gathered under the catch-all label: 'Mind, Body, Spirit.'

Bewildering as this may be, one thing seems utterly clear: this broad, diverse field comprises a highly lucrative industry. 'Self-help' books regularly appear on the non-fiction best-seller lists and, while statistical analyses of the value of the genre are made difficult by the sheer diversity of texts that might qualify, some commentators claim that 'self-help remains the world's bestselling genre' (Gros-

kop 2013: online) with total revenue regularly estimated in terms of billions of dollars.

One of the more recent 'classics' of the genre – Stephen R. Covey's *The 7 Habits of Highly Effective People*, first published in 1989 – has to date sold around 15 million copies worldwide in its printed form alone (the audiobook has itself sold around 1.5 million copies) and has given rise to a veritable 'Habits' industry, with an eighth habit (*The 8th Habit: From Effectiveness to Greatness*) added to the portfolio in 2004. Other 'classics' of the genre such as Dale Carnegie's *How To Win Friends And Influence People* (1936, revised and updated edition 1981) and Napoleon Hill's *Think And Grow Rich* (1937) have rarely been out of print since their original publication.

But it is not solely as an industry that this phenomenon needs to be understood. As the following collection of papers shows, a broadly *therapeutic* ethos now pervades all facets of culture, from education (Apperley) and social policy (Simpson & Murr), through fashion (Pierce) and craft-working (Morton) to psychological and spiritual well-being (Vale; Wright; Jacobs) and on through TV content (El-Shall) to publishing (Collingsworth). Furthermore, the therapeutic ethos is now a thoroughly global phenomenon, as the international scope of this special edition attests. What all these papers share is a desire both to understand the *character* and to identify the *implications* – for the self and for society – of this therapeutic turn in our cultures.

What then, are we to make of this therapeutic ethos (or 'ontosphere', as Collingsworth suggests we should think of it)? Beyond this collection of papers – though acknowledged in various ways by the contributors – the therapeutic turn has often been read as a response to some kind of cultural crisis, though the nature of this crisis is itself the object of some dispute.

One of the earliest analyses of the emergence of a therapeutic culture – Rieff's *The Triumph of the Therapeutic* (1966) – saw it as primarily a response to the collapse of religious authority. Other analyses such as Lasch's *The Culture of Narcissism* (1979) saw it as a response to the collapse of authority structures more generally: religion, but also the family, the school and the community. What both of these writers shared was a belief that the therapeutic turn represented a turn inward, rooted in psychology, such that 'self-absorption defines the moral climate of contemporary society' (Lasch 1979: 25).

More recently, theorists have sought to locate the therapeutic turn in relation to debates concerning the fate of modernity. Authors such as Beck, Giddens and Bauman, for example, see in the therapeutic turn a response to the anxieties created by the collapse of the certainties with which modernity had come to be associated. This too has an inward, psychological dimension – a concern, that is, with the self. Bauman's idea of 'liquid' modernity (2000), Beck's idea of 'risk society' (1992) and Giddens' notion of 'late-' or 'reflexive modernity' (1991) all, in their various ways, propose that, bereft of 'solid', 'stable' or 'tradition-based' struc-

tures, our identities are no longer given to us ready-made, so to speak, but must be constantly refashioned through the choices we make. Human identity has been transformed, in Bauman's words, 'from a "given" into a "task"' (Bauman 2000: 31).

Morevoer, this task – the fashioning of one's own identity – is one to which we must constantly attend. As Giddens puts it, the question of how to live one's life – of who we should be – 'has to be answered in day-to-day decisions about how to behave, what to wear and what to eat, and many other things.' (Giddens 1991: 14) In this 'runaway world' (Giddens 1999) anxiety in the face of such relentless choosing is surely an understandable response. At the end of yet another hard day's identity construction, no wonder we collapse exhausted – physically, psychologically and spiritually – into our *Miruji Wellbeing Massage Chairs*.

One can see in this ongoing project of self-transformation, or self-fashioning, a partial fit with the notion of a therapeutic culture. Faced with such a welter of decisions, is it suprising that we seek advice and guidance from self-help 'gurus' such as Covey and Robbins, or movements such as the Art of Living (discussed below by Jacobs)? Rather than allow ourselves, in our ignorance and naivety, to be buffeted about by the confusing, unstable and unfamiliar, we can instead 'empower' ourselves with the advice of an expert.

But here we encounter one of several paradoxes which the therapeutic culture throws up, for placing oneself in the hands of an expert is not without its own risks. All too frequently, it seems, the discourses around self-help which trade on the idea of empowering the individual require a kind of surrender to the therapeutic expert. Robbins might exhort us to *Awaken the Giant Within* (subtitle: 'How to Take Immediate Control of Your Mental, Emotional, Physical and Financial Life') but he is the one to whom we turn for help in achieving this goal.

The quasi-religious nature of mass motivational events such as Robbins' UPW weekends has not gone unnoticed by commentators, and in some cases – such as that of Art of Living – they are explicitly religious, albeit in a rather diffuse 'New Age' sort of way. Religion aside, several contributors to this collection discuss the nature of 'expertise' in therapeutic contexts such as the treatment of mental health (Vale), the psychoanalytic encounter (Wright), and even the TV studio (see, for example, El-Shall's discussion of CBS TV's *The Dr. Phil Show* below).

The paradoxical relationship between individual empowerment (or 'autonomy') and the potentially manipulative role of the therapeutic expert is one focus of concern here; but so too is the potential for a therapeutic ethos to recruit supposedly empowered individuals to the social order. As long ago as 1979, Lasch was warning us that the narcissistic personality, for all its desire to achieve 'authenticity and [self-]awareness,' nevertheless 'depends on others to validate [its] self-esteem' (Lasch 1979: 5,10).

Several contributors to this collection (Wright; El-Shall; Vale) see, in the inward – and individualising – trajectory of the therapeutic worldview, a shift in the

relationship between the individual (or citizen) and the state, and in the kinds of politics that have come to characterise this relationship. Foucault's work around 'bio-politics', 'governmentality' and 'disciplinary power' problematises the dominant liberal-democratic contractual or consensual relationship between the state and the citizen. Similarly, in the therapeutic insistence on the individual's responsibility for itself, we can identify a form of disciplinary power that collapses or undermines the traditional role of both state and citizen.

Other contributors see in the therapeutic turn a potential for recruiting the individual, not only to the political order, but also to the economic order (Apperley; Simpson & Murr). Here the therapeutic turn is read primarily in terms of a shift in the nature of global capitalism – a move away from 'Fordist' mass production techniques and 'Taylorist' production principles, to 'flexible specialization', 'niche marketing' and 'just-in-time' production. This shift requires not only a re-organisation of the global workforce, but also a change in the nature of that workforce, with 'individual autonomy' reworked as 'flexibility' and 'adaptability', and 'personal responsibility' as 'lifelong learning' or 'continuing professional development'.

Yet the association between the therapeutic ethos and the trajectory of modernity – or capitalism – is not as straightforward as it seems. As Morton points out in her study of craft work in mid-twentieth century Nova Scotia, the therapeutic project can be critical of the stresses induced by the frantic pace of modernity. It can even be described as 'antimodern' in its romanticisation of traditional rural skills and associated lifestyles.

Nor should we underestimate the potential benefits of the therapeutic turn – as Pearce reminds us in her study of the use of clothing as a means to forging a strong – or stronger – post-colonial Caribbean identity. Similarly, Jacobs argues that the teachings of the Art of Living movement, although open to critical reading, might also have the potential to stimulate participants to help others who are less fortunate. We might respond cynically to the rise of 'happiness studies' – the increasing legitimacy of which is exemplified by the UK Government's appointment of economist Richard Layard as 'Happiness Tsar' in 2007 – and be dubious of the claims of 'Positive Psychology' which Layard champions (see Wright's discussion of this below) but, as several of the authors here acknowledge, there are resources available with which to resist the many potential dangers which the therapeutic turn throws up. A properly critical reading of this complex phenomenon will surely seek to acknowledge the potential strengths inherent in the discourse, as well as the many dangers which it might be said to present.

Alan Apperley is a Senior Lecturer in Media, Communication and Cultural Studies at the University of Wolverhampton. He has published variously on the history of political thought (Hobbes; Rousseau) and aspects of contemporary political

theory including the concepts of personal autonomy, political liberalism and liberal democracy. His current research interests include the idea of Public Service Broadcasting and its role in a democratic society, the impact of social media on Public Service Broadcasting, and the generation of public value in the context of both broadcasting and higher education. E-mail: a.r.apperley@wlv.ac.uk

Stephen Jacobs is a Senior Lecturer in Media, Religion and Culture at the University of Wolverhampton. His academic background is in Indian Religions, and in particular modern manifestations of Hinduism. He has published a textbook on contemporary Hinduism – *Hinduism Today*. Currently he is interested in the convergence of religion and popular culture, and has published articles on media and religion. His research is primarily ethnographic, and he is currently engaged on a long-term ethnographic study of the important Hindu derived meditation movement – Art of Living. E-mail: s.jacobs@wlv.ac.uk

Mark Jones is Senior Lecturer in English and course leader of MA Popular Culture at the University of Wolverhampton. His most recent publication is a chapter on cover versions of the Beatles' 'Helter Skelter', soon to be joined by chapters on Jack the Ripper in fiction and dangerous house guests in film. He has also published on H. P. Lovecraft, J. G. Ballard, Peter Whitehead, pornography, paperback covers, paedophilia and tribute bands. E-mail: markjones@wlv.ac.uk

References

Bauman, Zygmunt (2000): *Liquid Modernity*, Cambridge: Polity Press.
Beck, Ulrich (1992): *Risk Society: Towards a New Modernity*, London: Sage.
Carnegie, Dale (1936): *How to Win Friends and Influence People*, New Haven: Cedar Press.
Covey, Stephen R (1989): *The 7 Habits of Highly Successful People*, London: Simon & Schuster.
------ (2004): *The 8th Habit: From Effectiveness to Greatness*, London: Free Press.
Giddens, Anthony (1991): *Modernity and Self-Identity: Self and Society in the Late Modern Age*, Cambridge: Polity Press.
------ (1999): *Runaway World: How Globalization is Reshaping Our Lives*, London: Profile Books.
Groskop, Viv (2013): 'Shelf-help Books set to fill Publishers' Coffers in 2014', *The Observer*, 28 December 2013: http://www.theguardian.com/books/2013/dec/28/self-help-books-literature-publishers-growth. [Accessed 16.05.2014]
Hill, Napoleon (1937): *Think and Grow Rich*, Meriden, Conn: The Ralston Society.
Lasch, Christopher (1979): *The Culture of Narcissism: American Life in an Age of Diminishing Expectations*, New York, NY: Norton.
Miruji Health and Wellbeing - *Wellbeing Massage Chair*: http://mirujihealthspa.co.uk/wellbeing-massage-chair# (accessed 19 May 2014).
Robbins, Anthony (2001): *Awaken the Giant Within*, 2nd Edition. London: Pocket Books.
------ (2014): *Unleash the Power Within Event 2014*: http://www.tonyrobbins.com/events/unleash-the-power-within/ (accessed 19 May 2014).

Revisiting Dearing: Higher Education and the Construction of the 'Belabored' Self

By Alan Apperley

Abstract

Several authors have identified a 'therapeutic turn' in education in the UK, at all levels of the system. In this paper I focus on and develop this claim, specifically in relation to the Higher Education sector. I seek to do two things: First, I argue that the 'self' which is identified by commentators on the therapeutic turn needs to be reworked in the direction of McGee's idea of the 'belabored' self. This is because the therapeutic turn serves, I argue, a set of wider economic goals arising from the restructuring of capitalism which followed in the wake of the oil crisis of 1973 and the subsequent breakdown of the post-war (1939-1945) consensus around the purpose of public policy, of which education is an important part. Second, I revisit an important document in the history of the UK Higher Education sector: the National Committee of Inquiry Into Higher Education's 1997 report *Higher Education In The Learning Society* (known popularly as the Dearing Report, after its chair, Sir Ron Dearing). I argue that that the committee's ambition to bring about a learning society characterised by lifelong learning played an important and neglected part in bringing about the therapeutic turn in higher education in the UK. The project of creating a learning society characterised by lifelong learning, advocated by the Dearing Report, should properly be recognised as an exhortation to embark upon a lifetime of labouring upon the self.

Keywords: Higher education, lifelong learning, learning society, Dearing Report, therapeutic education, belabored self, diminished self.

Introduction

In a relatively short period of time – a period lasting little more than two decades – the Higher Education [HE] sector in the UK has undergone a process of restructuring. Driven by successive governments, and by successive policies and initiatives, universities in the UK have seen themselves recruited to, and reconstructed as agents of, an advanced form of capitalism. In this paper I hope to show that this restructuring of the HE sector has been achieved primarily by means of a *therapeutic turn* in the conceptualisation of education as such. I am not going to argue that the therapeutic turn has been used to *mask* the restructuring of education; on the contrary, successive policy documents have explicitly justified developments on the grounds that they are necessary to, for example, the future economic success of the UK. If we do not adapt to the demands of the knowledge economy or the information age, the argument runs, we will fall behind our competitors in the global marketplace and ultimately face economic ruin. If there is hegemony here, then, it is, as we shall see, in the insistence that such things as the knowledge economy or the information age have concrete existence, and as such that we must of necessity develop policies that meet their demands. My argument, in its broadest sense, concerns the ways in which the emergence of a therapeutic culture has shaped the strategies employed by successive governments as they have attempted to reconstitute Higher Education in the direction of the knowledge economy in the so-called information age.

In what follows, I will argue that the restructuring of the HE sector has involved primarily a reconceptualization of the student and his or her role in education. Moreover, this reconceptualization has been achieved in part through the therapeutic turn which has seen an increased emphasis on the student experience, signalled in part by the rhetoric of student-centred education, but also by the forced emphasis on universities as 'learning institutions' as opposed to teaching institutions. The idea that universities might be *educational* institutions involving *both* learning and teaching has increasingly been suppressed by these rhetorical strategies.

What has also been suppressed by these rhetorical strategies is the academic voice – increasingly constructed, not as a critical voice as such, but as oppositional to the student voice. As Ecclestone and Hayes note – and as we shall see below – 'learning' is a much more general activity than education, and one that 'does not require a teacher' at all (2009: 143). At the very least, professional educators have been increasingly encouraged to retreat into the background, not to teach but rather to facilitate student learning. In turn, these strategies have themselves been legitimised by an appeal to the existence of – or more usually the imperative to create – a learning society characterised by lifelong learning.

In this respect, I intend to argue in this paper that a pivotal role in establishing the therapeutic dimensions of Higher Education was played by the 1997 report of

the *National Committee Of Inquiry Into Higher Education* under the chairmanship of Sir Ron Dearing, and published under the title *Higher Education in a Learning Society* [a.k.a. The Dearing Report]. This report is mostly remembered now for its willingness to challenge the principle of state funding of higher education, and for introducing the notion that students themselves should, at least in part, be responsible for funding their own education, via the introduction of student fees. What is all-too-frequently overlooked about this report is the extent to which it opened the way for the therapeutic turn in higher education.

Several commentators have written on the idea of a therapeutic turn in education (most notably Furedi 2009, and Ecclestone & Hayes 2009) and in this paper I wish to build on their work. However, I will argue that their conception of the 'self' which is the subject of this therapeutic turn is lacking in one important dimension, in that they fail to take sufficient account of the economic imperative which the therapeutic turn in higher education (as in education more generally) might be said to serve. I will argue that McGee's conception of the 'belabored' self is a more potent idea in relation to developments in education than is the 'emotional defecit' model favoured by these writers. Before I turn to my discussion of the Dearing Report, therefore, I want to say something about the notion of the therapeutic society and of the 'self' which it both assumes and seeks to construct.

The Therapeutic Society

The development of the idea of a 'therapeutic society', or 'therapy culture' (Furedi 2004) or even of a 'therapeutic state' (Nolan 1998) is relatively recent. One of the first to use the term 'therapeutic' in this way was Christopher Lasch in his 1979 book *The Culture of Narcissism*. (Rieff's sociological work *The Triumph of the Therapeutic: Uses of Faith after Freud* – originally published in 1966 – predates Lasch's work by over a decade although, as Ecclestone and Hayes (2009: 125) point out, unlike Lasch and other writers concerned with the therapeutic society such as Nolan, Furedi, and McGee, Rieff does not attempt to discuss the impact of therapeutic culture on conceptions of the self). In this book, Lasch argued that the collapse in traditional frameworks of authority, such as religion, had left individuals bereft of stabilising moral frameworks, and had driven them inwards in a narcissistic search for self-realisation. As Lasch argues:

> The contemporary climate is therapeutic, not religious. People today hunger not for personal salvation... but for the feeling, a momentary illusion, of personal well-being, health, and psychic security' (Lasch 1979: 7).

One does not need to accept Lasch's psychoanalytic framing of the topic to accept that therapeutic vocabularies and interventions have continued, exponentially, to invade aspects not only of personal identity, but also popular culture. This latter is manifested by the explosion of lifestyle, confessional and reality TV programmes,

the burgeoning (and lucrative) self-help industry, and publishing phenomena such as that of the 'misery memoir' (or 'cry-ography') and the 'Mind, Body, Spirit' sections which now occupy substantial shelf-space in any bookshop. Therapeutic vocabularies and interventions have also invaded almost all aspects of public policy, including that of education (Furedi 2004; Ecclestone & Hayes 2009).

In an important sense, the therapeutic turn can be understood as a heightening of concern with the emotional aspects of the self. As Furedi notes:

> These days, we live in a culture that takes emotions very seriously. In fact it takes them so seriously that virtually every challenge or misfortune that confronts people is represented as a direct threat to their emotional well-being. (Furedi 2004: 1)

Underpinning the therapeutic ethos, Furedi argues, is a *deficit* model of the emotions which assumes the vulnerability of the individual to 'a bewildering variety of conditions and psychological illnesses' (Furedi 2004: 4). This deficit model of the emotions leads to a conceptualisation of the self as 'diminished', which is to say that it is characterised by a 'permanent consciousness of [its own] vulnerability' which the individual is incapable of managing without 'the continuous intervention of therapeutic expertise' (Furedi 2004: 21). Therapeutic culture, Furedi argues, views the project of managing one's emotions 'as far too important to be left to the efforts of ordinary people' (Furedi 2004: 34). On the contrary, 'the management of life requires the continuous intervention of therapeutic expertise' (Furedi 2004: 21).

Against this background, public policy – including that of education – must be redirected towards shoring up the emotional deficit of the individual. In broad education terms, this policy direction could be seen operating through such initiatives as the UK Government's *Personal, Social, Health and Economic* [PSHE] programme, launched in 2000 and re-incarnated in 2005 by the Department for Education and Skills [DfES – subsequently the Department for Children, Schools and Families (DCSF)] as the 'Social and Emotional Aspects of Learning' [SEAL] programme (Ecclestone 2007). Based largely on the work of psychologist Daniel Goleman, best-selling author of popular psychological works such as *Emotional Intelligence: Why It Can Matter More Than IQ* (Goleman 1995) , the SEAL programme proposed:

> ... a comprehensive, whole-school approach to promoting the social and emotional skills that underpin effective learning, positive behaviour, regular attendance, staff effectiveness and the emotional health and well-being of all who learn and work in schools' (DCSF 2007: 4).

However, as critics have pointed out, rather than leading to self-fulfilment or self-realization, as is popularly thought to be the goal of therapeutic intervention, the therapeutic imperative instead cultivates 'a permanent consciousness of vulnerability' (Furedi 2004: 21). Rather than promoting self-fulfilment, the therapeutic imperative instead promotes 'self-limitation'.

Building on the ideas put forward by Lasch, Nolan, Furedi and others, Ecclestone and Hayes argue that although there are both ethical and philosophical aspects underpinning the rise of the therapeutic ethos, the most important explanation of this rise is political. The diminished self, they argue, may represent a loss of human agency in its increased dependence upon emotional support, but the loss of human agency itself 'reflects a historically specific end to any idea of the possibility of political change' (Ecclestone & Hayes 2009: 140). The rise of the therapeutic ethos, they argue, is premised upon 'the collapse of the human subject that occurred as a result of the end of the collective forms of working class organisation, in the form of the trade union movement, as well as of more radical projects' (ibid.: 140). They conclude that, with the collapse of politics – especially following the collapse, in 1989, of the only real alternative to capitalism – therapeutic culture is given free rein to achieve its 'strongest fulfilment' (ibid: 141).

As an explanation of the rise of the therapeutic ethos, this is an interesting and important argument. But I would go further, in arguing that the political shift has its roots in wider economic developments. Indeed, I would argue that the therapeutic ethos is boosted, not so much by the collapse of communism and the alleged 'triumph' of capitalism – announced in such works as Fukuyama's influential essay 'The End of History?' (1989) – but in the earlier restructuring of capitalism following the 1973 oil crisis. In the next section, I seek to develop this argument further, and specifically in relation to the fate of education in this process of restructuring. I will also seek to establish that this restructuring has implications for both the therapeutic turn in education, and the nature of the self that this turn assumes.

The Therapeutic Society: The Educational Context

It has been suggested that, at the turn of the millennium, lifelong learning in the context of a 'learning society' (or 'knowledge society') was 'the dominant and organizing discourse in education and training policy' in the UK (Green 2002: 612). However, the roots of this discourse go back much further, at least as far as 1976 when James Callaghan, then Prime Minister of a Labour Government, delivered a speech at Ruskin College, Oxford, designed to spark a 'National Debate' on the future of education in the UK. In this speech, Callaghan made it clear that education policy would henceforth be viewed in some sense as part of the government's wider economic policy. Education was no longer to be construed as simply equipping children 'for a lively, constructive, place in society' but would also now clearly serve another purpose: 'to fit them to do a job of work' (Callaghan 1976). For Callaghan, the education system fails if it produces 'socially well-adjusted members of society who are unemployed because they do not have the skills' required by prospective employers. These skills do not only comprise the basic tools of literacy, numeracy, respect for others, and so on, but also in-

clude developing 'an appetite for further knowledge that will last a lifetime.' Since 1976, these two key ideas – that education should, in some more-or-less explicit way, serve the interests of the economy and that the requirement for learning should be lifelong – have both moved to the centre-stage in debates and discussions concerning the meaning, function and purpose of higher education. As we shall see, they were also placed centre-stage in the Dearing Report.

That Callaghan should seek to open up a nationwide debate at precisely this point in time can be seen as a preliminary move in a wider process following the 1973 oil crisis and the perceived need on the part of Western governments generally to re-assess the post-war social-democratic consensus, and in particular the welfare state which was, in many respects, the object of that consensus. It has become something of an orthodoxy to point out that the oil crisis of 1973 (preceded, as it was, by the collapse of fixed exchange rates in 1971/1972 which led to currency destabilisation) did not just lead to the breakdown of the post-war consensus around the welfare state, but also engendered a fundamental restructuring of capitalism itself. We need not rehearse here all the various facets of this restructuring, but it is widely recognised (as in, say, Gamble 1988 and Castells 1996) that key features included a shift away from 'Fordist' mass production techniques characterised by a 'one size fits all' attitude to production, towards 'flexible specialization' targeted at niche rather than mass markets, and characterised by 'just-in-time' production processes and devolved, networked (i.e. 'flexible' and 'adaptable') organisational structures.

The argument runs that these processes, when coupled with rapidly developing and constantly changing information and communications technologies (ICTs), created the need for an educated workforce skilled in the use of ICTs, and exhibiting the key traits of flexibility and adaptability. This kind of thinking can clearly be seen informing education policy some twenty-odd years after Callaghan's Ruskin College speech. As the UK's Department of Education and Employment [DfEE] Green Paper – *The Learning Age* – noted in 1998: in order to 'cope with rapid change' initiated by 'the challenge of the information and communication age', the UK would need 'a well-educated, well-equipped and adaptable labour force' in which 'lifelong learning' and the 'continuous development of skills, knowledge and understanding' would be 'essential for employability' (DfEE 1998: 7, 11). This position was starkly restated in 2001 by the UK's Chancellor of the Exchequer, Gordon Brown:

> We want every young person to hear about business and enterprise in school, every college student to be made aware of the opportunities in business – and to start a business, every teacher to be able to communicate the virtues and potential of business and enterprise (Brown, cited in Mayr 2008: 27).

The closer alignment between education and the economy envisaged by Callaghan in 1976 had clearly become something of an orthodoxy by this time.

From the 'Diminished Self' to the 'Belabored Self'

The self that is implied by this narrative is not obviously the diminished self as outlined by Furedi, Ecclestone and Hayes. There is, for example, no obvious place in the account of the educational subject implied by *The Learning Age* for the emotional deficit which Furedi, Ecclestone and Hayes argue is characteristic of the conception of the diminished self. But there is clearly a notion of the self as vulnerable in the face of rapid and relentless change. Consider the following passage from *The Learning Age*:

> We are in a new age – the age of information and of global competition. Familiar certainties and old ways of doing things are disappearing. The types of jobs we do have changed as have the industries in which we work and the skills they need… We have no choice but to prepare for this new age in which the key to success will be the continuous education and development of the human mind and imagination (DfEE 1998: 9).

We see in this passage the presentation of a state of affairs – which presumably has come about as a result of the contingent policy decisions of governments, banks, corporations and so on – as necessary and therefore inescapable (Fairclough 2003). 'We have no choice' – both as individuals and, collectively, as a society – but to shape our attitudes and behaviour to this state of affairs. We cannot change the circumstances, and so we must change ourselves (Williams & Apperley 2009). The problem is that the circumstances themselves are understood, in the manner of the Greek philosopher Heraclitus, to be in a state of constant flux (Furedi 2009: 25-26). Change is no longer conceptualised as a moment of upheaval between two relatively stable states of affairs, with the individual undergoing a no doubt stressful period of adjustment before settling down to the new normality. Instead, change itself now characterises the state of affairs, and individuals must constantly adapt themselves to the ceaselessly changing circumstances in which they find themselves, or risk losing out.

   There is no doubt that such an environment, if it were actually to exist, would lead to heightened levels of stress and anxiety and therefore feed the demand for therapeutic intervention. But the rhetoric of government policy – as we shall see in our discussion of the Dearing Report below – is about empowering individuals to cope with the 'new age' of constant flux, via 'continuous education' (or 'life-long learning') and the promotion of a regime of constant retraining and updating of skills in the form of 'continuing professional development' (Williams & Apperley 2009). Furedi claims that the self is progressively undermined ('diminished') by the recasting of 'the ordinary troubles of life' as forms of illness (Furedi 2004: 108) but the discourses around education work upon the conception of the self in a different way. To help us see how this works, it is useful to consider McGee's idea of the 'belabored' self.

   McGee's starting point is the seemingly unstoppable growth of the 'literatures of self-improvement' amongst which she includes such works as Stephen R. Cov-

ey's *The Seven Habits of Highly Effective People*, a book pitched not only at the self-help/self-improvement/self-actualization markets, but also at the business management (or business leadership) market. Covey's book – and others like it – link success in business (or, more generally, attaining one's 'goals') to the ability to change oneself for the better. In other words, success in one's professional and personal life depends upon the work that one does upon one's own character. The popularity of books such as Covey's (*Seven Habits* alone has sold over 15 million copies and has been translated into 38 languages) is, McGee suggests, in part to be explained by changes both in the nature of work and to patterns of employment in the wake of the restructuring of capitalism following the 1973 oil crisis. With rising unemployment, falling wages and the weakening of trade unions, amongst other developments, work has become less secure and more competitive and this, McGee suggests, has led to a state of affairs in which 'a sense of personal security is anomalous, while anxiety is the norm' (McGee 2005: 12).

The response to this anxiety has led individuals 'to invest in themselves, manage themselves, and constantly improve themselves.' As employment prospects become ever more precarious, workers feel 'compelled to constantly work on themselves to remain competitive in the labour market' (McGee 2005: 12). The self is, in this respect, 'belabored', which is to say that the work that is done upon the self is as important, and perhaps even more so, as the job one does (McGee 2005: 16). There is then Furedi's 'permanent sense of vulnerability' but rather than emphasising the importance of surrendering to the embrace of the therapeutic expert, McGee rather emphasises the way in which the management of vulnerability is made the responsibility of the individual, in whose own hands lies the ability to keep anxiety at bay. The individual can of course turn to therapeutic experts (such as Covey) for advice in dealing with the 'trauma' of vulnerability, but the decision to do so remains with the individual and not, in the first instance, with the therapeutic expert. It is in this respect that the illusion of 'self-help' resides, for as George Carlin has pointed out, if you turn to books for advice in dealing with vulnerability '[t]hat's not self-help, that's help' (Carlin, cited in McGee 2005: 11).

In emphasising the responsibility of the individual in managing his or her vulnerability, I do not mean to suggest that McGee's argument is incompatible with Furedi's. On the contrary, I would suggest that McGee's argument develops Furedi's in two important respects. First, in locating the expansion of the self-help industry in relation to the economic developments McGee provides an explanatory framework for the rise of Furedi's 'therapy culture.' As I have argued above, in relation to Ecclestone and Hayes' suggesitve comments concerning the political context of therapeutic education, the 'belabored self' can be read as the economic face of therapy culture, its rise explicable in terms of the demands of capitalism in its post-1973 reconstruction.

This leads me to the second respect in which McGee's argument can be said to usefully elaborate on Furedi's: for the 'belabored self' is not only diminished emotionally, as Furedi suggests (though emotional problems might still arise) but also in terms of its social, cultural, and intellectual horizons. The belabored self is increasingly – and narcissistically – driven inward, not by Lasch's psychological forces, but by the material forces bearing on individuals under an advanced form of capitalism (McGee 2005: 16). The belabored self must ceaselessly, restlessly attend to itself, since the world it inhabits does not stand still. In this respect, the more appropriate Greek forebear is not Heraclitus, as Furedi claims, but rather the mythical character Sysiphus, doomed never to realise the full extent of his potential because every day he must start the previous day's task over again from scratch.

It is against this background that we might ask questions about the role of education in relation to the rise in therapeutic culture. The changing demands of capital, articulated in political terms via successive goverments of whatever political complexion, will at some point be translated into policy. Governments will produce and seek to implement policies that serve the perceived needs of capital in order to sustain the economic fortunes of the country as a whole and in this task education policy is no exception. As we saw above, the 'key to success' in this 'new age... of information and global competition' will be 'the continuous education and development of the human mind' (DfEE 1998:9). The purpose of education must surely be to fit individuals for their roles as 'flexible' and 'adaptable' workers. In this context, the destabilising of the self identified by McGee, can be seen as a potential goal of the education system itself. The 'therapeutic turn' in education policy can be seen as part of this project.

In the following sections I want to explore this claim further via an examination of a key document – the Dearing Report of 1997 – in the shaping of current Higher Education policy in the United Kingdom.

Restructuring HE: The Dearing Report (1997)

When Prime Minister James Callaghan called for a 'National Debate' on education in 1976, there had been no substantial review of the HE sector in the UK since the Robbins Report in 1963. Meanwhile, the number of students attending university in the UK, which had been steadily increasing since the late 1960s, had begun to accelerate following the election, in 1979, of a Conservative government (under Prime Minister Margaret Thatcher) who saw an expansion in Higher Education as one potential means of tackling increased levels of unemployment. For example, between 1980 and 1990, students obtaining first degrees at UK universities increased from 68,150 to 77,163 (approximately a 13% increase). Between 1990 and 2000 the number rose from 77,163 to 243,246 (approximately a 215% increase) (House of Commons Library 2012).

This expansion in numbers, however, brought its own problems, not just in terms of the funding – at that time by the State – of increased numbers of students taking up the opportunity to study, but also of the running costs of the universities themselves, in terms of both staff, infrastructure and the introduction of the information and communications technologies (ICTs) increasingly required to deliver content. These problems became even more urgent following the *Further and Higher Education Act* of 1992 which saw around sixty degree-granting HE institutions (polytechnics, colleges and institutes) formally chartered as universities. With a dramatically expanded HE sector, it was inevitable that issues of cost would have to be addressed. It was also perhaps inevitable that Callaghan's call for a national debate over the purposes of HE would finally be taken up: what were these universities – and higher education more generally – now for? What was not inevitable was the extent to which the HE sector would be aligned with the developing therapeutic culture, nor was it inevitable that this alignment would be driven through on the basis of the need to create a learning society characterised by lifelong learning.

In May of 1996 the then Conservative Secretary of State for Education and Employment, Gillian Shepherd, commissioned – with the full support of the main opposition parties – the National Committee of Inquiry into Higher Education [NCIHE], which was to be chaired by Sir Ron Dearing. The Dearing committee was asked to 'make recommendations on how the purposes, shape, size and structure of higher education, including support for students, should develop to meet the needs of the United Kingdom over the next twenty years' (NCIHE 1997: 3). The Dearing Report was published in July 1997, by which time the UK had undergone (in May 1997) a general election which had delivered a new Labour government under the stewardship of Anthony 'Tony' Blair. It has been pointed out that, unlike Robbins in 1963, Dearing's key preoccupation was with the financing of higher education (Bennett 1997: 28) and it is true that the Dearing Report established the principle, which has since been entrenched even further, that as students are the main beneficiaries from their university education (for example, in terms of the higher wages that graduates command in the employment marketplace) it is right that they should contribute directly to that education, rather than indirectly via general taxation.

Of course, Dearing is not only remembered for introducing the idea that students should contribute financially to their own education and Dearing's preoccupations were not solely financial. Reviewing the impact of the Dearing Report ten years after its publication, one commentator remarked that it had left 'an enduring legacy, not only in terms of tuition fees, but also in terms of 'access' and 'quality' (Tysome 2007). At the time of its publication in 1997, the BBC identified five key themes which it claimed Dearing addressed. Apart from the issue of the funding of higher education, the BBC noted, the other four key themes included the widening of access to HE; the professionalization of teaching; the improvement of

quality and standards; and the impact of 'the future' (as in the increasing importance of information and communication technologies to the delivery of content) (BBC, 1997). Subsequent commentators have largely endorsed this assessment, more or less critically (e.g. Shattock, 1999). Although Dearing certainly addressed these various issues, one aspect of the Dearing Report – an aspect ironically flagged up in the title of the report: *Higher Education in a Learning Society* – is rarely discussed, or even mentioned. This is the Dearing committee's attitude to the learning society, and to the associated idea of lifelong learning. I want to argue that it is this neglected aspect of the Dearing Report that has subsequently played a crucial role in facilitating the therapeutic turn in higher education in the UK.

Dearing, of course, did not invent the idea of the learning society, or that of lifelong learning. For example, the year prior to the publication of the Dearing Report – 1996 – had been designated the 'European Year of Lifelong Learning'. In fact, it has been suggested that the idea of lifelong learning can be traced back some 70 years prior to Dearing (Green 2002: 612). By the 1970s a range of terms were in use (e.g. 'recurrent education', 'continuing education' and 'lifelong education') all of which would be decisively superseded by the term 'lifelong learning' during the early 1990s, following the publication of texts such as Van der Zee's *The Learning Society* (1991), Ranson's *Towards the Learning Society* (1994), the European Commission's 1995 report *Teaching and Learning: Towards the Learning Society*, and initiatives such as the UK's Economic and Social Research Council's *Learning Society Research Programme*, launched in 1996.

Green also notes the importance of the shift, at this time, from a focus on *education* and its context (i.e. educational institutions such as school, college, or university) to a focus on *learning* and its context (i.e. society as such) (Green 2002: 612). An important influence on the Conservative government's thinking at this time was the Confederation of British Industry's call for a 'skills revolution', initially proposed in 1989 and subsequently enshrined in the National Education and Training Targets for Foundation and Lifetime Learning, published in 1991 (CBI 1989, 1991). This document in turn underpinned the UK's then Conservative government's own proposal to turn the UK into 'a learning society' by 2000.

In the same year in which the Dearing committee began its deliberations two other key reports had been initiated, both of which identified the learning society and lifelong learning as key ideas. The first of these was the *National Advisory Group for Continuing Education and Lifelong Learning* [Chair: Bob Fryer] which published its report on *Learning for the Twenty-First Century* for the Department of Education and Employment [DfEE] in 1997. The second was the *Committee on Widening Participation in Further Education* [Chair: Helena Kennedy QC] whose report – *Learning Works* – was also published in 1997. Both reports had argued for the necessity for education policies at Further and Higher levels to take account of the existence of, or the need to create, a learning society. The Fryer re-

port, for example, had argued that if the UK was going to maintain its competitive edge in the global marketplace, it would need 'to develop a new learning culture, a culture of lifelong learning.' The recommendations of the Dearing committee were not therefore produced in a vacuum, but were formulated in the context of a wider legitimisation of the idea of a learning society, characterised by lifelong learning

The Dearing Report is clear concerning its ambition, not merely to respond to the demands of an already existing state of affairs, but instead to actively bring this state of affairs about. As the Introduction to the Report states:

> Central to our *vision of the future* is a judgement that the United Kingdom (UK) will need to develop as a learning society. In that learning society, higher education will make a distinctive contribution [...] through its contribution to lifelong learning (Para 1.3, emphasis added).

This idea is stated even more succinctly in the Summary Report:

> Over the next 20 years, the United Kingdom must create a society committed to learning throughout life (Paragraph 2).

In these quotations the Report makes clear the Committee's ambitions, not simply to respond to an already existing state of affairs (though it does do this insofar as it sought, at that time, to address both the skills deficit identified by graduate employers and the crisis developing among universities over the funding of mass higher education) but also to engineer a state of affairs; to bring about nothing less than a change in the culture of higher education. The learning society – the key to future economic success – is not the ground upon which the Report was produced; it is the *goal* at which the Report aims. The learning society is a vision of the future, and restructuring higher education is the means by which this vision is to be made concrete.

Admittedly, the Report is not wholly consistent on this point. For example, paragraph 1.10 states that 'the expansion of higher education in the last ten years has contributed greatly to the creation of a learning society' suggesting that some progress had already been made. But the report also notes that this progress had been slow and partial, and that therefore 'the UK must progress further and faster in the creation of such a society to sustain a competitive advantage' (ibid.). As Hughes and Tight point out, discussions about the learning society have often been marked by a slippage between description and aspiration (cited in Ranson 1998: 184).

This restructuring of HE was largely to be achieved, I will argue, through two key ideas: (a) that HE should be student centred; and (b) that in a student centred educational environment learning should be prioritised over teaching, because learning is what students do. The unargued assumption that HE has traditionally been tutor centred, and that consequently teaching (which is supposedly what tutors do) has been prioritised over learning, haunts the entire report.

Engineering the Learning Society

The idea that there is a need to develop – or create – a learning society is interesting in itself. But what is even more interesting is that the Dearing Report contains a strategy for achieving this goal. Moreover, this strategy appears to make reflective practice – a key therapeutic idea – central to achieving this goal. This strategy for bringing about the learning society can clearly be seen in relation to Dearing's recommendation that higher education should equip all students with four 'Key Skills.' Dearing reports that when consulted about which skills were most commonly lacking amongst graduates, and were therefore most urgently sought after by prospective employers, the Committee 'did not find a consensus from employers on where the main deficiencies in skills lie' (9.16). Nevertheless, the report sets out four 'Key Skills' which, in its judgement, 'are relevant throughout life' (9.18) and therefore should be common objectives of all HE programmes.

The first three skills – communication, numeracy, and the ability to use communications and information technology – are perhaps to be expected. It is the fourth 'skill' – 'learning how to learn' – that appears, at first glance, to be the oddity: are (or were) employers really crying out for graduates who have an understanding of, and an abiding interest in, their own individual pedagogies? This fourth 'skill' only really makes sense in the context of the assumptions underpinning the idea of a 'learning society' which frame the Terms of Reference of the report. Certainly, it is the only one of the four key skills whose presence the Dearing committee felt a need to explain, and this explanation is squarely couched in terms of the demands on individuals which the 'learning society' is supposedly going to make:

> We include 'learning how to learn' as a key skill because of the importance we place on *creating a learning society* at a time when much specific knowledge will quickly become obsolete. Those leaving higher education will need to understand how to learn and how to manage their own learning, and recognise that the process continues throughout life (9.18, emphasis added).

> [Note the phrase 'those *leaving* higher education', clearly pitching the learning society beyond HE itself, a point I will return to below.]

Learning how to learn is to be achieved, in part, by means of the student's *Progress File*. (Dearing, Recommendation #20) As Dearing envisaged it, the Progress File was to comprise of 'two major elements':

> an official record of achievement or transcript, provided by institutions [known as the 'academic transcript']

> a means by which students can monitor, build and reflect upon their own personal development [known as the 'record of achievement']

These two elements of the progress file – the *academic transcript* and the *record of achievement* (the latter now more commonly known as the *personal development portfolio*) – can be understood in terms of the product versus process distinc-

tion: the academic transcript was to represent the product or results of a student's studies, and was to be supplied by the student's university (albeit in a 'common format devised by institutions collectively'). The record of achievement on the other hand was to record the *process* of learning. However, it is worth exploring in a bit more detail the function of these documents, and the relationship between them.

The academic transcript, as Dearing envisages it, is to record the students' performance on the courses they take, and also what it is that their individual performances have earned for them: their degree title, for example, and the classification appropriate to the various grades they have earned in the course of their studies. It is, in essence, the document that records the student's engagement with their chosen academic subject, but also more generally with the university as an academic institution. Insofar as the student has demonstrated an ability to progress through the various levels of study, demonstrating a more-or-less successful grasp of subject-based knowledge along the way, the academic transcript acts as proof of that achievement, underpinned by the authority of the degree-granting institution of which the student is, or has been, a member. The document, and the achievement it records, is located squarely within the institutional confines of the higher education system, and it reflects and records academic achievement.

The record of achievement, on the other hand, is not about the student's academic achievements, but rather their personal development. This file 'would include material which demonstrated progress and achievement in key and other skills and recorded informal and work-based learning' (9.50). Whereas the scope of the academic transcript is clearly the period during which the student is studying at university and is concerned with the institutional context alone, the scope of the record of achievement is much broader: it is potentially the student's whole life:

> The contents of the [record of achievement] would help students to review and record their past achievement, and encourage them to set targets and plan future development (9.48).

The focus here on the student's whole life rather than merely the three or so years spent within the institutional confines of the HE system is, I want to argue, crucial in opening the way for the introduction of therapeutic practices and therapeutic values – of self-help and personal empowerment – which have continued to shape the approach of universities to issues such as recruitment, retention and progression. It is in terms of the 'whole life' approach that McGee's idea of the belabored self becomes important, as we shall see.

To see how this works, we need first of all to acknowledge another of the ambitions at which Dearing aimed, for the progress file and its reflective element – the record of achievement – was conceived of by Dearing as part of a wider 'vision' of putting 'students at the centre of the process of learning and teaching' (NCIHE 1997: Summary, Para. 35). It is, I want to suggest, this student-centred

focus of the Dearing Report, coupled with the self-diagnostic nature of the record of achievement, which provides an important rationale for the subsequent introduction of therapeutic practices and policies within higher education as such.

Students at the Heart of the System

The title of this section is, in fact, the subtitle of the current UK coalition government's 2011 White Paper *Higher Education: Students at the Heart of the System* (Department of Business, Innovation and Skills [BIS] 2011). Although not all aspects of the Dearing Report were successfully implemented, this is nevertheless clear evidence of its continuing importance in framing the approach of subsequent governments towards higher education. In what follows, we will consider the implications for higher education policy of Dearing's vision of putting students at the centre of learning and teaching. Putting students at the heart of the system (specifically in order to 'drive up the quality of higher education') was also a key principle of the influential 'Browne Report' (Browne 2010: 28).

Elaborating on the Dearing committee's recommendations in 2001, the UK's Quality Assurance Agency [QAA] produced its *Guidelines for HE Progress Files* (QAA 2001). This document, which was intended to provide information and advice to those institutions seeking to roll out a version of the progress file, established 'Personal Development Portfolio' [PDP] (Dearing's 'record of achievement') as the preferred term for the student-driven element of the progress file, and set out a timescale for the implementation of the Dearing recommendation. HE institutions were to have agreed a common format for the presentation of data in the academic transcript element of the PF by the start of the 2002/2003 academic year, while the PDP element was to be implemented 'across the whole HE system and all HE awards by 2005/2006' (QAA 2001: Para 41). The QAA document suggested that, for the individual student, the PDP element of the PF would result in 'enhanced self-awareness of strengths and weaknesses and directions for change' (QAA 2001: Para 32). Moreover:

> The process is intended to help individuals understand the value added through learning that is *above and beyond attainment in the subjects they have studied*. Crucially, it relates to their development *as a whole person* (QAA 2001: Para 32, emphases added).

As we have seen, the Dearing committee's 'vision' of a learning society underpinned by lifelong learning 'puts students at the centre of the learning *and teaching* process' (Para 8.4, emphasis added). The restructuring of HE in part takes its cue from this position. For example, the committee's 'vision' of a learning society 'places a premium on wider support and guidance for students' enabling them 'to focus their attention fully on their learning' (ibid.).

One might be tempted to interpret the previous quotation as meaning that students will be supported and guided so that they might better focus on learning

about their chosen subject, which is to say the subject (or subjects) they have opt-ed to study whilst at university. But that is not what the quotation actually claims, for the support and guidance to be offered by their HE institution is not focussed on *what* they are learning, but rather on the activity of learning itself. Recall that 'learning how to learn' is included by the Committee as one of the four key skills which HE must ensure all students have upon graduation. Recall also that, in Dearing's own words, 'those leaving higher education will need to understand how to learn and how to manage their own learning' if the learning society is to become a reality (1.18). This will be more important, the report declares, than subject-based knowledge, whether academic or vocational:

> The pace of change in the work-place will require people to re-equip themselves, as *new knowledge* and *new skills* are needed for economies to compete, survive and prosper (1.12, emphases added).

Although subject-based knowledge is important, given 'the pace of change' it is increasingly redundant. As the report states: 'In a period of discontinuous change, the future cannot be forecast from the past' (Para 1.20). This is why 'learning how to learn' is so important. What students need is not increasingly redundant sub-ject-based knowledge but rather 'the knowledge and skills to control and manage their own working lives' (ibid.). Students need self-knowledge – knowledge about their own strengths and weaknesses; knowledge about the various strategies for learning available to them and which suit them as individuals. It is this kind of knowledge – knowledge about the *self* – that the PDP element of the Progress File is intended to elicit. It is this kind of knowledge – and not subject-based knowledge – that the Dearing Report insists will help them to survive and prosper in the learning society (which, incidentally, these strategies, in the manner of a self-fulfilling prophecy, are designed to bring about). If we accept the terms of this account of the relationship of students to their tutors, courses and universities, then what follows?

Centering Subjectivity; Decentering Subjects

One implication concerns the relative status of academics and students. Within the HE sector, academics may be understood as bearers of subject knowledge and as representatives of their respective subjects/disciplines. Academics retain, both as individuals (tutors, teachers, researchers) and collectively (as in a faculty, or a discipline), a great deal of subject-based knowledge – the kind of knowledge which the Dearing Report implies is increasingly marginal in a rapidly changing world. For some commentators, this 'traditional' conception of the academ-ic/student relationship sees teaching 'as a process which transmits pearls of wis-dom from old scholars to new apprentices', a process which is both pernicious and authoritarian (Elliot 1999: 13). For commentators such as Elliot, teaching should not be about transmitting 'pearls of wisdom' but should instead be about 'support-

ing student learning', a role that 'is best carried out by directing the student's attention to how they learn' and not, presumably, to the academic subjects they wish to learn about (Elliot, 1999: 13). The student-as-learner is not conceived of as an institutional role, but rather as an existential state of being. As Elliot puts it:

> Privileging teaching contexts over other forms of learning experience is a consequence of a formalised view of education that understates the extent to which students may take responsibility for their own learning and equally how much of that learning may take place outside of formal academic contexts (12).

In the learning society one does not become a learner upon entry to a HE institution, and one does not cease to be a learner upon graduation: one is always and everywhere a learner. Moreover, if the 'traditional' teacher-led model of education is (potentially, at any rate) authoritarian, then it must surely follow that shifting to a student-led model is both democratic (or at least anti-elitist) and empowering for the individual student. This empowering aspect of the student-led model is clearly signalled in the UK Labour Party's contribution to Stewart Ranson's 1998 collection *Inside the Learning Society*:

> Individuals [in a learning society] need to be empowered to make their own decisions about their own lives. This requires not only a broad and balanced education but, even more importantly, that individuals are equipped with self-confidence and self-esteem (Labour Party, in Ranson 1998: 134).

It is not only in the emphasis on personal empowerment (one decides about one's own life…) but also in the assumption that the goals of education cannot be achieved without first bolstering the individual learner's self-confidence and self-esteem that we encounter, albeit in a gestural way, the 'therapeutic turn' in education.

As we noted earlier, this creates a potential problem for HE institutions, for if learning is a 'life wide' activity the need to actually attend a university might well diminish in importance. As Green points out, the European Commission's 2001 *Memorandum on Lifelong Learning* made precisely this point, arguing that lifelong learning should be 'life wide' in that it should be 'embedded in all life contexts from the school to the workplace, the home and the community' (Green 2002: 613). In the context of the UK, the point was made as early as 1994 by the Economic and Social Research Council [ESRC] prior to launching its *Learning Society Research Programme* (in 1996). The ESRC described the learning society as 'one in which all citizens acquire a high quality *general* education' (ESRC 1994: 2, emphasis added).

A similar point was made in *Learning Works*, the 1997 report of the Committee on Widening Participation in Further Education [Chair: Helena Kennedy QC]. In this report – a direct influence on the incoming Labour Government's FE and HE policies, and on Dearing's committee – states that:

> Many of the skills and qualities required for success at work are the same as those required for success in personal, social and community terms… The capabilities are

learned and developed *in a wide variety of ways over a lifetime'* and the point is summarised in the phrase '[w]e believe that *all types of learning* are valuable (Kennedy, in Ranson 1998: 164, emphases added).

It is against this background that we might chart the increasing importance to HE institutions of attending to the student experience.

The student-centred approach of the Dearing Report, with its implication that the knowledge gained about his- or herself by an individual student is much more important to their long-term interests than any subject-based knowledge they might gain during their time in HE, has the potential effect of undermining, in the long run, the authority of the academic enterprise itself. After all, self-knowledge is something anyone can gain, whether or not they attend a university. Moreover, the very idea of lifelong learning implies that learning takes place continuously – in the workplace, on the street, in the home, in the pub – and higher education is just one more environment among these many others. Where, one might ask, does learning not take place in a learning society? And if learning does take place anywhere and everywhere and all of the time, what's so important about entering HE in order to do it? The status and authority of universities, and, of course, of teaching itself is thereby weakened by the general undermining of formal education in the face of informal and non-formal sources of knowledge, and by the emphasis on experiential learning over the acquisition of subject-knowledge (Furedi 2009: 157).

One way in which universities responded to this student-centred discourse was to bend in the direction of student experience. (In this can be seen one source of HE's current obsession with 'the student experience', as exemplified by such developments as the National Student Survey). An example drawn from my own university will illustrate the pervasiveness of this way of conceptualizing higher education. The Institute for Learning Enhancement [ILE] at the University of Wolverhampton has its origins in the Dearing Report's desire to enhance the quality of HE via the 'professionalization' of the sector. Part of this project involved the setting up of an independent body charged with maintaining and improving standards in HE. This body was the Institute for Learning and Teaching in Higher Education [ILTHE] which, in 2004, became the Higher Education Academy [HEA]. The role of the HEA in promoting a therapeutic culture in universities has been noted by Ecclestone and Hayes (2009: 99).

The ILE – formerly known as the Centre for Excellence in Learning and Teaching [CELT] – describes itself as 'a strategic department established to lead developments in learning and teaching across the University.' However, in spite of this reference to learning *and* teaching, it is significant that the renamed body dropped the original reference to teaching altogether in favour of the student-centred formulation 'learning enhancement.' This emphasis is reinforced in the ILE's Mission Statement, which makes no reference to teaching at all:

> We are committed to promoting independence in our learners, developing their intel-
> lectual capacities, enhancing their key and research skills, and improving their sub-
> ject knowledge (ILE n.d.).

The ILE provides a series of guides to lecturers including, amongst others, 'How to harness the students' experience to their learning,' the purpose of which is to make their learning 'meaningful and relevant' to their lives, and 'How to raise attainment with a good assignment brief.' This latter contains the following state-ment:

> Research shows that attainment levels can be associated with the quality of the as-
> signment brief; students report that unclear and unwieldy briefs produce learner anx-
> iety; students spend days trying to decode the brief rather than getting down to the
> assignment (ILE n.d.).

Here we encounter the therapeutic turn in advice on constructing an assignment brief, for the point of producing a clear brief is the reduction of learner anxiety. Not only is no evidence supplied for this claim (in spite of the claims that '[r]esearch shows' or that 'students report') but one is also led to wonder how a tutor should respond to this advice more generally. For example, asking students to read complex and difficult texts would no doubt have the effect of increasing 'learner anxiety'. Should tutors, therefore, find simpler, less complex texts?

Elsewhere in the University, the therapeutic orthodoxy promoted by, at the na-tional level, the HEA and, at the local level, by the ILE is endorsed and promoted. In the University's School of Education, for example, researchers focus on 'emo-tional reactions to learning and assessment' and explore the 'corrosive emotional reactions' suffered by students faced with challenging assessments which pervade their personal and working lives 'like an illness' (Cramp et al. 2011: 519). As I have sought to demonstrate, Dearing's emphasis on the student experience, and the elevation of process (via the record of achievement – or personal development portfolio – element of the Progress File) over product (the academic transcript) sets this process in train.

From Personal Development to Working on the Self

We have seen that the Dearing Report identified the creation of a culture of life-long learning as a key goal to which higher education might be recruited. We have also considered the role which the personal development portfolio, with its em-phasis on the importance to students of reflecting upon their whole lives, was to play in establishing a culture of lifelong learning. But as critics of this policy have pointed out, reflection is not a simple thing and the students' ability to do it might be affected by their gender, race, or class, and might to some extent even be af-fected by the academic subjects which they choose to study. Clegg and Bradley, for example, point out that students taking 'hard' subjects such as engineering see technical matters or the 'facticity' of their subjects as much more germane to their

studies than 'soft' practices such as reflection, whereas in 'soft' subjects, such as one finds in the humanities, reflection is already part of what students do. Ironically, downplaying the subject-knowledge in these latter subjects in favour of 'directing the student's attention to how they learn' (Elliot 1999: 13) might well undermine a more sophisticated ability to reflect (Clegg & Bradley 2006: 70-71).

If the personal growth of the student were genuinely the goal of the personal development portfolio, such considerations might be cause for concern. But as we have already seen, the purpose of the reflective element of Dearing's Progress File is not the personal growth of the individual student: it is the creation of a culture of lifelong learning. Couched in the language of therapy – education will produce 'socially well-adjusted members of society' [Callaghan] – students will be 'empowered to make their own decisions about their own lives' and to 'manage their own learning' [Labour Party; Dearing]; they will be encouraged to 'reflect upon their own personal development' [Dearing]; the process of reflection will help students to develop 'as a whole person' [QAA]; students must be enabled to 'take responsibility for their own learning' [Elliot]; students must be 'equipped with self-confidence and self-esteem' [Labour Party]) the goal of creating a culture of lifelong learning is to align more closely the system of higher education (and education more generally) to the needs of the economy, and in particular the demands on the part of business for a more flexible and adaptable workforce.

Although Dearing acknowledges – in the very first line of the very first paragraph of the report – that 'education is life-enhancing' in that 'it contributes to the whole quality of life' this is mere lip-service, for in the very next line of the report the dominant tone is set: 'In the next century, the economically successful nations *will be those that become learning societies*: where all are committed, through effective education and training, to lifelong learning' (Para 1.1, emphasis added). Education generally, and higher education in particular, is yoked to the goal of economic success at the outset. The task of education thus shifts from the enlightenment goal of enlarging the human being in its understanding of the world, to shrinking its understanding to a set of narrow economic goals, chief amongst which is the work one must do upon one's self. In this new post-Fordist world, labouring upon oneself is 'the key to success' and is 'essential to employability' (DEE 1998: 9, 7). As Clegg, writing in the wake of the Dearing Report, has pointed out, the subjectivities of students have been reconstructed in that they have been encouraged to see themselves, not primarily as learners interested in their subjects, but as learners interested in themselves as learners – via the 'learning-to-learn' discourse – or as employable subjects oriented towards work – via the currently fashionable' employability' discourse (Clegg 2004; Ball 2009; Browne 2010).

Conclusion

In this paper I have argued that, in terms of the therapeutic turn in the UK higher education sector, the Dearing Report has played a crucial but often overlooked role. It's ambition to bring about a learning society characterised by lifelong learning, necessitating as this did a cultural shift in our understanding of the purpose and point of higher education, framed the committee's approach in ways that decisively shifted the centre of gravity towards the student-as-learner, a role no longer constrained by the limited institutional confines of the university characterised by a focus on academic subjects. This new role, cut loose from the institutional constraints of the university, implies a self that must constantly labour upon itself if it is to succeed in the new speeded-up, flexible labour market. The project of reflexivity which Dearing establishes via the record of achievement element of the Progress File is 'characterised by the constant need to invent the self in the face of risk [and] the lack of old certainties and stable social relations' which this new capitalist order demands (Clegg & David 2006: 155). This 'belabored' self is the product of the therapeutic turn set in train by the Dearing Report, and subsequently refined and consolidated across the HE sector in the UK.

Of course, I do not claim that Dearing was solely the agent of this therapeutic turn in HE – it was a symptom just as much as a cause, as I hope I have gone some way towards demonstrating. Nor do I claim that it is solely the student-centred aspects of the report that led to this therapeutic turn. Ecclestone and Hayes, for example, point out that Dearing's ambition to 'professionalise' teaching in the HE sector via the establishment of a professional body (Dearing led to the setting up of the Institute for Learning and Teaching in Higher Education which has since been superseded by the Higher Education Academy) has also had an important impact on entrenching the therapeutic culture in academia via its role in teacher training (Ecclestone & Hayes 2009: 99). But I do think that Dearing's role in bringing about the therapeutic turn ought to be properly recognised and understood. The project of creating a learning society characterised by lifelong learning, advocated by the Dearing Report, should properly be recognised as an exhortation to embark upon a lifetime of labouring upon the self.

Alan Apperley is a Senior Lecturer in Media, Communication and Cultural Studies at the University of Wolverhampton. He has published variously on the history of political thought (Hobbes; Rousseau) and aspects of contemporary political theory including the concepts of personal autonomy, political liberalism and liberal democracy. His current research interests include the idea of Public Service Broadcasting and its role in a democratic society, the impact of social media on Public Service Broadcasting, and the generation of public value in the context of both broadcasting and higher education. E-mail: a.r.apperley@wlv.ac.uk

References

Bennett, Paul (1997): 'The Dearing Report: Paving the way for a learning society', *Australian Universities Review*, 2, 27-30: http://www.eric.ed.gov/PDFS/EJ558362.pdf (accessed 01 May 2013).

Browne, John (2010): *Securing a Sustainable Future for Higher Education: An Independent Review of Higher Education Funding and Student Finance* [the 'Browne Report'] London: The Stationery Office.

British Broadcasting Corporation [BBC] (1997): 'Politics97: The Dearing Report': http://www.bbc.co.uk/news/special/politics97/news/07/0723/dearbrief.shtml (accessed 01 May 2013).

Callaghan, James (1976): *Towards A National Debate* [The Ruskin College Speech]: http://education.guardian.co.uk/thegreatdebate/story/0,9860,574645,00.html (accessed 11 July 2013).

Castells, Manuel (2010): *The Information Age: Economy, Society and Culture, Volume 1: The Rise of the Network Society,* 2nd Edition. Oxford: Wiley-Blackwell.

Clegg, Sue (2004): 'Critical readings: progress files and the production of the autonomous learner', *Teaching in Higher Education;* 9:3, 287-298.

Clegg, Sue & Sally Bradley (2006): 'Models of Personal Development Planning: Practice and Processes', *British Educational Research Journal*, 32:1, 57–76.

Clegg, Sue & Miriam David (2006): 'Passion, pedagogies and the project of the personal in higher education', *21st Century Society*, 1:2, 149–165.

Committee on Higher Education [Chair: Lionel, Lord Robbins] (1963): *Higher Education: Report of the Committee* [The Robbins Report], Cmnd. 2154. London: HMSO.

Committee on Widening Participation in Further Education [Chair: Helena Kennedy QC] (1997): *Learning Works – Widening Participation in Further Education*, Coventry: The Further Education Funding Council.

Confederation of British Industry [CBI] (1991): *The Skills Revolution*, London: CBI.

Confederation of British Industry [CBI] (1989): *Towards a Skills Revolution*, London: CBI.

Covey, Stephen R. (2004): *The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change*, 15th Edition. London: Simon & Schuster.

Cramp, Andy, Catherine Lamond, Liz Coleyshaw & Sue Beck (2012): 'Empowering or Disabling? Emotional Reactions to Assessment Amongst Part-time Adult Students', *Teaching in Higher Education*, 17:5, 509-521.

Cropley, Arthur J. (ed.) (1980): *Towards a System of Lifelong Education*, Hamburg: Unesco Institute for Education.

Department for Business, Innovation and Skills (2011): *Higher Education: Students at the Heart of the System*, Cm 8122. London: HMSO.

Department for Children, Schools and Families (2007): *Social and Emotional Aspects of Learning for Secondary Schools*, Nottingham: DCFS Publications.

Department for Education and Employment (1998): *The Learning Age: A Renaissance for a New Britain*, Cm 3790. London: The Stationary Office.

Ecclestone, Kathryn (2007): 'Resisting Images of the Diminished Self: The Implications of Emotional Well-being and Emotional Engagement in Education Policy', *Journal of Education Policy*, 22:4, 455-470.

Ecclestone, Kathryn & Dennis Hayes (2009): *The Dangerous Rise of Therapeutic Education*, London: Routledge.

Elliot, Geoffrey (1999): *Lifelong Learning: The Politics of the New Learning Environment*, London: Jessica Kingsley Publications.

European Commission (1995): *Teaching and Learning: Towards the Learning Society*, Brussels: European Commission.

European Commission (2001): *A Memorandum on Lifelong Learning,* Brussels: European Commission.

Fairclough, Norman (2003): *Analysing Discourse: Textual Analysis for Social Research*, London: Routledge.

Fukuyama, Francis (1989): 'The End of History?', *The National Interest*, Summer 1989.

Furedi, Frank (2004): *Therapy Culture: Cultivating Vulnerability in an Uncertain Age*, London: Routledge.

------ (2009): *Wasted: Why Education Isn't Educating*, London: Continuum.

Gamble, Andrew (1988): *The Free Economy and the Strong State: The Politics of Thatcherism*, London: Macmillan Education.

Green, Andy (2002): 'The Many Faces of Lifelong Learning: Recent Education Policy Trends in Europe', *Journal of Education Policy*, 17:6, 611-626.

House of Commons Library (2012): *Education: Historical Statistics*, Updated: 27 November 2012: www.parliament.uk/briefing-papers/sn04252.pdf (accessed 24 April 2013.

Hughes, Christina & Malcolm Tight (1998): 'The Myth of the Learning Society', Stewart Ranson (ed.): *Inside the Learning Society*, London: Cassell.

Insitute for Learning Enhancement, University of Wolverhampton (n.d.): 'Mission Statement': http://www.wlv.ac.uk/Default.aspx?page=8752 (accessed 10 July 2013).

Institute for Learning Enhancement, University of Wolverhampton (n.d.): 'How to Raise Attainment with a Good Assignment Brief': http://www.wlv.ac.uk/Default.aspx?page=29901 (accessed 10 July 2013).

Kennedy, Helena (1998): 'A Self-Perpetuating Learning Society: A Report on Participation in Further Education', Stewart Ranson (ed.): *Inside the Learning Society*, London: Cassell.

Labour Party, The (1998): 'Opening Doors to a Learning Society', Stewart Ranson (ed.): *Inside the Learning Society*, London: Cassell.

Lasch, Christopher (1979): *The Culture of Narcissism: American Life in an Age of Diminishing Expectations*, New York, NY: Norton.

Mayr, Andrea (2008): *Language and Power: An Introduction to Institutional Discourse*, London: Continuum.

McGee, Micki (2005): *Self-Help, Inc.: Makeover Culture in American Life*. Oxford: Oxford University Press.

National Advisory Group for Continuing Education and Lifelong Learning [Chair: Bob Fryer] (1997): *Learning for the 21st Century*, [The Fryer Report] London: NAGCELL.

National Committee of Inquiry Into Higher Education [Chair: Ron Dearing] (1997): *Higher Education In The Learning Society*, [The Dearing Report] London: HMSO.

National Institute for Adult Continuing Education (1994): *What Price the Learning Society?*, Leicester: NIACE.

Nolan James L. (1998): *The Therapeutic State: Justifying Government at the Century's End*, New York, NY: New York University Press.

Quality Assurance Agency [QAA] (2001): *Guidelines for HE Progress Files*, QAA.

Ranson, Stewart (ed.) (1998): *Inside the Learning Society*, London: Cassell.

Rieff, Philip (1966/1987): *The Triumph of the Therapeutic: Uses of Faith after Freud*, 2nd Edition. Chicago: University of Chicago Press.

Shattock, Michael (1999): 'The Impact of the Dearing Report on UK Higher Education', *Higher Education Management*, 11:1, 7-17.

Tysome, Tony (2007): 'Dearing Still Shapes the Agenda he Set', *Times Higher Education Supplement*, 27 July 2007: http://www.timeshighereducation.co.uk/209757.article (accessed 01 May 2013).

Van der Zee, Hendrik (1991): 'The Learning Society', *International Journal of Lifelong Education*, 10:3, 213-230.

Watson, David (2007): *Whatever Happened to the Dearing Report? UK Higher Education 1997-2007*, London: Institute of Education, University of London.

Williams, Sarah & Alan Apperley (2009): 'Public Relations and Discourses of Professionalization'. Adela Rogojinaru & Sue Wolstenholme (eds): *Current Trends in International Public Relations*, Bucharest: Tritonic.

The Self-Help Book in the Therapeutic Ontosphere: A Postmodern Paradox

By Jean Collingsworth

Abstract

The self-help book is a prominent cultural and commercial phenomenon in the therapeutic ontosphere which permeates contemporary life. The generic term 'ontosphere' is here co-opted from IT to describe a notional social space in which influential conceptualisations and shared assumptions about personal values and entitlements operate without interrogation in the demotic apprehension of 'reality'. It thus complements the established critical terms 'discourse' and 'episteme'. In the therapeutic ontosphere the normal vicissitudes of life are increasingly interpreted as personal catastrophes. As new issues of concern are defined, it is assumed that an individual will need help to deal with them and live successfully. Advice-giving has become big business and the self-help book is now an important postmodern commodity. However a paradox emerges when the content and ideology of this apparently postmodern artifact is examined. In its topical eclecticism the genre is indeed unaligned with those traditional 'grand narratives' and collective value systems which the postmodern critical project has sought to discredit. It endorses relativism, celebrates reflexivity and valorizes many kinds of 'personal truth'. Moreover readers are encouraged towards self-renovation through a process of 'bricolage' which involves selecting advice from a diverse ethical menu alongside which many 'little narratives' of localized lived experience are presented as supportive exemplars. However in asserting the pragmatic power of individual instrumentality in an episteme which has seen the critical decentering of the human subject, the self-help book perpetuates the liberal-humanist notion of an essential personal identity whose stable core is axiomatic in traditional ethical advice. And the heroic journey of self-actualization is surely the grandest of grand narratives: the monomyth. Thus the telic self-help book presents the critical theorist with something of a paradox.

Keywords: Self-help book, ontosphere, therapeutic discourse, postmodern paradox, metanarrative

A Fearful Society

Since the phrase 'risk society' was coined by Ulrich Beck (1992: 21) to describe increasing public concern about hazards such as pollution, crime and emergent diseases, other commentators have documented a widespread sense of fearfulness in society (cf. Bourke 2006; Furedi 2006; Gardner 2009; Glassner 2010) whilst also noting that most individuals in the west have never been healthier, wealthier or safer. Lasch (1979) famously identifies a therapeutically-nuanced culture of narcissism which encourages anxious self-scrutiny. Sykes (1992: 38-45) observes 'the marketing of the therapeutic' and calls America a nation of 'victims' who increasingly lack the inner strength needed to fight personal adversity without external support (cf. Peele 1999; Playfair 2004). Furedi (2004: 8-12; 17-21; 95-105) considers that the normal vicissitudes of life have become increasingly interpreted as personal catastrophes so that universal experiences such as child-rearing, sexual relations, loss and ageing have been 'pathologized' into crises requiring professional advice. Salerno (2005: 26-32) thinks that the self-help movement has created 'a world of victims'; Hoff Somers and Satel (2006: 5-6) deplore the American 'intervention ethic'; and Fassin et al. (2009) trace how the 'trauma narrative' has become culturally and politically respectable.

Meanwhile each edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM),* which was originally published by the American Psychiatric Association (APA) in 1952 to provide a shared diagnostic lexicon for health practitioners, has described and named additional psychological disorders and problematic behaviours; most recently in *DSM-5* (APA 2013). This has led some practitioners to question what they see as the over-medicalization of mental health issues (cf. Szasz 2007; Greenberg 2013; NHS Choices 2013). However the constant revision and expansion of this publication make it of significant value to certain groups who operate beyond institution-based medicine. This is because its concise descriptors enable researchers, educators, publishers, drug companies, health insurers, lawyers, therapists of all kinds, those who produce self-help materials, carers and patients to identify and respond to the 'authoritative' categories of mental disorder promulgated in its pages (cf. Kutchins and Kirk 2001). Once a discrete 'problem' has been officially recognised it can then be 'managed' with the right help and at a price (cf. Furedi 2004: 98-102) as it becomes a niche market. Thus the commodification imperative of late capitalism identified by Harvey (1991) and Jameson (1992) exploits pathologies for economic gain: research is funded, pharmaceuticals developed, therapies offered, training devised, publications produced and advertising created (cf. Horwitz et al. 2005; Wright 2011: 23).

The processes of expansion and commodification can be seen at work, for example, in the case of Attention Deficit Hyperactivity Disorder (ADHD) which has been called one of the most researched disorders of all time (Bailey & Haupt 2010: 3). As the historical survey undertaken by Lange et al. (2010) makes clear,

the challenging childhood behaviours now being described as ADHD are not a recent phenomenon. But once the designation ADHD was introduced into *DSM-III-R* (APA 1987) a penumbra of formal and informal commentary, together with a variety of proposed interventions through both professional and non-professional therapy, soon developed around the concept. And this rapid growth of interest in the issue can be clearly observed in the pages of the British Library Catalogue (BLC) which contains just 16 items about ADHD published before 1987. But there are 11,520 publications on the topic subsequently: 201 between 1987-1994; 1,549 between 1995-2000; 3,824 between 2001-2007 and 5,946 since 2007. This list includes books, articles, journals, reports, conference proceedings and what the BLC terms 'popular literature' such as practical advice for parents, teachers and those with ADHD themselves. Thus we find *Cognitive Behavioural Therapy for Adult ADHD: An Integrative Psychosocial and Medical Approach* (Ramsay & Rostain 2008) sitting alongside *The Pocket Guide to ADHD: Practical Tips for Parents* (Green & Chee 2004). Furthermore a Google search for ADHD in February 2014 elicited more than sixteen million results which included the sites of professional and clinical organisations, charities, training companies, personal blogs and the web pages of informal support groups. Clearly a clinical denotation created less than thirty years ago as a definitive term within a specialist lexicon is now entrenched in demotic discourse.

Similarly, after the term Post-Traumatic Stress Disorder (PTSD) appeared in *DSM-III* (APA 1980) to describe not just behaviours which had long been of concern to the military (Dean 1999) but also the persistent severe anxiety suffered by other groups of people after terrible experiences, research concerned with the nature of trauma-related disorders, their societal effects, their treatment and support rapidly grew (Wilson & Keane 2004; cf. Fassin et al. 2009). Clearly traumatic distress has not somehow been recently 'invented'. The point is that when an aspect of human experience becomes officially 'pathologised' and specifically named, as ADHD and PTSD have been, ordinary people eventually begin to acquire some new vocabulary with which to discuss the issue and an additional area of personal concern becomes established in society (Mays & Horwitz 2005; Illouz 2008: 165-7).

Moreover the publishing industry eagerly responds to such developments, thereby furthering the conversation. For example *AD/HD for Dummies* (Strong & Flanagan 2004) and *Post Traumatic Stress Disorder for Dummies* (Goulston 2007) are part of a highly popular series of publications which began with a single guide to the DOS computer operating system in 1991. The *Dummies* franchise, whose publicity claims that it is designed to make everything easier in our lives by providing step-by step instructions, currently has over 1,800 'manuals' covering, business, health, sports, pets, relationships etc. etc. There is advice on universal experiences such as anger (Gentry 2006) and eldercare (Zukerman 2003) as well as on more specific personal problems such as stroke (Marler 2005) and schizo-

phrenia (Levine & Levine 2008). Indeed the *For Dummies* backlist presents cultural commentators with a useful primary source of information about various manifestations of contemporary angst because it is effectively an index of those issues which have come to trouble people significantly enough for them to seek published advice in the last few decades.

Meanwhile the 12-step model of therapeutic intervention originally developed by members of Alcoholics Anonymous (Kurtz 1991; Kaminer 1992) has been widely promoted by the 'recovery' industry as an effective intervention stratagem in other settings (Travis 2013). So the disease theory of addiction is now being applied to problems such as drug use, eating disorders, hoarding, gaming, obsession with work and 'co-dependency': a condition described by Beattie (1986) as the compulsion to control the behaviour of others. Each of these issues now has its own register of 12-step meetings as well as a characteristic 'recovery' discourse which is articulated in a collection of associated guides, testimonies, workbooks, calendars, websites, blogs etc.

Moreover the professional counselling industry has expanded remarkably since the British Association for Counselling and Psychotherapy was set up in 1977 to provide practitioners with a code of conduct and to advise official bodies about developments in mental health treatments. Indeed the wide variety of organisations now active in this area can be seen in the *Counselling Directory* (2014). However there has been some concern about the possible negative effects of the growing intervention culture. For example Ecclestone and Hayes (2008) worry that therapeutically-nuanced education in schools may be infantilising young people by focusing attention on present behavioural problems and issues of emotional vulnerability; rather than teaching them how to welcome challenges and cope with instances of failure, thereby helping them to establish a core of psychological resilience for the future.

Yet not all is therapeutic anxiety and there is also significant interest in what makes for personal agency and sustained inner strength. For example the discipline of Positive Psychology developed by Professor Martin Seligman and his colleagues at the University of Pennsylvania (Seligman 1991; 2011) is now being widely taught (Hefferon & Boniwell 2011) and has generated much scholarly material, such as the articles in the *Journal of Happiness Studies*. Seligman's 'new' approach studies the character strengths and virtues that produce well-being in people, rather than focusing on mental pathologies. Unsurprisingly there have also been a number of related self-help books such as *The How of Happiness: A Practical Guide to Getting the Life You Want* (Lyubomirsky 2007) and *Happiness for Dummies* (Gentry 2008), which describes itself as a guide 'to living the good life you deserve'. In this it echoes the L'Oreal cosmetic company's trademark slogan 'Because You're Worth It' which gained a US patent in 1976 and still appears constantly in advertisements. Happiness itself has been called a 'new science' by Professor Layard of the London School of Economics (Layard 2011) and there is

now *The Oxford Handbook of Happiness* (David et al. 2013); politicians talk about the importance of well-being for the nation (Bok 2010) and life coaching has become a recognised career choice (Purdie 2010; cf. Ehrenreich 2009). Furthermore the publishers of self-help books continue to earn many millions of pounds. However it must be remembered that their success is unavoidably predicated on readers feeling that something in their life needs need fixing. Thus even the most optimistic publication may be said to contribute to the prevailing 'therapeutic sensibility' (Lasch 1979: 7) inasmuch as it must initially situate the reader as a subject which is in some way 'lacking' and thus in need of relief.

The Therapeutic 'Ontosphere'

In view of so much self-reflexive activity and 'solution-seeking', it is not unreasonable to speak of a 'therapeutic turn' in our peri-millennial experience, and the variety of discourses which may be encountered in therapy culture is remarked upon in *The Rise of the Therapeutic Society* (Wright 2011: 13-48; cf. Imber 2004). Many different assumptions and experiences coexist symbiotically in the current climate of self-concern. Some of these are scholarly while others feature in everyday conversation; some relate to issues of personal well-being while others are matters of public attention. Therefore the word 'ontosphere' is here co-opted into the critical lexicon from the fields of computing and artificial intelligence (AI) in order to describe this therapeutically-nuanced climate of thought with greater economy. Whereas in philosophy 'ontology' denotes a systematic account of the nature of existence, in computing, knowledge engineering (KE) and artificial intelligence (AI) the term is used to describe the accretion of concepts, relationships, vocabulary and behaviours existing and acknowledged within a grouping of disparate members who need to share virtual-encoded information during their contingent activities, and who must therefore establish common ground and protocols (Gaglio & Lo Re: 2014).

Thus there are different 'ontologies' in different communities, each one constituting a particular consensual space with perceptible yet protean conceptual boundaries within which members operate. Such a shared space might therefore be called an 'ontosphere' and I propose that this new generic term be used to describe any notional social environment in which variously linked formal and informal conceptualisations and shared assumptions about values and entitlements circulate axiomatically and are taken for granted in the popular apprehension of 'reality'. An ontosphere is inhabited by professionals and the wider public alike; it is not a competitive or hierarchical environment but may be thought of as the matrix and host to a variety of contingent, sometimes competing, discourses which circulate at a variety of societal levels, yet which share fundamental concerns.

An example of a detectable yet comparatively recent ontosphere is the digitally-suffused environment inhabited by individuals and organisations who turn au-

tomatically to information technology for information, communication and entertainment and for whom engagement with the hypermedia, which allows seamless interaction with text, pictures and sound, is second nature. Brynjolfsson and McAfee (2014: 57-70) predict 'the digitization of just about everything'; and work on the Internet of Things (IoT) in which everyday objects contain embedded technology which enables them to interact with their external environment and each other is well under way (Adler 2013). This is the 'virtual ontosphere'. Meanwhile in the 'therapeutic ontosphere' the significant and pervasive assumptions are that while people are entitled to prosperity, health and personal fulfilment, they are likely to need interventions, advice and support from various 'authorities' throughout their lives in order to achieve them (cf. Illouz 2008; Wright 2011).

The term 'ontosphere' which is being coined here usefully extends the lexicon of Cultural Studies by describing a nebulous yet powerful climate of opinion in which certain 'taken for granted' assumptions circulate and are assumed to be a given in every-day life: metaphorically like the atmosphere we breath. Firstly 'ontosphere' complements the well-established critical term 'discourse', which is used about more conscious and sometimes more formal mechanisms of inclusion and exclusion in the language and praxis associated with certain professional, social or cultural groupings (cf. Fairclough 2001). There are various contingent, and sometimes competing, discourses within an ontosphere. Secondly 'ontosphere' complements the notion of 'episteme' which was introduced by Michel Foucault in *The Order of Things* (1966/1970) and has come to signify the body of formal ideas, and thus the system of understanding, which shapes intellectual knowledge during a certain period. It is therefore quite possible to speak of the 'postmodern episteme' which has been for some time the naturalised domain of cultural theorists, but not of a 'postmodern ontosphere' in which an awareness of postmodernity has become assimilated into every-day conversation. Even though the term 'postmodern' is sometimes to be found in popular articles about art, architecture, film and fashion, the notion has not significantly established itself in demotic ideology. Perhaps this is because the visual and material manifestations of postmodernity are more easily recognised and discussed (cf. Jenks 1989; Papadakis 1990) than the abstractions and complexities of cultural theory (Kellner 1988: 241; Jameson 1992: x-xiii). However both digital technology and issues of self-development impinge significantly on our personal narrative and very many of us now confidently inhabit both virtual and therapeutic ontospheres.

The Self-Help Book: A Postmodern Commodity

Within the therapeutic ontosphere the self-help book, which is defined by Katz (1985: xv) as a publication designed for those who wish to improve, modify or otherwise understand their physical or personal characteristics, is a highly visible

phenomenon (Starker 2002). Ever since Samuel Smiles (1859) inadvertently named a whole genre with a book which begins 'Heaven helps those who help themselves', self-development has become very big business; part of the culture of consumerism in which the 'mobilisation of desire and fantasy' (Harvey 1991: 61) sustains buoyancy in the market and keeps expansive production possible. Indeed some writers and publishers have earned many millions of pounds; not only from the primary publication but also as a result of the sequels, media appearances, seminars, coaching franchises and other merchandise which have followed. A striking example of this 'inflation' can be seen in the phenomenal success of John Gray's *Men are from Mars, Women are from Venus* (1992/2012) which has been a best-seller since the 1990s and has generated all of the above 'additions' as well as spin-off material about diet and exercise, thus becoming both a trademark and a world-wide franchise (Mars and Venus Coaching 2014).

Moreover the popularity of self-development material in general shows no signs of waning and in February 2014 Amazon.co.uk listed more than one hundred and forty-five thousand items under the heading 'Mind, Body and Spirit'. Even allowing for duplicate hard copies, Kindle editions and the fact that this flexible commercial category embraces occasional works of fiction such as *The Celestine Prophecy* (Redfield 1994) and *The Alchemist* (Coelho 1993), there is clearly sustained demand for what Illouz (2008: 13) calls 'commodified, quick-fix advice'. Furthermore new self-help sub-genres constantly arise to cater for emergent matters of self-concern. For example although the sub-genre devoted to 'emotional intelligence' (EI) is a fixture in bookshops today, it only surfaced as a truly commercial proposition for the book-trade in the mid-1990s. This topic had already been the subject of a scholarly piece by Leuner in 1966 and was quietly revisited by Salovy and Mayer in 1990. However it was when *Emotional Intelligence: Why It Can Matter More Than IQ* became a bestseller for Daniel Goleman in 1995 with its readable mix of anecdote and research that a veritable spate of both popular and scholarly publications soon followed. Thereafter the Emotional Intelligence industry was underway and the EI approach began to appear in diverse and unexpected areas. Now senior managers, military personnel and debt collectors are all encouraged to develop Emotional Intelligence in order to improve their professional effectiveness (Illouz 2008: 209-216) and the Consortium for Research on Emotional Intelligence in Organisations (2014) maintains an extensive online bibliography and news hub for its members.

Meanwhile professional therapists have also been turning to self-help books in order to reinforce their treatments: as described in *Read Two Books and Let's Talk Next Week* (Maidman Joshua & DiMenna 2000; cf. Stanley 1999). Oxford University Press has published *Self-Help that Works* (Narcross 2013) which provides a list of resources for clinicians; and GPs are being officially encouraged to offer 'bibliotherapy' to certain patients. To this end they have been issued with a core list of 'Books on Prescription' which will be held by their local library. Among

the topics covered in the list are obsessive-compulsive disorder (OCD), low self-esteem, anxiety and depression (Reading Agency/Reading Well 2013). Since it is likely that people will already be consulting self-help materials, this may be seen as an attempt to direct them to better quality resources (cf. Stanley 1999). But presumably this strategy will also prove much cheaper for the NHS than prescribing drugs or providing one-to-one counselling for patients.

Clearly the self-help book is a remarkable cultural and economic phenomenon in the present therapeutically-nuanced epoch and so it is unsurprising that the genre has attracted considerable critical attention, not all of it positive (cf. Chandler & Kay 2004; Pearsall 2005: 4-12; Dolby 2005: 35-55; Wright 2011). After all these hugely popular publications are *de facto* the indices and vectors of contemporary existential self-concerns, thus constituting a rich primary source of information for social commentators and historians. Moreover as notably successful commercial products which reify the aspirations of their consumers while encouraging them in that inflationary yearning for 'more' which Jameson (1992) describes as being the logical outcome of 'late capitalism', they are highly symptomatic of the 'postmodern condition'. Certainly they have flourished remarkably in what Charles Jencks, himself a pioneering chronicler and theorist of the postmodern, has characterised as 'an age of incessant choosing' (Jencks 1989: 7; cf. Schwartz 2005). In their insistence that people have the right to individual agency, self-help publications not only commodify the reflexive process but also standardise the personal ethic into various formulae for 'success'; simultaneously exhorting their readers constantly to desire greater things for themselves, both materially and 'spiritually'. Consequently, as a result of its characteristic responsiveness to changing social conditions and fashions, self-help literature has been able to generate substantial on-going revenues for its producers, not least through stimulating demand for future publications and related life-style products. Thus the genre now plays a significant part in the post-industrial 'knowledge economy' in which information of all kinds is traded and where the individual's continuing desire for more and better everything, a characteristically postmodern dynamic identified by Lyotard (1979/1984: 38), must be maintained.

The Self-Help Genre: A Postmodern Paradox

But although it is clear that self-help books are a notably successful product in the current therapeutic market-place and may thus be said to contribute to the wider 'postmodern condition', both as fashionable material artefacts and through their remarkable commercial footprint, things become more challenging when one seeks to interrogate this group of publications more specifically as a postmodern textual genre: that is, to examine their content. This is less because of their topical diversity than because the theoretical debate about what actually constitutes 'postmodernity' and 'the postmodern' is so multi-faceted. However some consen-

sus about certain salient postmodern patterns has emerged (cf. Hassan 1985: 123-4; Edgar & Sedgwick 2002: 295; Malpas 2004) and it is illuminating to measure self-help material against two well-known ones which may be summarised thus: firstly the recognition that traditional, 'legitimising' narratives have now lost credibility; and secondly the idea that there is no essential, given 'self' – only an incrementally-constructed and contingent social phenomenon which provides us with the illusion of personal autonomy while we proceed to live out our lives mostly unaware of the wider discursive forces which are actually shaping and constraining our understanding and ability to communicate.

Since Lyotard published *The Postmodern Condition: A Report on Knowledge* in 1979 it has become a tenet of postmodern thought that the totalising 'grand narratives' of enlightened rationality, science, religion, politics and patriotism, which were long thought by many to provide comprehensive explanations about existence and a framework for living, have lost their credibility (Lyotard 1979/1984: 60). Yet Eagleton (2007) observes that although postmodernity may lack faith in more traditional systems of legitimisation, its characteristic celebration of relativism and subjective value systems has proved to be a matrix in which diverse personal beliefs flourish. For example, although formal religious practice has declined (Rieff 1966/1987: 48-65) and secularisation has increased (Bruce 2002), issues relating to people's well-being and ethical conduct are widely discussed: not least in self-help literature which is unashamedly enthusiastic about the possibility of bodily, mental and spiritual renovation. Indeed, although self-help material as a whole is unaligned to those monumental, totalising sources of authority or 'metanarratives' (Lyotard 1979/1984) which have historically sustained people, and which the postmodern critical project has sought to discredit, the genre accommodates very many different 'localised' approaches to achieving personal fulfilment.

Rather than discussing the ramifications of challenging philosophical matters in depth, self-help books are carefully designed to educate and comfort their readers by providing them with concise information and easily digested 'little narratives' (cf. Lyotard 1979/1984: xi, 60) of personalised struggle and success which are often presented in the form of anecdotal testimony or confession. Paradigmatically each self-help book is a quest narrative similar to the 'hero's journey from darkness to light which Joseph Campbell finds to be the fundamental and ancient structure of many tales throughout the world. He calls this pattern the 'monomyth' and describes it thus: 'A hero ventures forth from the world of common day into a region of supernatural wonder: fabulous forces are there encountered and a decisive victory is won' (Campbell 1949: 23). And similarly, the questing reader who is seeking to overcome some difficulty or sense of 'lack' in their personal narrative (cf. Propp 1968: 53; Dolby 2005: 4) ventures to consult a self-help book which addresses their problem, thereby aiming to become empowered and 'victorious' as a result of following its advice.

But of course each self-help publication has its own notion of what constitutes 'success' and takes a particular approach to dealing with what Charles Taylor famously calls 'the affirmation of ordinary life' (Taylor 1989: 3-91). By this he means those situations, activities and challenges which have significance for individuals who must make themselves a framework for effective daily living in a society where, as Smart (2010) observes, there is now unprecedented ethical and consumer choice. So it is perhaps no surprise to find that although self-help books sometimes mention those scientific developments, particularly in psychology, which offer insights into how people behave to each other (e.g. Nettle 2005), they pay comparatively little attention to wider political and social issues over which the individual can have no control. These publications are necessarily circumscribed texts which are designed to show readers how to make significant and speedy improvements in their every-day experience. Therefore the challenging theoretical questions about the existence or otherwise of the unified 'self' and personal agency which exercise and excite postmodern critics are not at all an issue for them.

Yet inasmuch as this kind of literature focuses on personal development and comprises a remarkably wide range of topics and techniques from which readers can choose, it *de facto* articulates the reflexive imperative towards self-fashioning which critics such as Schrag (1997) find to be a defining characteristic of the pluralistic postmodern epoch. Indeed a visit to the self-help section of a bookshop will confirm that there are many kinds of ethical 'truth' on offer out there; just as the cultural theorists would have us believe. Readers may select and combine advice from a highly diverse topical menu, thereby undertaking their psychic and physical renovation through a process of 'bricolage': a term from the lexicon of postmodern criticism which is used to describe the way in which each person assembles their identity from the disparate cultural resources available to them. For example they are likely to find the bracing work-ethic of authors like Spencer Johnson (1998), Dale Carnegie (1936/2009) and Stephen Covey (1989/2013) alongside extensive material on aspects of physical and mental addiction; a growing corpus of what the book-trade calls 'misery memoirs' from people who have survived abusive situations and feel that sharing their experiences will help others; a whole lot about negotiating emotional relationships; various traditional and New Age spiritualties; and many suggestions about thrifty living. They are also likely to encounter the sincere optimism of publications such as *The Cosmic Ordering Service* which declares that 'thoughts create matter' (Mohr 2006: 20) and assures its readers that the universe is just waiting to fulfil their dreams.

Such diversity of topic and approach within self-help literature is surely consonant with the claim made by postmodern theorists that there can be no single 'objective' account of reality and no ultimate 'truth': all is relative. The critical view is that the discursive resources available to each of us at any particular time inevitably limit what we can think and say; our perceptions and understanding are nec-

essarily contingent upon our given circumstances: family, education, gender, class etc. However the postmodern affirmation of what Giddens (1991: 32-3; 75) calls 'the reflexive project of the self' also suggests, more encouragingly, that we can achieve a significant amount of personal reinvention should we choose to adopt different linguistic strategies and habitual practices: for example by reading self-help material. Here then is a paradox for the postmodern theorist. Whether someone buys *How to Make Money* (Dennis 2011) in order to explore the putative opportunities offered by late capitalism or *The Joy of Less* (Jay 2011) in response to the economic downturn, the underlying assumption is the same: that this particular individual is absolutely entitled to effect significant changes in their circumstances and will be enabled to do so.

Beneath all its superficial and fashionable variables therefore, the self-help genre shares the same liberal humanist faith in self-determination which is to be found in the optimisms of the Enlightenment project and modernity (cf. Thompson 2004: 107-122). Meanwhile postmodern critical 'orthodoxy' insists that the notion of *telos* is obsolete (Jameson 1992: xi), that 'progress' is illusory and that the grand narratives of universalism, religion, science and politics have lost their power over us (Lyotard 1979/1984: 37). Indeed Harvey (1991: 9) claims that 'fragmentation, indeterminacy, and intense distrust of all universal or 'totalizing' discourses' are the hallmark of postmodernist thought. Yet Taylor (1989: 211-304) observes how much people truly yearn to have goal-directed experiences which will give some shape and sense of meaning to their lives: for example through establishing a family or following a vocation. And in its engagement with the dynamics of personal loyalties, alliances, conflicts, reversals and triumphs, as well as with life's more practical challenges, the self-help book acknowledges, articulates and enables this telic human drive.

Moreover when the issue of psychic autonomy in the self-help book is further contemplated, then the critical paradox intensifies. Whatever the particular topic of a publication may be, and whether its writer adopts a rigorously didactic or comfortingly discursive approach to advice-giving, the existence of the individual reader as audience is never in question. Indeed while people clearly consider themselves to have pressing emotional, spiritual or bodily problems when they seek for guidance in a bookstore, anxiety about the metaphysical status of 'the self' is never going to be one of them. Yet as indicated by the various scholarly extracts collated by Atkins (2005) in *Self and Subjectivity*, traditional assumptions about the nature of essential selfhood have undergone vigorous critical attack. For example Lacan (1968) powerfully argues that the axiom of the coherent 'given self' which has long existed in Western philosophy and psychology must be replaced by the notion of the decentred 'subject' whose experience of life will be both incremental and fragmented. Likewise Foucault (1982) famously insists that personal freedom is inexorably limited by institutional discourses and societal practices over which the individual can have no control. Thus what seems to be a

'self' is actually an impersonal discursive construct. Likewise Metzinger (2004) observes that we have only phenomenological 'selves' which manifest as a result of social consensus and through the processes of our life experience. Yet the contemporary self-help book has no problem at all in assuming the existence of a 'self-reflexive individual' with a unique and stable, albeit sometimes troubled, core personality which can always choose to improve itself.

Conclusion

Self-help books are a notable element in the therapeutic ontosphere inasmuch as they are a highly successful commodity which engages with many issues of contemporary personal concern and is widely consumed. Indeed they are acutely responsive to the cultural fashions and economic shifts of late capitalism as publishers seek new ways of 'pathologizing' experience in order to provide readers with a constant stream of advice at a price. Yet a paradox for the postmodern theorist lies in the fact that structural analysis of the genre as a whole finds it to be essentialist and telic in its fundamental narrative paradigm. The literature of personal development necessarily conserves the liberal-humanist creed of an essential stable core identity which has always been the focus of traditional ethical advice. Even though self-help books must initially situate their readers as beleaguered people in a risk-laden society who are in need of therapeutic support, their fundamental framework is always the problem/solution model and they are ultimately optimistic and integrative. These 'closed' texts are designed to give clear, concise information and advice and it is not their purpose to worry their readers with opportunities for deconstructive, negotiated readings.

Moreover self-help books pay little attention to variables like class, ethnicity or the possession of cultural capital which can significantly shape lives. These are unselfconsciously 'universalising' texts whose global sales figures show how much readers crave 'salvation narratives' which offer a comfortingly circumscribed experience of comprehension and control in an increasingly fragmented world. Each publication, whatever its particular subject matter or linguistic register, and whether it is advising about perceived threats to well-being or is concerned to promote personal development and agency, is predicated on a fundamental narrative of transformative possibility for the individual. Thus in asserting the power of personal instrumentality in an episteme which has seen the critical decentring of the human subject, this genre perpetuates the telic optimisms of the Enlightenment and modernity in reified form.

In its engagement with an essential self which seeks improvement, self-help literature is clearly part of the liberal humanist tradition which has always regarded the notions of human progress and individual responsibility as axiomatic. Furthermore, in its many 're-presentations' of the quest narrative in which the reader may start out as a victim but is encouraged through self-reflexivity and right ac-

tion towards self-renovation and eventual triumph, the self-help book surely perpetuates the grandest narrative of all: the 'hero's journey'. Thus while it is undoubtedly a significant material artefact in the contemporary market place and seems capable of undergoing infinite transformation in order to respond to emergent anxieties in the contemporary therapeutic ontosphere, the self-help book presents a paradox for the critical theorist inasmuch as it also constantly asserts and celebrates the power of essential self-hood which the deconstructive debates of postmodern cultural theory have enthusiastically sought to undermine. A popular product which presents a paradox! What could be more postmodern than that?

Jean Collingsworth has a BA in English from University College London and an MA in Cultural Studies from the Institute of Education. Having been an academic librarian and singer, she taught research methodology to music technologists at London Guildhall University for ten years before becoming a senior lecturer in English Studies at London Metropolitan University for a further decade. When multiple sclerosis forced her to retire, she gained her PhD with a thesis entitled *Transformational Texts: Genre, Discourse and Subjectivity in the Self-Help Book*. Now an independent scholar, she is seeking to identify the mechanisms and sequence by which therapeutic language 'precipitates' into demotic discourse. She is also examining the tropes used by musicians to share ideas during their training and in rehearsal. E-mail: collingsworthjean69@gmail.com

References

Adler, Emily (2013): 'Here's Why the "Internet of Things" Will Be Huge and Drive Tremendous Value for People and Businesses', *Business Insider*, 7 December 2013: http://www.businessinsider.com/growth-in-the-internet-of-things-2013-10 (accessed 06 February 2014).

American Psychiatric Association (1980): *Diagnostic and Statistical Manual of Mental Disorders: DSM-III*, Arlington, VA: American Psychiatric Publishing.

American Psychiatric Association (1987): *Diagnostic and Statistical Manual of Mental Disorders: DSM-III-R*, Arlington, VA: American Psychiatric Publishing.

American Psychiatric Association (2013): *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, Arlington, VA: American Psychiatric Publishing.

Atkins, Kim (ed.) (2005): *Self and Subjectivity*, Oxford: Wiley-Blackwell.

Bailey, Eileen & Donald Haupt (2010): *The Complete Idiot's Guide to Adult ADHD*, New York: Penguin/ALPHA.

Beattie, Melody (1986): *Codependent No More: How to Stop Controlling Others and Start Caring for Yourself*, Centre City, MN: Hazelden.

Beck, Ulrich (1992): *Risk Society: Towards a New Modernity*, London: Sage.

Bok, Derek (2010): *The Politics of Happiness: What Governments Can Learn From the New Research on Well-Being*, Princeton, NJ: Princeton University Press.

Bourke, Joanna (2006): *Fear: A Cultural History*, London: Virago.

British Library Public Catalogue: http://catalogue.bl.uk/primo_library/libweb/action/search.do?dscnt=1&dstmp=1391686880905&vid=BLVU1&fromLogin=true (accessed 06 February 2014).

Bruce, Steve (2002): *God is Dead: Secularization in the West*, Oxford: Wiley/Blackwell.

Brynjolfsson, Erik & Andrew McAfee (2014): *The Second Machine Age: Work, Progress and Prosperity in a Time of Brilliant Technologies*, New York: Norton.

Campbell, Joseph (1949): *The Hero with a Thousand Faces*, New York: Meridian.

Carnegie, Dale (1936/2009): *How to Win Friends and Influence People*, New York: Simon and Schuster.

Chandler, David S. & Elliot Kay (2004): *How an Idiot Writes a Self-Help Book*, New York: iUniverse Inc.

Coelho, Paul (1993): *The Alchemist*, San Francisco, CA: Harper.

Consortium for Research on Emotional Intelligence (2014): *Bibliography*: http://www.eiconsortium.org/about_us.htm (accessed 06 February 2014).

Counselling Directory (2014): http://www.counselling-directory.org.uk/links.html (accessed 06 February 2014).

Covey, Stephen (1989/2013): *The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change*, 25th Anniversary Edition. New York: Simon and Schuster [orig. 1989].

David, Susan, Ilona Boniwell & Amanda Conley Ayers (2013): *The Oxford Handbook of Happiness*, London: Granta.

Dean, Eric (1999): *Shook Over Hell: Post-Traumatic Stress, Vietnam and the Civil War*, Cambridge, MA: Harvard University Press.

Dennis, Felix (2011): *How to Make Money: The 88 Steps to Get Rich and Find Success*, London: Vermillion.

Dolby, Sandra K. (2005): *Self-Help Books: Why Americans Keep Reading Them*, Urbana, IL: University of Illinois Press.

Eagleton, Terry (2007): *The Meaning of Life: A Very Short Introduction*, Oxford: Oxford University Press.

Ecclestone, Kathryn & Dennis Hayes (2008): *The Dangerous Rise of Therapeutic Education*, London: Routledge.

Edgar, Andrew & Peter Sedgwick (2002): *Cultural Theory: The Key Concepts*, London: Routledge.

Ehrenreich, Barbara (2009): *Bright Smiles: How the Relentless Promotion of Positive Thinking has Undermined America*, New York: Metropolitan Books/Henry Holt.

Fairclough, Norman (2001): *Language and Power*, London: Longman.

Fassin, Didier, Richard Rechtman & Rachel Gomme (2009): *The Empire of Trauma: An Enquiry into the Condition of Victimhood*, Princeton, NJ: Princeton University Press.

Foucault, Michel (1966/1970): *The Order of Things: An Archaeology of the Human Sciences*, London: Routledge.

------ (1982): 'The Subject and Power', Hubert Dreyfus & Paul Rabinow (eds): *Michel Foucault: Beyond Structuralism and Hermeneutics*, Chicago: University of Chicago Press.

------ (1984): 'The Order of Discourse', Michael Shapiro (ed.): *Language and Politics*, Oxford: Blackwell.

Furedi, Frank (2004): *Therapy Culture: Cultivating Vulnerability in an Uncertain Age*, London: Routledge.

------ (2006): *Culture of Fear Revisited*, London: Continuum.

Gaglio, Salvatore & Guiseppe Lo Re (2014): *Advances onto [sic] the Internet of Things: How Ontologies Make the Internet of Things Meaningful*, Berlin: Springer.

Gardner, Dan (2009): *The Science of Fear: How the Culture of Fear Manipulates Your Brain*, New York: Plume Books.

Gentry, Doyle W. (2006): *Anger Management for Dummies*, Hoboken, NJ: John Wiley and Sons.

------ (2008): *Happiness for Dummies*, Hoboken, NJ: John Wiley and Sons.

Giddens, A. (1991): *Modernity and Self-Identity*, Cambridge: Polity.

Glassner, Barry (2010): *The Culture of Fear: Why Americans are Afraid of the Wrong Things*, New York: Basic Books.

Goleman, Daniel (1995): *Emotional Intelligence: Why it Can Matter More than IQ*, London: Bloomsbury.

Goulston, Mark (2007): *Post Traumatic Stress Disorder for Dummies*, Hoboken, NJ: John Wiley and Sons.

Gray, John (1992/2012): *Men are from Mars, Women are from Venus: A Practical Guide to Improving Communication and Getting What You Want in your Relationship*, New York: Harper.

Green, Christopher & Kit Chee (2004): *The Pocket Guide to ADHD: Practical Tips for Parent*s, London: Vermillion.

Greenberg, Gary (2013): *The Book of Woe: The DSM and the Unmaking of Psychiatry*, New York: Blue Rider Press.

Harvey, David (1991): *The Condition of Postmodernity: An Enquiry into the Origins of Cultural Change*, Hoboken, NJ: Wiley/Blackwell.

Hassan, Ihab (1985): 'The Culture of Postmodernism', *Theory, Culture and Society*, 2:3, 119-32.

Heartfield, James (2006): *The Death of the Subject Explained*, Booksurge [Amazon Self-Publishing].

Hecht, Jennifer M. (2008): *The Happiness Myth: Why What We Think is Right is Wrong*, London: Harper Collins.

Hefferon, Kate & Ilona Boniwell (2011): *Positive Psychology: Theory, Research and Applications*, Maidenhead: Open University Press.

Hoff Somers, Christina & Sally Satel (2006): *One Nation Under Therapy: How the Helping Culture is Eroding Self-Reliance*. New York: St Martin's Griffin.

Horwitz, Allan, Jerome C. Wakefield & Robert L. Spitzer (2007): *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder*, New York: OUP USA.

Illouz, Eva (2008): *Saving the Modern Soul: Therapy, Emotions and the Culture of Self-Help*, Berkeley, CA: University of California Press.

Imber, Jonathan B. (ed.) (2004): *Therapeutic Culture: Triumph and Defeat*, New Jersey: Transaction.

Jameson, Fredric (1992): *Postmodernism: Or the Cultural Logic of Late Capitalism*, London: Verso.

Jay, Francine (2011): *The Joy of Less: A Minimalist Living Guide*, Medford, NJ: Anja Press.

Jencks, Charles (1989): *What is Postmodernism?*, Chichester: John Wiley.

Johnson, Spencer (1998): *Who Moved My Cheese?*, New York: Putnam.

Journal of Happiness Studies (2000-): New York: Springer.

Kaminer, Wendy (1992): *I'm Dysfunctional, You're Dysfunctional: The Recovery Movement and Other Self-Help Fashions*, New York: Addison-Wesley.

Katz, William (1985): *Self-Help: 1400 Best Books on Personal Growth*, New York: Bowker.

Kellner, Douglas (1988): 'Postmodernism as Social Theory: Some Challenges and Problems', *Theory, Culture and Society*, 5:2, 239-269.

Kurtz, Ernest (1991): *Not God: A History of Alcoholics Anonymous*, Centre City, MN: Hazelden.

Kutchins. Herb & Stuart A. Kirk (2001): *Making Us Crazy: DSM – The Psychiatric Bible and the Creation of Mental Disorders*, London: Constable and Robinson.

Lacan, Jacques (1968): 'The Mirror Phase as Formative of the Function of the I', *New Left Review*, September/October: 1-51.

Lange, Klaus W., Susanne Reichl, Katharina M. Lange, Lara Tucha & Oliver Tucha (2010): 'The History of Attention Deficit Hyperactivity Disorder', *Attention Deficit Hyperactivity Disorder*, 2:4, 241-255.

Lasch, Christopher (1979): *The Culture of Narcissism: American Life in an Age of Diminishing Expectations*, London: Abacus.

Layard, Richard (2011): *Happiness: Lessons from a New Science*, New York: Penguin.

Leuner, Barbara (1966): 'Emotional intelligence and emancipation: A psychodynamic study on women', *Praxis der Kinderpsychologie und Kinderpsychiatrie*, 15:6, 196-203.

Levine, Jerome & Irene S. Levine (2008): *Schizophrenia for Dummies*, Hoboken, NJ: John Wiley.

Lyotard, Jean-François (1979/1984): *The Postmodern Condition: A Report on Knowledge* [Trans. Geoffrey Bennington and Brian Massumi], Manchester: Manchester University Press.

Lyubomirsky, Sonja (2007): *The How of Happiness: A Practical Guide to Getting the Life You Want*, London: Sphere.

Maidman Joshua, Janice & Donna DiMenna (2000): *Read Two Books and Let's Talk Next Week: Using Bibliotherapy in Clinical Practice*, Hoboken, NJ: John Wiley and Sons.

Malpas, Simon (2004): *The Postmodern*, London: Routledge.

Marler, John R. (2005): *Stroke for Dummies*, Hoboken, NJ: John Wiley.

Mars and Venus Coaching (2014): http://www.franchisegator.com/mars-venus-coaching-franchise/ (accessed 06 February 2014).

Mays, Rick & Allan V. Horwitz (2005): 'DSM-III and the Revolution in the Classification of Mental Illness', *Journal of the History of Behavioural Sciences*, 41:3, 249-267.

McGee, Micki (2005): *Self-Help Inc.: Makeover Culture in American Life*, Oxford: Oxford University Press.

McLaughlin, K. (2009): *The Ever-Expanding World of Mental Illness*: http://www.spiked-online.com/index.php/site/article/7199/ (accessed 06 February 2014).

Mellody, Pia (2002): *Facing Codependence: What It Is, Where It Comes From, How It Sabotages Lives*, San Francisco: Harper Collins.

Metzinger, Thomas (2004): *Being No-One: The Self-Model of Subjectivity*, Cambridge, MA: MIT Press.

Mohr, Barbel (2006): *The Cosmic Ordering Service: A Guide to Realising Your Dreams*, London: Hodder and Stoughton.

Molony, Paul (2013): *The Therapy Industry: The Irresistible Rise of the Talking Cure and Why It Doesn't Work*, London: Pluto Press.

Morrison, Blake (2008): 'The Reading Cure', *Guardian Review*, 5 January 2008: http://www.guardian.co.uk/books/2008/jan/05/fiction.scienceandnature (accessed 06 February 2014).

Narcross, John C. (ed.) (2013): *Self-Help that Works: Resources to Improve Emotional Health and Strengthen Relationships*, New York: OUP USA.

Nettle, David (2005): *Happiness: The Science Behind Your Smile*, Oxford: OUP.

NHS Choices (2013): *Controversy over DSM-5: New Mental Health Guide*: http://www.nhs.uk/news/2013/08august/Pages/controversy-mental-health-diagnosis-and-treatment-dsm5.aspx (accessed 06 February 2014).

Papadakis, Andreas C. (ed.) (1990): *Postmodernism on Trial*, London: Academy Editions.

Pearsall, Paul (2005): *The Last Self-Help Book You'll Ever Need: Repress Your Anger, Think Negatively, Be a Good Blamer and Throttle Your Inner Child*, New York: Basic Books.

Peck, Janice (2008): *The Age of Oprah: Cultural Icon for the Neo-Liberal Era*, Boulder, CO: Paradigm.

Peele, Stanton (1999): *Diseasing of America: How We Allowed Recovery Zealots and the Treatment Industry to Convince Us We are Out of Control*, San Francisco: Jossey-Bass.

Playfair, William L. (2004): *The Useful Lie: How the Recovery Industry Has Entrapped America in a Disease Model of Addiction*, Stanley, NC: Timeless Texts.

Propp, Vladimir (1968): *Morphology of the Folktale*, Austin: University of Texas Press [orig. 1928].

Purdie, Jeni (2010): *Life Coaching for Dummies*, Hoboken, NJ: John Wiley Press.

Ramsay, J. Russell & Anthony L. Rostain (2008): *Cognitive Behavioural Therapy for Adult ADHD: An Integrative Psychosocial and Medical Approach*, London: Routledge.

Reading Agency (2013): *Reading Well*: http://readingagency.org.uk/adults/quick-guides/reading-well/ (accessed 06 February 2014).

Redfield, James (1994): *The Celestine Prophecy*, London: Bantam.

Rieff, Philip (1966/1987): *The Triumph of the Therapeutic: Uses of Faith After Freud*, 2nd Edition. Chicago: University of Chicago Press.

Rice, John Steadman (1998): *A Disease of One's Own: Psychotherapy, Addiction and the Emergence of Co-Dependency*, Piscataway, NJ: Transaction Publishers.

Rosenthal, Edward C. (2006): *The Era of Choice: The Ability to Choose and Its Transformation of Contemporary Life*, Cambridge, MA: MIT Press.

Salerno, Steve (2005): *SHAM (Self-Help and Actualization Movement): How the Gurus of the Self-Help Movement Make Us Helpless*, London: Nicholas Brealey.

Salovy, Peter & John D. Mayer (1990): 'Emotional Intelligence', *Imagination, Cognition and Personality*, 9, 185-211.

Santrock, John W. (1994): *The Authoritative Guide to Self-Help Books*, New York: Guildford Press.

Schrag, Calvin O. (1997): *The Self after Postmodernity*, New Haven, CT: Yale University Press.

Schwartz, Barry (2005): *The Paradox of Choice: Why More is Less*, London: Harper Collins.

Seligman, Martin (1991): *Learned Optimism*, New York: Knopf.

------ (2011): *Flourish: A New Understanding of Happiness and Well-Being*, London: Nicholas Brealey.

Smart, Barry (2010): *Consumer Society: Critical Issues and Environmental Changes*, London: Sage.

Smiles, Samuel (1859): *Self-Help: With Illustrations of Character and Perseverance*, London: John Murray.

Szasz, Thomas (2007): *The Medicalization of Everyday Life: Selected Essays*, New York: Syracuse University Press.

Stanley, Jacqueline. (1999): *Reading to Heal: How to Use Bibliotherapy to Improve Your Life*, London: Element Books.

Starker, Steven (2002): *Oracle at the Supermarket: The American Preoccupation with Self-Help Books*, Brunswick, NJ: Transaction.

Strong, Jeff & Michael O. Flanagan (2004): *AD/HD for Dummies*, Hoboken, NJ: John Wiley and Sons.

Sykes, Charles (1992): *A Nation of Victims: The Decay of the American Character*, New York: St Martin's Press.

Taylor, Charles (1989): *Sources of the Self: The Making of Modern Identity*, Cambridge, MA: Harvard University Press.

Thompson, Willie (2004): *Postmodernism and History*, London: Palgrave.

Travis, Trish (2013): *The Language of the Heart: A Cultural History of the Recovery Movement from Alcoholics Anonymous to Oprah Winfrey*, Chapel Hill, NC: University of North Carolina Press.

Westheimer, Ruth K. & Pierre A. Lehu (2006): *Sex for Dummies*, Hoboken, NJ: John Wiley and Sons.

White, Mimi (1992): *Tele-Advertising: Therapeutic Discourse in American Television*, Chapel Hill: University of North Carolina Press.

Wilson, John P. & Terence M. Keane (2004): *Assessing Psychological Trauma and PTSD*, London: Guildford Press.

Wright, Katie (2011): *The Rise of the Therapeutic Society: Psychological Knowledge and the Contradictions of Cultural Change*, Washington DC: New Academia Publishing.

Young, Alan (1995): *The Harmony of Illusion: Inventing Post-Traumatic Stress Disorder*, Princeton, NJ: Princeton University Press.

Zuckerman (2003): *Elder Care for Dummies*, Hoboken, NJ: John Wiley and Sons.

"Not a Vacation, But a Hardening Process":
The Self-Empowerment Work of Therapeutic
Craft in Nova Scotia

By Erin Morton

Abstract

This article will examine the development of a state-sponsored therapeutic craft regime in Nova Scotia in the early to mid-twentieth century. Built on the notion that postwar residents needed "work therapy – not a vacation, but a hardening process" (Black n.d. a: 3) – therapeutic craft emerged in Nova Scotia through a complex combination of the individualization of work habits, the desire to construct an antimodern regional identity around handwork, and the notion that both infirm patients and the province as a whole could be healed from economic stagnation through craft. Key to the success of Nova Scotia's therapeutic craft regime was occupational therapist Mary E. Black's career as director of the provincial government's Handicrafts and Home Industries Division from 1943 to 1955. Black's healthcare training led her to seek out therapeutic possibilities in everyday work activities, not to mention a therapeutic solution to what she called "the attitude of most Nova Scotians…[:] defeatism" (Black 1949: 46). Her ability to turn seemingly disparate things – such as Scandinavian design, the ordered work of occupational rehabilitation, and a phenomenological focus on what she called "individualistic existence" (Black n.d. b: 2) – into a unified therapeutic solution demonstrates that the contemporary rise of therapeutic culture under the increased individualism of the neoliberal era has an established historical root in the postwar period that remains important to understand.

Keywords: Therapeutic craft, arts and craft revivalism, occupational therapy, antimodernism, tourism, Nova Scotia, economic development

Introduction

Occupational therapist Mary E. Black wrote that her 1943 initiation of an eco-
nomic development program centred on craftwork in the eastern Canadian prov-
ince of Nova Scotia was "a complete about face from considering the patient's
reaction to considering the sales value of the product, [a strategy that] was com-
pletely revolutionary. Medical concepts had to be discarded and thought given to
commercial processes rather than therapeutic" (Black 1949: 46). Yet Black's ini-
tial comments did not tell the whole story of the connection between liberal thera-
peutic ideals of the postwar period and her desire to institute a form of capitalist
development built on handwork. Black's program, which she initiated in her role
as Director of the Handcrafts Division of Nova Scotia's Provincial Department of
Trade and Industry from 1943 to 1955, saw economy and therapy as intertwined
in its initiation of widespread craft training programmes bent on helping postwar
residents negotiate economic decline.

Black's revival has been described at length by Canadian historian Ian McKay
as "an almost utopian liberal vision of the redemptive power of craft in the mod-
ern world. … Crafts were valuable therapy for the wounded …. On a much larger
scale, crafts could also heal the wounds of damaged regions" (1994: 166). Yet
while historians have examined the particulars of Black's craft revival, which took
the form of government-coordinated technical training workshops and exhibitions,
the underpinnings of her therapeutic mission remain less understood. There is
evidence to suggest that Black's therapeutic craft programme was both utopian in
its aesthetic vision and practical in its capitalist outlook. In her words, therapeutic
craft could help Nova Scotians address:

> A distinct group problem…inadequacy and defeatism. Viewed from this angle the
> whole program took on an added interest and a definite challenge. A program that
> seemed comparatively simple at first glance, in its concept of commercialism and
> culture, began to take on a deeper meaning as the large group broke up into smaller
> groups and small groups into people who became individuals – individuals with
> problems as acute as those suffered by many hospitalized persons (Black 1949: 46).

Black's role, as she saw it, was to help postwar Nova Scotians merge their eco-
nomic development strategies with liberal individualist perspectives on both cul-
tural production and on therapeutic ideals – ideals that she encountered long be-
fore taking up her post as Director of Handicrafts in 1943. The result was that
Black implemented a state-sponsored therapeutic craft regime around the premise
that residents of the province needed "work therapy – not a vacation, but a hard-
ening process," a notion that both meshed and complicated Black's earlier under-
standings of craftwork revivalism and therapy (Kennedy 1942, cited in Black n.d.
a: 3).

This article examines the paradox of Black's mission by considering her expe-
riences with craftwork and medical practice leading up to her 1943 appointment
as Director of Handicraft in Nova Scotia, when she came into her own as a bu-

reaucratic organizer of therapeutic craft. While Black worked as an occupational therapist across New England and eastern Canada in the 1920s and 1930s, after 1943 her patients shifted from the disabled and the infirm to the rural resident and the urban worker in Nova Scotia. Her hiring by the Nova Scotia government was a response to an educational meeting known as the Antigonish Conference in 1942 at St. Francis Xavier University, where organizers argued that handicrafts revivalism in the province was "a million dollar industry awaiting development" (McKay 1994: 164). Black was the ideal developer to tackle this challenge, since she made good use of her medical background in employing craft as therapy to set up a systematic state handicrafts programme in the province. She encountered her new clients by establishing training opportunities in rural communities and launching handicrafts exhibitions to display the resulting objects, all in the name of forging possibilities for economic and cultural revival. While other arts and craft revivalists existed on a smaller scale in Nova Scotia earlier in the twentieth-century, Black's programme was unique in that it garnered governmental support for craftwork province-wide in an attempt to both build and capitalize upon the tourist desire for locally-made material objects (McKay 1994). Hers was a strategy that combined the aesthetics of transnational arts and crafts revivalism with local interpretations of antimodernism that remain significant in Nova Scotia to this day. Less a political attempt to remove workers from a Marxist sense of alienation in postindustrial labour, Black's goal was instead an unapologetic exercise in "modernizing antimodernism" that used crafts as a commercial base to assist Nova Scotians in recovering from postwar economic disaster (McKay 2001: 119). This in itself is significant, for Black's revival was not only commercially successful in Nova Scotia but it has also continued to provide the foundation of present-day tourist craft production in such notable examples as the provincial tartan, which has since been reproduced on everything from playing cards in England to a Manhattan manufacturer's bathrobes (McKay 2001: 126).

From its inception, then, Black's therapeutic craft programme was connected to the tourist state in Nova Scotia and to commercial craft industries. Black's idea that Nova Scotians needed work rather than a vacation might appear especially ironic to those familiar with Nova Scotia's twentieth-century history and the influence on tourism on local material culture. The province that came to be known as "Canada's Ocean Playground" in a 1931 government tourist slogan has since been used to capture an ideal antimodernist destination for visitors in search of "salty little villages … in unexpected places along a jigsaw coastline, where mellowed inland clearings offer drowsy summer afternoons and wild berries for the hiker … [and] where memories have gathered giving depth and meaning to the lives of a people who always had leisure to be kind," in the words of one travel writer (Will R. Bird 1959: book jacket quoted in McKay & Bates 2010: 163). Nova Scotia's tourist and heritage promoters certainly capitalized upon – and helped to shape – a liberal political economy in which tourism and the objects it produced

worked together to mediate social exchanges built on discrete experiences and decontextualized images (McKay & Bates 2010: 9). In Nova Scotia, tourism and history became synonymous in many ways, but particularly in terms of heritage industrialists such as Black who worked with the provincial government to fill in the antimodernist gap left by the realities of industrialization that also tapered tourist expectations of lazy seascapes.

In fact, tourists arriving in Nova Scotia in the postwar period of the 1940s came face to face with an industrialized province that was anything but "mellow" or "drowsy" because of the complexities of modern capitalist development there. Moreover, Black's take on such promises of a "mellow" life in Nova Scotia geared at potential visitors was not entirely positive. In fact, she understood the province as plagued not by a life of leisure but by an idleness borne from a sense of postwar defeatism that resulted from increasingly precarious work conditions and changing labour patterns that brought rural residents into urban centres en masse. Black's strategy to get idle Nova Scotians to find meaningful work during the 1940s had the aim of "increas[ing] income, improv[ing] standards of physical living and cultural development, [and encouraging] the therapeutic concept of easement of individual problems …" (Black 1949: 48). Black thus expected resident Nova Scotians to participate as tourist hosts according to a set therapeutic logic, in which those who were not on vacation were hardened and improved by the healthy benefits of craftwork, not to mention by the "work-cure" itself.

Black was not alone in her ideas about the therapeutic use of occupation during this period, especially those focused on craftwork. The U.S. American physician Herbert J. Hall established the "work-cure" model in a 1910 article published in the *Journal of the American Medical Association*. According to Hall, the "suitable occupation of hand and mind is a very potent factor in the maintenance of physical, mental and moral health in the individual and the community" (Hall 1910: 12). Hall founded an on-the-ground therapeutic commune known as the "Handicrafts Shop" in Marblehead, Massachusetts, where he taught craftwork to patients to focus the mind and to uplift the spirit of the infirm (Hall 1917; Hall & Buck 1915). Hall's mission in using craftwork therapeutically towards the productive building of occupation thereby challenged standard late nineteenth- and early twentieth-century "rest-cure" practices, which insisted that patients remain in bed and avoid activities to receive therapy (Friedland 2011: 70). Often, the rest-cure model maintained that patients be isolated in establishments with curative possibilities such as water or sunlight, far away from their families, where the afflicted could focus on nutrition and environmental therapies in an attempt to cure their invalidism (Lefkowitz Horowitz 2010: 129-135).

Like Hall, Black purported that individualized activity and not isolated rest was the way to cure mental illness and physical ailments, and saw craftwork in terms of its "specific purpose of contributing to or hastening recovery from disease or injury" (Black n.d. a: 1). To prove this point, she researched the chief "work-cure"

advocates of her day, and collated their collective arguments together in an undated manuscript draft that examined such diverse conditions as injuries to the spine, amputations, cardiac diseases, effort syndrome, pulmonary tuberculosis, mental diseases, hysterical contractures, war neuroses, and chronic arthritis. While Black concluded her manuscript with the words of physician John Grove Kuhns that there "*is no one craft for a single disability*," on the whole she saw craftwork as having the potential to bring patients back to the reality of capitalist productivity after injury or illness (Kuhns 1941 quoted in Black n.d. a: 17; italics in original). In fact, according to Black, patients must be "encouraged, cajoled, stimulated and when necessary bullied into activity" (Black n.d. a: 5).

While Black's advancement of the work-cure model in postwar Nova Scotia helped her build a therapeutic craft regime on occupation, it also established a system that encouraged craftmakers to think of "work [as] being reality" in their daily lives in ways that were unique to this particular context (Black n.d. b: 1). Following the practices of established work-cure practitioners such as Hall, who warned of the dangers of "ill-advised work" producing "positive harm [that] … may result not only in deepening discouragement, but in the intensifying of all symptoms" (Hall 1910: 12), Black's goal was to teach postwar Nova Scotians productive occupation as a means to achieve individual sustainability. Specifically, Black wrote that the first goal of an occupational therapist should be "to seek out what remains of individual thinking and acting in each patient[,] work to rehabilitate this and so fit the patient for re-entry to an environment of individualistic existence" (Black n.d. b: 8).

This idea that Black's "patients" (infirm and healthy alike) could improve themselves by tapping into the work-cure's discourse of individual wellbeing and self-empowerment indicates that her therapeutic craft program was in line with broader notions of liberal therapeutic culture during the mid to late twentieth century. The paradox of the liberal ideology of therapeutic craft, which insisted that individual craftmakers both become self-sufficient workers in a capitalist context and also be heavily moderated and directed in their therapies by knowledgeable healthcare experts, ensured that Black advanced her therapeutic craftwork on a number of fronts. In particular, Black drew on the words of physician William A. Bryan to insist that "organized systematic work is better treatment than careless haphazard occupation" (Bryan 1937: 186 quoted in Black n.d. b: 4). Additionally, Black validated her system of therapy not only with her own authority as a healthcare practitioner, but also through providing evidence of her craftmakers' success by documenting their personal experiences. The result was a context in which Black sought out the therapeutic possibilities in everyday work activities and a therapeutic solution to the postwar Nova Scotian's attitude of defeatism – which she understood as a social disease more widespread than any physical or mental ailment she had encountered in her training as an occupational therapist to date.

Therapeutic Craft in Nova Scotia and Abroad

Although Black was born in Massachusetts in 1885, she spent most of her young life in Wolfville, Nova Scotia, before training and working in a series of hospitals and sanitariums throughout Canada and the US in the 1920s and 1930s. In 1919, Black trained as a ward's aide (later known as occupational aides and, then, occupational therapists) in Montreal through the newly formed, federally-funded Department of Soldiers' Civil Re-establishment (DSCR) (Morton 2011: 326). The DSCR was a programme founded to help injured soldiers prepare to return to work or to train them to perform new work when injury prevented them from taking up their former vocations; the Department established the ward's aide programme at both McGill University in Montreal in 1919 and the University of Toronto the previous year (Friedland 2011: 88). As part of her training with the DSCR, Black specialized in using craft towards therapeutic purposes in the form of basketry, beadwork, weaving, and woodcarving under the auspices of the Canadian Handicrafts Guild, which touted the teaching of craftwork to help people improve their productivity (Friedland 2011: 68; 125).

In essence, the DSRC used occupational therapy to help professionalize young middle-class women so that they could contribute directly to the war effort, for they were thought to best be able to "tend to a soldier's broken spirit" as the "guardians of culture and morality" (Friedland 2011: 114; 128). Yet when Black returned to Nova Scotia in August 1919, where she took up her first medical post at the Nova Scotia Sanatorium before transferring to the Nova Scotia Hospital in Dartmouth in 1920, she began working with civilian patients – and was the first occupational therapist in the province to do so (Twohig 2003). She felt, however, that women professionals such as herself had limited opportunity to advance their careers in Nova Scotia and so she quickly returned to New England in 1922 to take up a position at the Boston State Hospital (Morton 2011: 328), before moving to Michigan in 1923 and Milwaukee in 1939.

Nova Scotia was never far from her mind, however. In 1935, she wrote to the president of the Nova Scotia Technical College, Frederick H. Sexton, to express that despite having "travelled far in experience and knowledge" she found her "thoughts turning frequent of late back to Nova Scotia and its problems in curative measures for the rehabilitation of its mentally (and other) ill" (Black 1935). That being said, Black also spent significant time travelling throughout Europe in the late 1930s, for example, to attend the Paris World's Fair in 1937, and certainly such touring informed her particular understanding of Nova Scotia's postwar therapeutic needs in the 1940s. While on tour in 1937, she wrote to her colleagues in the Ypsilanti State Hospital in Michigan, where she worked as director of occupational therapy from 1932 to 1939, to remark that she found "some grand craft ideas in the Swiss [pavilion]. … Have seen some marvelous tapestries and petite and gros point this past week – old – but colors still beautiful" (Black 1937a). Earlier

that spring, Black registered as a special student at the Sätergläntan Vävskola weaving school near Insjön, where she learned to weave Swedish samplers such as Daldräll, Möbeltyg, and Rosengång. The school presented these patterns as "typical Swedish tekniks [sic.]" that would benefit its pupils in the instruction of historical Scandinavian design (Augulander 1937). Black's participation in this training, and her travels in Scandinavia, might be understood as a starting point for expanding her therapeutic craft mission to Nova Scotia, where she would soon return as Director of the Handicrafts Division of the Provincial Department of Trade and Industry in 1943.

Part of the Sätergläntan's influence on Black no doubt stemmed from the fact that the school was well known in North American crafting circles in the 1930s, having received coverage in such publications as the popular Massachusetts-based *Handicrafter* magazine. These publications followed the ideas of such prominent English craft revivalists of the 1840s and 1850s as William Morris and John Ruskin, who considered craft and machine work as innately antagonistic (Schaffer 2011: 37). Late nineteenth-century followers of their Arts and Crafts movement in Britain often clung to the idea of peasant art as not only being threatened by modernization, but also as existing in tension with most contemporary domestic handwork, which commonly celebrated industrial modernity (Schaffer 2011: 51). Morris and Ruskin therefore attempted to emulate medieval craftwork; this nineteenth-century perspective on modernity insisted, according to Alice Chandler, that medieval society "be built upon imagination and emotion; modern society upon a shallow rationalism" (1970: 151-152). In turn, twentieth-century disciples of Morris and Ruskin interpreted their ideas with perhaps greater utopianism in an effort to build communities of artisans according to particular "medievalizing impulses," including Eric Gill's Ditchling village in 1920s Sussex (Robichaud 2007: 30). Gill in particular championed the artist's role as a craftsperson, arguing that handwork could help fight against the alienation of creators in postindustrial society (Robichaud 2007: 30-31). Indeed Black's craftwork followed the visions of arts and crafts revivalists before her, even if hers was a less utopian model in its direct linkage to the capitalist enterprise of modernity.

The appeal of learning Swedish craft techniques for Black may have been connected to the nature of the Swedish-form of the revival itself, which presented itself in ways distinct from British and American examples. In particular, the Swedish model embraced traditions of domestic craftwork in ways that Morris and Ruskin outright rejected (Schaffer 2011). Marie Olsen of *Handicrafter* noted that Sweden's Sätergläntan was representative of a trend in "all civilized countries" of "a revival in the art of weaving" (Oslen 1934: 10). The teaching of "Swedish skill" through textile art also provided a therapeutic benefit according to Oslen, as she pointed out that "to all those who long for a rest from the hectic life of the present day, Sätergläntan offers the very best recreation, both when snow covers fields and marshes and affords opportunities for skiing, and when the

school is enveloped in the beauty of the Nordic summer" (Oslen 1934: 11). In other words, the Sätergläntan was both school and retreat, a place where pupils such as Black could learn about the tenets of craft revivalism from those who sought out "the country people who still clung with tenacity to their national costumes and old tradition" (Oslen 1934: 11). The paradox here, to be sure, was that Black's participation in the Sätergläntan curriculum built its notion of "retreat" on a particular understanding of craftwork that was in line with her work-cure centred therapeutic ideals. The Swedish peasants who developed the patterns that Black and her counterparts learned at Sätergläntan were, in Olsen's words, "people who could not loaf long, who must keep hands and mind alert to combat the wear and tear of the daily fight for bread" (Oslen 1934: 13).

The Sätergläntan program therefore suggested that productive design came from people engaged in daily craftwork rather than from those whose idleness was the result of inactivity. Students such as Black not only recreated the patterns of Swedish weaving samplers with this in mind, but also mimicked the routines of an idealized peasantry with which they associated such crafts. To immerse students in the world of Scandinavian homecraft, the Sätergläntan curriculum included sightseeing tours of the area to see where rural peoples still produced such textiles. Black's itinerary was filled with visits to "numerous picturesque villages, castles, churches, cloisters, etc." (Black n.d. c). She toured the rural villages in the area, noting in a letter home that while many of the Sätergläntan students were advanced weavers, "the loveliest I have seen is done by the farm women and brought in and sold from here" (Black 1937b). This exposure to Sweden's rural craft traditions in particular contrasted with Black's experience at Sätergläntan, which she observed was "much more modern than I expected" to the point that "it could be in America anywhere" (Black 1937b). Her training was therefore one built in a discourse of class difference, in which relatively privileged students such as herself could afford the leisure time to undertake craftmaking on vacation rather than as vocation, even if such associations between craft and leisure remained ideologically undesirable for work-cure proponents.

Yet Black's training at Sätergläntan also solidified her belief in work-cure methods, particularly those that could help her to transfer the antimodernist ideals that she learned in Sweden back to North America in general and to Nova Scotia in particular. The idea of hardworking Swedish peasants relying on their own hands and minds to produce woven goods fit well with Black's notion that in North America industrialization had wrought too many mechanized solutions to disease. As she put it:

> Many patients who come to our hospitals are crushed emotionally by the impact of industrial standardization. Somewhat homeopathically we prescribe work as an antidote for work sickness. We call it OT. Patients like it. It helps them. It is work, but it is different from the daily grind. It's work beautified and dignified by being individualized. The patient makes *all* of a thing whether it's a rag rug or a piece of sculpture. There is the pride of creation. Here is the lesson to be learned from industry: if

> the entire process of the making of the end product were visualized for them and they were given vocational cultural opportunities, assembly line workers would find a degree of satisfaction in life which cannot be won by strikes (Black 1942: n.p.).

The idea that it was "natural for a man to be occupied," but occupied by a particular kind of work that distracted producers from such things as labour disputes, certainly was consistent with North American perspectives on Swedish craftmaking. As a feature article on Swedish craft in a Nova Scotian newspaper reported, for example, before the nineteenth century Sweden represented a lifestyle in which everything "was hand-made, home-spun, and the work of the whole family. Then, industrialism reared its ugly head, the machine took over and 'traditionally Swedish' became 'just European'" (Anon, 1953). For craft revivalists such as Black, Sweden provided an ideal locale with which to imagine a national preindustrial domestic craft tradition that Nova Scotia could model in Canada at the provincial level. If Sweden represented for Black the ideal of hardworking landed peasants whose craftwork was of a high quality because of its connection to vocation, Nova Scotia was a context where the trained therapist's hand could impose such standards could be imposed where they did not naturally exist.

Certainly, it is clear that Black's conception of Swedish design was heavily informed by craft revivalism in the United States as well, where entire communities such as those centred on Hall's Handicrafts Shop focused on teaching historical craftmaking techniques as therapeutic work. However, there remained a sense in North American coverage of Swedish craft revivalism that these Scandinavian craftmakers were ideal examples of how organized work-cure methodologies could be emulated elsewhere:

> Like everything else in Sweden, the Swedish handcrafts, the "Hemslojd," are well-organized, well-run, and superlatively efficient. Information is readily available on everything from what kind of yarn to use for rug-making to setting up a handcraft exhibition, and lecturers pay regular visits. Many of the individual societies for handcraft have their own full-time consultants, and the State Inspector of Handcrafts in the Board of Trade is a permanent government official available for lectures and consultations (Anon. 1953).

This hyper-efficiency was in line with what Black herself observed throughout her travels in Scandinavia, particularly in Oslo and Stockholm, where she noted that:

> The State has abolished the slums and built very fine apartment houses. One part of the city is given over to the working classes; another to the white collar people and then the residence section proper. The apartment houses are comfortable looking certainly and we in America would be more than fortunate to have such housing at such prices (Black 1937c).

For Black, dividing housing based on class enhanced the productivity of the local populace and had the benefit of regulating work. Indeed, the Sätergläntan curriculum depended on such ordered measures, where students "weave from 9 to 1 then from 2 to 5" as part of a regulated work day – even if such work was often undertaken on vacation (Black 1937c).

That the orderliness of craftwork methods combined itself with an ordered everyday existence also struck Black, who commented on "the cleanliness of everything" in Sweden – "streets, shops, houses, people – which is all the more impressive because it seems to be self-perpetuating" (Black 1937d). She used this perception to ascertain "certain basic qualities of the Swedish people[s'] character: solidity, stability and self-respect; in fact Swedish self-respect and self-possession goes so far that a stranger might, and sometimes does, mistake them for self-complacency and assumption of superiority" (Black 1937d). This idealization of Swedish character was indeed in sharp contrast with what Black interpreted in her home province of Nova Scotia, which, upon her return there in 1943, she described as "very dirty" and as a place where crafts held "nothing of interest" save a "few pieces of woodenware unpainted furniture and a few piece of pottery" (Black 1943a).

Moreover, she expressed concern about the province's capital city of Halifax having unsafe streets, where "everything [was] crowded and food not only poor but uninteresting and dirty. Ugh!" (Black 1943a) Black connected what she saw as a lack of order and cleanliness in Nova Scotia with a "standard of design and appreciation of good design [being] very low" there, leading people to "bring in poorly designed and executed articles for sale" at local shops and then feeling "very badly" when merchants "explain that they are not acceptable (Black 1943b). Compounding the problem was the fact that unlike in Sweden most rural people in Nova Scotia had "no interest in crafts" according to Black, since parents tended "to get children educated away from manual labour" and that "any hand work is looked down upon" (Black 1943c). To say the least, Black did not see Nova Scotia as having the same kind of fruitful environment for therapeutic craftwork that she observed in Sweden – although this challenge did not deter her occupational therapy mission for long.

Crafting a Therapeutic Regime in Nova Scotia

Black's travels to Sweden in 1937 and her subsequent move from the United States to Nova Scotia in 1943 ultimately paved the way for her greatest challenge as a therapist. In essence, Black saw Nova Scotians as having a hardworking past that they had not properly tapped into in the present. Specifically, despite the fact that she understood Nova Scotians as toiling "hard and long for generations to wrest and hold their land from the sea and from exploitation by outside big business," she feared that they had only "come to realize that their strength lies rather in emergencies than in normal living" (Black 1949: 45). For Black, this attitude was typical of a postwar situation, since in the 1940s Nova Scotia saw major state commitment to such industrializing efforts as rural electrification, roadway expansion, and refrigeration services (Miller 1993: 337). In other words, rural Nova Scotians did not have to confront the same challenges of daily life under the rubric

of modernization that the culmination of World War Two brought to the province on the whole. In general, new employment opportunities based on a wartime economy drew rural workers away from the agricultural, forestry, and fishing occupations that had dominated local labour up to that point (Miller 1993: 314). The influx of such wartime workers to city centres such as the capital of Halifax strained available housing to the limit, and compounded the "often deplorable" living conditions that Black observed into the late 1940s and early 1950s there (Miller 1993: 316).

While Black's observations here certainly point to her desire to use crafts towards social reform, and in particular to help give workers productive, moral activities, there may have also been a racial sub-text in her writings. Certainly, tourist literature promoting Nova Scotia in the late nineteenth and early twentieth century alluded to the idea that it was a place settled and populated by "the best races in the world," which no doubt informed Black's perspective in terms of the province existing according to a particular racialized register (McKay & Bates 2010: 13). Indeed, Nova Scotia was home to the first eugenics movement in Canada, which came in the form of the 1908 establishment of League for the Care and Protection of Feebleminded Persons (Grekul 2009: 136-7). When conceptualizing weaving patterns that she would use to teach locals the craft, for example, she outlined a colour scheme inspired by the grey twill of a "French Girl's dress" and the yellow buttercup field "on which United Empire Loyalists are resting" (Black n.d. d). While Black did not comment directly on the use of craft towards improving Nova Scotia's established Anglo-Celtic racial hierarchy, the fact that she made connections between craft aesthetics and nationality does suggest that she sought to improve residents' ability to perform as peasants based on particular racialized identities. To be sure, Sweden's valorization of peasant culture and the country's own postwar exercises in eugenics signaled a relationship between racial science and therapeutic culture that Black undoubtedly recognized.

This situation created what Black saw as a heightened need for therapeutic craft, which she understood not only as reinvigorating a preindustrial work-ethic in Nova Scotia but also as helping to address what she framed as the unacceptable social conditions created by the industrializing process itself. In a manner typical of her commitment to liberal ideology, however, Black insisted that such therapy had to be highly individualized. Even if social defeatism was widespread in Nova Scotia and could benefit from the general implementation of the kind of ordered craftwork that she witnessed in Sweden, it remained up to the individual craft worker to heal themselves under her guidance. A provincial handcraft program modeled on what Black understood as the Swedish ideals of ordered work could provide the people of Nova Scotia with what she described as "an opportunity to develop latent talents thus adding to income and enriching their cultural life" (Black 1949: 46). Ultimately, though, Black saw craftwork as a way to teach Nova Scotians self-sufficiency based on a highly individualized commitment to

craftwork as vocation, rather than as another form of postwar industrialization that she saw as impeding such personal commitment to valuable work.

In this regard, and as Canadian historian Ian McKay has argued (1994), Nova Scotia's craft revival was less about returning to an "old way" of rural production and more about establishing a viable occupational base that tied in well with the expansion of a tourist industry in the province into the late twentieth century. As McKay puts it, "the handicraft revival in Nova Scotia was entirely predictable" given this context, even if it "took far more effort, against greater odds, to naturalize a description of Nova Scotia as a haven of handicrafts" than it did elsewhere in North America and Western Europe (McKay 1994: 155). In 1943, the year that Black returned to Nova Scotia to implement her therapeutic craft program, it was "a matter of common knowledge among those interested in sponsoring a craft revival that Nova Scotians lagged far behind the rest of North America in handicrafts" (McKay 1994: 155). Not only did this situation contrast with what Black felt she had observed in terms of the revival and maintenance of traditional craftmaking in Sweden, but it also conflicted with Nova Scotia's provincial government's creation of a tourist environment in which visitors to the province expected to find rural peoples toiling away at preindustrial activities such as handwork. Yet, even if tourists held "an idée fixe … that fishing villages, home of the hearty and independent fisherfolk, must also be havens of domestic handicrafts (especially weaving, woodwork, and leatherwork), apparently they rarely were" (McKay 1994: 155-156).

The reality that Nova Scotia did not have a rural craft tradition that Black deemed acceptable to draw upon for revival deterred her therapeutic craft mission very little, however. In fact, she understood her role as an occupational therapist as teaching Nova Scotians vocational craft skills to bring on a form of healing that would mend the wounds of wartime modernization and the social unrest that emerged alongside it. This in and of itself was a form of revival for Black, since its ideology depended on an understanding of Nova Scotia having a self-sufficient past to draw upon even in the dependent present. As I have argued elsewhere, Black's work in Nova Scotia emerged under what she described as "the therapeutics of weaving" (Morton 2011: 324), in which occupational therapy offered one possibility for social reform. In short, occupational therapy allowed Black "to remodel her therapeutic craftmaking for a different kind of patient, one less affected by disease of the mind and body and instead stricken with the more common social and moral affliction of idleness" (Morton 2011: 333). Thus, even though Black wrote that some of her occupational therapy colleagues accused her "of 'quitting' O.T. when I came to my own Province to organize the Handcrafts and Home Industries of Nova Scotia," she saw her therapeutic work as facilitated by craftmaking: "if some of my critics could follow me around a bit I am sure they would find I'm as much O.T. as I ever was. There is a broad scope for the

practice of psychiatric and other types of O.T. in field work as in hospitals if one but sees it" (Black 1947).

What Black saw in Nova Scotia was an expansive field in which therapeutic craftmaking could bring about widespread social reform. Black's therapeutic objective was quite simply to stimulate the creative interests of her patients. This, she noted, "is always a difficult task, yet by perseverance success will be attained, and it is a sign of improvement when a patient begins to be absorbed in his work" (Black n.d. a: 12). Moreover, Black was convinced that the patient's ability to engage in meaningful therapy through craft was tied to personal conviction, which she saw as informed by an individual's own experiences rather than by systemic social disparity. For instance, she argued that:

> It may be possible to obtain leads from the patient's history which will be suggestive, as a man whose artistic craving had been thwarted by the necessity for making a living may take a greater interest in leather tooling or decorative painting than in carpentry or weaving, while another whose professional duties have kept him from manual work may greatly enjoy the latter (Black n.d. a: 12).

It was therefore necessary for Black to tackle therapeutic craft in Nova Scotia by both addressing the idleness that she understood as plaguing the province as a whole, while at the same time comprehending that "it is as necessary to individualize treatment with this as with any other form of therapy" (Black n.d. a: 12).

The result was that Black orchestrated a therapeutic craftmaking program through the Handicrafts and Home Industry Division between 1943 and 1955 that was built around her occupational therapy training (Morton 2011). Black pointed out that "occupational therapy is not merely to be used as a pastime, but as a deliberate means of directing the patient's attention to material objects," which would in turn help the province focus on "the therapeutic aspect of the work" (Black n.d. a: 13). That Black understood her "patients" in Nova Scotia not as the physically infirm or the mentally ill, but as the socially challenged, made little difference in her decision to treat them with craftwork. "Idleness," she insisted, "is a positive evil and … the cause rather than the effect of social, moral and intellectual deterioration …" (Black n.d. a: 13). With this in mind, in 1944 Black attempted to implement a ten-point program for craftmaking across the province, built on technical training, aesthetic instruction, and a marketing program to make the resulting craft articles salable to tourists (McKay 1994: 171). Part of the goal here was to attain particular social welfare objectives by mimicking the Swedish model, since she proposed to the Nova Scotia government that she could best accomplish her therapeutic craftwork through "a central bureau for coordinated efforts and for the dissemination of information and exchange of ideas to those interested in Handcrafts, and to give instruction where needed" (Black quoted in McKay 1994: 172).

Yet Black's ambition to establish a Säterglantan-like regime of therapeutic craft in Nova Scotia was never fully realized. In the end, Black's use of craftmak-

ing to combat idleness in the province took on a highly commercialized form, in which she directed the selection of weaving patterns in particular to correspond with her expectations of craft revivalism where it did not intuitively exist. Black launched a series of exhibitions entitled "Craftsmen at Work," which became a regular part of tourist calendars around the province. Visitors could see craftworkers orchestrate "a pattern that is part of Canada … hooked into rugs from native wools, molded into pottery from native clays, and carved from native woods," according to the exhibitions' accompanying publicity film (Perry 1945). She created weaving guilds across the province, in keeping with her interest in this particular form of craft production, and distributed patterns and instructions through a quarterly bulletin entitled *Handcrafts* (McKay 1994: 173). Even if the model did not entirely conform to her expectations for a highly ordered and bureaucratized central craft agency, Black's supervision of the Handicrafts and Home Industries Division did yield certain results. Namely, it demonstrated that, in McKay's words, "local manifestations of the craft revival required the coordination, inspiration, and pedagogy of a state if they were ever to amount to a coherent plan of development" in Nova Scotia (1994: 175).

Conclusion: Therapeutic Craft at Work

Black's relative success in creating a craft revival based on occupational therapy in Nova Scotia between 1943 and 1955 is important to consider in light of more recent calls for therapeutic solutions to a contemporary society in stress. In particular, Black's case demonstrates that discourses of social wellbeing and individual self-sufficiency and empowerment are not unique to the neoliberal era, even if the hyper-individuality of this moment has since spurred therapeutic culture in new directions. The notion that individuals have the power to transform their own lives outside of the social fields that shape them was indeed alive and well in Black's day. Her objective in therapeutic craftmaking was to do no less than to confront individual crisis on the one hand – particularly that of idleness – and to rehabilitate her patients "for re-entry to an environment of individualistic existence" on the other (Black nd a: 2). Indeed, Black represented a community of physical culturalists of her day who believed that committed bodily labour could contribute to both individual health and to the greater task of nation-building (Shocket 2006: 125).

The work-cure model of therapeutic craft offers several avenues for critical interpretation from a contemporary perspective that seeks to unsettle the present-day neoliberal impulses of therapy. Commonly, neoliberal thought insists that people can choose between idleness and work, which suggests, for example, that poverty is not the symptom of a liberal political economy but rather of individual irresponsibility (Whitehead and Crawshaw 2012: 7). In this respect, the "curative possibilities" of individualized work remains at the core of many therapeutic mis-

sions, including Black's, whether she enacted it in state hospitals in the United States, on vacation in Sweden, or in her position as a bureaucrat in the Nova Scotia provincial government (Black n.d. a: 3). Black's role, as she saw it, was to help organize such work in a systematic way, so that her patients could avoid falling into a pattern of using craftmaking as leisure or as carelessly undertaking craft as vocation without the help of a trained healthcare expert guiding them. The ideal result was that Black could ensure "the therapeutic value of the development of initiative and originality," since to "prevent [the patient's] use of initiative destroys the object of the whole program" (Black n.d. a: 4). While "idleness" might be easily recast as a point of resistance to work-cure methods, such a position requires a greater understanding of the tensions that existed between Black and her clientele in terms of the failures that therapeutic craft no doubt enacted in Nova Scotia.

What is known based on Black's archival papers is that the work-cure method provided her a means to a very particular end in Nova Scotia and beyond it, in which the socially afflicted could benefit from being led to individualized self-care. In short, Black's idealized end result was to foster a situation in which her patients (broadly defined) could bring about their own healing through systematic craftmaking activity. To be sure, the resulting material craft objects provided a base for economic self-sufficiency if orchestrated under her careful guidance. More than this, though, Black understood therapeutic craftmaking as having a very particular cultural benefit: "These men and women, from both urban and rural centres [of Nova Scotia], freely discuss their various crafts without restrain because crafts speak a universal language and are not bound by race, creed, colour or social barriers" (Black 1949: 48). In this regard, Black had at least marginally achieved her therapeutic vision at home, since she encouraged the dissolution of group mentality in favour of individualized cures for social disease. She ultimately concluded that her therapeutic craft program in Nova Scotia "increased income, improved standards of physical living and cultural developments, [and that] the therapeutic concept of easement of individual problems" benefitted provincial residents on the whole (Black 1949: 48). If therapeutic craft could not entirely resist the narratives and institutions of modernity in Black's day, it could at least succeed in articulating a notion of individual identity through curative work that has implications up to the present moment.

Erin Morton is an Associate Professor in the Department of History at the University of New Brunswick in Fredericton, Canada. Her research broadly examines categories and experiences of art and culture as being determined by and determining liberal capitalist modernity. She has published widely on historical and contemporary visual and material culture in Canada and the United States in such collections as *Global Indigenous Media* (Duke University Press, 2008) and jour-

nals as *Acadiensis: Journal of the History of the Atlantic Region*, the *Journal of Canadian Art History*, *Post Script: Essays in Film and the Humanities*, and *Utopian Studies*. Her co-edited volume, *Negotiations in a Vacant Lot: Studying the Visual in Canada*, was released by McGill-Queen's University Press (Montreal) in 2014. E-mail: emorton@unb.ca

References

Anon. (1953): *Angels on Sale in Sweden*, [Newspaper clipping from the *Family Herald and Weekly Star*, June 4, p.34]. At: Nova Scotia Archives, Mary E. Black Fonds, MG1, Vol. 2877, Folder 25.

Augulander, Karin (1937): [Letter to Mary E. Black, February 10]. At: Nova Scotia Archives, Mary E. Black Fonds, MG1, Vol. 2877, Folder 25.

Bird, Will R. (1959): *These Are the Maritimes*, Toronto: Ryerson Press.

Black, Mary E. (n.d. a): *Types of Occupational Therapy*, [Manuscript]. At: Nova Scotia Archives, Mary E. Black Fonds, MG1, Vol. 2143, Folder 1.

------ (n.d. b): *Occupational Therapy for the Acutely Ill Neuro-Psychiatric Patient,* [Manuscript]. At: Nova Scotia Archives, Mary E. Black Fonds, MG1, Vol. 2143, Folder 1.

------ (n.d. c): *Final Itinerary*, [Travel Schedule from New York to Sweden]. At: Nova Scotia Archives, Mary E. Black Fonds, MG1, Vol. 2877, Folder 22.

------ (n.d. e): *Description of Weaves & Materials,* [Manuscript, Black Fonds]. At: Nova Scotia Archives, Mary E. Black Fonds, MG1, Vol. 2878, Folder 30.

------ (1935): [Letter to Frederick H. Sexton, March 6]. At: Nova Scotia Archives, Mary E. Black Fonds, MG1, Vol. 2876, Folder 2.

------ (1937a): [Letter to the Occupational Therapy Department, Ypsilanti State Hospital, June 28]. At: Nova Scotia Archives, Mary E. Black Fonds, MG1, Vol. 2877, Folder 22.

------ (1937b): [Letter to Mae, April 30]. At: Nova Scotia Archives, Mary E. Black Fonds, MG1, Vol. 2877, Folder 22.

------ (1937c): [Letter to Frances, May 9]. At: Nova Scotia Archives, Mary E. Black Fonds, MG1, Vol. 2877, Folder 22.

------ (1937d): *A Diary of Travels Abroad* [Diary Entry April-June]. At: Nova Scotia Archives, Mary E. Black Fonds, MG1, Vol. 2877, Folder 22.

------ (1942): *Anti-social Reactions to Assembly Lines*, [Handwritten Notes taken from Edward A. Stricker's address at the dedication of the Illinois Neuropsychiatric Institute, Chicago, June 6]. At: Nova Scotia Archives, Mary E. Black Fonds, MG1, Vol. 2877, Folder 26.

------ (1943a): [Diary Notes, February 2]. At: Nova Scotia Archives, Mary E. Black Fonds, MG1, Vol. 2144, Folder 2.

------ (1943b): [Diary Notes, February 10]. At: Nova Scotia Archives, Mary E. Black Fonds, MG1, Vol. 2144, Folder 2.

------ (1943c): [Diary Notes, April 7]. At: Nova Scotia Archives, Mary E. Black Fonds, MG1, Vol. 2144, Folder 2.

------ (1947): [Letter to Charlotte Bone, March 10]. At: Nova Scotia Archives, Mary E. Black Fonds, MG1, Vol. 2881, Folder 83.

------ (1949): 'Challenge to a Therapist', *American Journal of Occupational Therapy*, 3:1, 44-48.

Bryan, William A. (1937): *Administrative Psychiatry*, London: Allen & Unwin.

Chandler, Alice (1970): *A Dream of Order: The Medieval Ideal in Nineteenth-Century English Literature*, Lincoln: University of Nebraska Press.

Friedland, Judith (2011): *Restoring the Spirit: The Beginnings of Occupational Therapy in Canada, 1890-1930*, Montreal and Kingston: McGill-Queen's University Press.

Grekul, Jana (2009): 'The Right to Consent? Eugenics in Alberta, 1928-1972', Janet Miron (ed.): *A History of Human Rights in Canada: Essential Issues*, Toronto: Canadian Scholars' Press.

Hall, Herbert J. (1910): 'Work-Cure: A Report of Five Years' Experience at an Institution Devoted to the Therapeutic Application of Manual Work', *Journal of the American Medical Association*, 54:1, 12-14.

------ (1917): 'Arts and Crafts in Medicine', *Proceedings of the First Conference of the National Society for the Promotion of Occupational Therapy*, 1. 38-41.

Hall, Herbert J. & Mertice M.C. Buck (1915): *The Work of Our Hands: A Study of Occupation for Invalids*, New York: Moffat, Yard & Co.

Horowitz, Helen Lefkowitz (2010): *Wild Unrest: Charlotte Perkins Gilman and the Making of "The Yellow Wall-Paper"*, Oxford: Oxford University Press.

Kennedy, Robert H. (1942): 'Convalescent Care of Patients with Fractures', *The American Journal of Surgery*, 55:2, 309-316.

McKay, Ian (1994): *The Quest of the Folk: Antimodernism and Cultural Selection in Twentieth-Century Nova Scotia*, Montreal and Kingston: McGill-Queen's University Press.

------ (2001): 'Handicrafts and the Logic of "Commercial Antimodernism": The Nova Scotia Case', Lynda Jessup (ed.): *Antimodernism and Artistic Experience: Policing the Boundaries of Modernity*, Toronto: University of Toronto Press.

McKay, Ian & Robin Bates (2010): *In the Province of History: The Making of the Public Past in Twentieth-Century Nova Scotia*. Montreal and Kingston: McGill-Queen's University Press.

Miller, Carman (1993): 'War and Rehabilitation', Ernest R. Forbes & Delphin A. Muise (eds): *The Atlantic Provinces in Confederation*, Fredericton and Toronto: Acadiensis Press and University of Toronto Press.

Morton, Erin (2011): 'The Object of Therapy: MaryE. Black and the Progressive Possibilities of Weaving', *Utopian Studies*, 22:2, 321-340.

Olsen, Marie (1934): 'Sätergläntan, a Dalecarlian Weaving School', *Handicrafter,* 6:2, [Article]. At: Nova Scotia Archives, Mary E. Black Fonds, MG1, Vol. 2877, Folder 25.

Perry, Margaret (1945): *Craftsmen at Work*, Halifax: Nova Scotia Department of Industry and Publicity. Distributed on DVD (2009) by the National Film Board of Canada.

Robichaud, Paul (2007): *Making the Past Present: David Jones, the Middle Ages, & Modernism*. Washington, DC: The Catholic University of America Press.

Schaffer, Talia (2011): *Novel Craft: Victorian Domestic Handicraft and Nineteenth-Century Fiction*, Oxford: Oxford University Press.

Shocket, Eric (2006): *Vanishing Moments: Class and American Literature*, Ann Arbor: University of Michigan Press.

Twohig, Peter (2003): 'Once a Therapist, Always a Therapist: The Early Career of Mary Black, Occupational Therapist', *Atlantis*, 28, 106-117.

Whitehead, Philip & Paul Crawshaw (2012): 'Introduction', Philip Whitehead & Paul Crawshaw (eds): *Organizing Neoliberalism: Markets, Privatisation and Justice*, London: Anthem Press.

Happiness Studies and Wellbeing:
A Lacanian Critique of Contemporary
Conceptualisations of the Cure

By Colin Wright

Abstract

Criticising the discourse of happiness and wellbeing from a psychoanalytic per-spective, this article is in five parts. The first offers a brief philosophical genealo-gy of happiness, charting its diverse meanings from ancient Greece, through Me-dieval Scholasticism and on to bourgeois liberalism, utilitarianism and neoliberal-ism. The second contextualizes contemporary happiness in the wider milieu of self-help culture and positive psychology. The third explores the growing influ-ence but also methodological weaknesses of the field of Happiness Studies. The fourth then focuses specifically on the notion of wellbeing and the impact it has had on changing definitions of health itself, particularly mental health. The fifth and final section then turns to psychoanalysis, its Lacanian orientation especially, to explore the critical resources it offers to counter today's dominant therapeutic cultures. It also emphasises psychoanalytic clinical practice as itself an ethico-political challenge to the injunction to be happy that lies at the heart of consumer culture.

Introduction

This article will draw on Lacanian psychoanalysis to criticize the recent discourses of Happiness Studies and Wellbeing, as well as the diffuse culture of positive thinking and self-help of which they are a reflection. It will be argued that Happiness Studies and Wellbeing demonstrate a fundamental shift in conceptualizations of illness, health and cure, best characterized with reference to Foucault's notion of 'biopolitics': a form of neoliberal governance that makes life itself, including health, the target of direct political administration (Foucault 1997, 1976/1998, 1997/2003, 2004/2008). Yet, with Lauren Berlant (2011), it will be argued that 'happiness' and 'health' have become objects of political control precisely as it becomes more and more obvious that unbridled consumer culture can deliver neither. If Happiness Studies and Wellbeing advocate 'positive thinking' (which Berlant recasts as 'cruel optimism') in the face of the intensifying depredations of capital, then psychoanalysis, conversely, makes us attend to the new forms of suffering that arise from an inability to be happy with consumer models of happiness – an affliction that Oliver James has dubbed 'affluenza' (James 2007). Such suffering, however, struggles to be heard within mainstream therapeutic culture in which health has been redefined as a narrow capacity to produce, consume and enjoy. The article will therefore close with a defense of psychoanalysis, particularly its Lacanian orientation, as one of the few clinical approaches that works against the grain of these dominant notions of the cure.

A Brief History of Happiness

By first providing a condensed philosophical genealogy of what happiness has become today, some of the positivist claims made about it in Happiness Studies can be loosened from the outset. And yet Happiness Studies, somewhat disingenuously, claims to have its roots in precisely the Western philosophical tradition, or that strand of it which interrogates happiness via the classical question concerning the nature of the 'good', and the kind of life to be lived according to it (see Haidt 2006). It is true that this *eudaimonic* theme is fundamental enough to organise the divisions among the schools of ancient Greek philosophy.

As is well known, hedonism privileged intense sensual pleasure as the route to earthly bliss. Less well known is that hedonism also contained a range of positions distributed along a continuum from bodily pleasure to rational serenity. Thus, while the Cyrenaic school championed the direct indulgence of physical sensations, the Epicurean School anticipated Freud's homeostatic pleasure principle by introducing the balancing factor of the absence of pain. At the more ascetic end of this continuum, the Stoics emphasised rational self-control as a defence against unruly emotions that they saw as potentially destructive. Plato went on to intensify this Stoic opposition between rationality and the body by presenting the body

as an obstacle to the 'Form', rather than the sensation, of the Good, now accessible only through the reasoning of the philosopher-king (a dualism which would find a new articulation with Descartes).

Probably the most durable formulation of happiness, however, comes from Plato's pupil, Aristotle. In the *Nicomachean Ethics* (Aristotle 2006), Aristotle seeks happiness not as the satisfaction of men's diverse desires but as their unification beneath an ultimate end that Lacan, in *Seminar VII*, calls the 'sovereign good' (Lacan 1986/1997: 13). Happiness for Aristotle then is not an affect connected to the momentary enjoyment we would today call 'fun'. It is instead the culmination of a life lived *virtuously*, with virtue (*arête*) understood as excellence in realising one's innate potential to fulfil a particular function. This perspective has everything to do with Aristotle's zoological vision of a hierarchical natural world. Thus, when he defines happiness as 'an activity of the soul in accordance with virtue' (Aristotle 2006: 1098a13), he is invoking a maximization of one's place in the fixed schema of nature – an early version, then, of 'be all you can be'. To be all one can be, Aristotle argued that one must acquire all the virtues constitutive of a moral character (courage, generosity, a sense of justice etc.), but also the capacity to exercise them in a rational, which also meant a *practical*, manner. Lacan notes that 'ethics for Aristotle is a science of character: the building of character, the dynamics of habits […] training, education' (Lacan 1986/1997: 13).

Aristotelian ethics also stress the notion of a Golden Mean (Aristotle 2006: 1006b36) which steers the moral man between the extremes of passions such as rage, impetuousness and fear. Yet if this is possible it is because something even in man's more bestial appetites is responsive to rationality, making possible what Aristotle calls *enkrateia* or 'self-control' (see Cottingham 1998 and Tilmouth 2008). This set of values around 'virtue' and 'character' as attainable through disciplined training arguably resurface in 20th and 21st Century self-help culture and allied practices of 'self-fashioning' (see Illouz 2008). But certainly, with the notable exception of courtly love, this Aristotelian vision of the virtuous life held sway over the entire scholastic medieval period in Europe, when happiness was very different from today's consumerist vision. Thanks to theologians like Aquinas who re-read the pagan philosophers through a Christian lens, Aristotle's *arête* was transformed into something like *contentment with one's place within God's creation*. The critique of earthly sensualism is carried forward from Plato into Christian asceticism but true pleasure now comes from proximity to, or speculative contemplation of, the divine. Far from being a question then, medieval happiness was an arduous spiritual discipline which adjusted one to one's lot in life, with a view to compensation in the hereafter (this is what Darrin McMahon refers to as 'perpetual felicity' in McMahon 2006).

In this sense, happiness only really becomes a *question*, and therefore takes on the modern dimensions of a worldly demand, with the Enlightenment and the subsequent emergence of the bourgeoisie as a class. Specifically, it emerges with

those revolutions with which the bourgeoisie refused the supposed virtue of accepting their lot in life, especially when that lot did not amount to a lot (or more precisely, to *enough*). Lacan points out again in *Seminar VII* that it was the militant French revolutionary, Saint-Just, who enthused that 'happiness is a new idea in Europe' (Lacan 1986/1997: 359). Lacan identifies a consequence of Saint-Just's claim even more manifest in our times than it was in Lacan's: 'happiness has become a political matter' (*ibid*.). But the emergence of the modern demand for happiness from revolutionary tumult also demonstrates its political ambivalence. What was enshrined in 1776 in the *American Declaration of Independence* as the constitutional right to pursue happiness could, on the one hand, articulate an egalitarian demand for an end to the misery borne of inequality, but on the other, it could also be a demand for a specifically bourgeois paradigm of happiness, one based upon the freedom to consume and trade but also to profit from the exploitation of wage-labour. Marxist historiography of both of these revolutions would indicate that the capitalist formulation of happiness quickly won out. Thus, the discourse of happiness in the late 18th Century can be seen to shift from being an urgent political demand to end servitude and injustice (egalitarianism) to a matter of good bureaucratic governance (a legalistic conception of 'equality' that shores up bourgeois property rights).

However, it was really the development of a philosophy of *utilitarianism* that elaborated a biopolitical conception of happiness, one that has now become universalized with neoliberal globalization. In this sense, utilitarianism, and not ancient Greek philosophy as a supposed 'art of living well',[1] provides the true foundation for the modern science of Happiness Studies. It was the British philosopher and social reformer, Jeremy Bentham, who took the universality already present in the *Declaration of Independence* and added to it a numerical, majoritarian logic that placed happiness at the heart of the legitimacy of the modern liberal state, and hitched it to the redistributive mechanism of the market. Albeit steered for Bentham by a paternalistic state, it was thought the market could facilitate this seismic shift from the Good - in a theological register that had ordered the pre-modern world - to goods in the plural, whose production, circulation and exchange would shape the modern world. This utilitarian conjoining of libidinal and fiscal understandings of 'economics' inaugurated a transformation in the field of ethics. This is crystallized in Bentham's injunction in *A Fragment on Government*, also of 1776: 'it is the greatest happiness of the greatest number that should be our measure of what is right and what is wrong' (Bentham 1776/1988: 3). This emphasis on number, and more specifically on distributed averages, coincides with the rising importance of statistics, demographics and population management that Foucault identifies as instrumental in the historical transition from disciplinary to biopolitical modes of sovereignty (Foucault 1998). Conceived in utilitarian terms then, happiness becomes inextricably linked to what can be measured, counted, rationalized and apportioned.

Thus, in *An Introduction to the Principles of Morals and Legislation* – published at exactly the moment that the French Revolution was bursting into flame in 1789 – Bentham had already mapped right and wrong onto a careful taxonomy of *measurable* types of pleasure and pain (Bentham 1780/1970). These were to be administered by the state through what he coined the 'felicific' or 'hedonic' calculus: an algorithm calculating the variables of pleasure and/or pain (such as intensity and duration) that would follow a particular course of action as it impacted on, potentially, whole populations. Beyond the panoptical prison system proposed by Bentham (but never actually built) that early Foucault presented as a conceptual paradigm of disciplinary power (Foucault 1995), it is arguably Bentham's 'hedonic calculus' that undergirds later Foucault's understanding of biopolitical power and our neoliberal present (Foucault 2004/2008). We should go further: the utilitarian dream of the hedonic calculus laid the foundations for modern welfare economics, Happiness Studies, and the current Wellbeing agenda.

The Contemporary Cult of Happiness

This rapid genealogy of happiness, from ancient Greece, through the Medieval period and on to the emergence of bourgeois liberalism and utilitarianism, brings us up to the present. Today we can see that happiness has been widely distributed – as ideal, promise, entitlement and demand – across a diffuse culture encompassing positive psychology, watered-down versions of Cognitive Behavioural Therapy such as Neuro-Linguistic-Programming, innumerable self-help books, fake spirituality, corporate motivational discourse, consumer 'confidence', and a general miasma of what, after Judith Halberstam, I would like to call 'toxic positivity' (Halberstam 2011). This pervasive atmosphere of toxic positivity refers to the superegoic injunction to maintain a cheerful, uncomplaining disposition even in the face of a world replete with the slings and arrows of outrageous fortune. What positive psychology and much of the self-help industry teaches us is that happiness is a power of the mind: thinking 'happy thoughts' somehow magically leads to success in work, in relationships, in sex, in life as we are enjoined to live it. It is toxic, of course, to the extent that it is brutally normative. If one refuses to fall into line with this 'happy clappy' band of positive thinkers, one is deemed to have chosen depression and marginalization. The usefulness of such toxic positivity in anaesthetizing the contradictions of capitalism is immediately obvious from best-selling book titles in the pop psychology genre, such as *We Got Fired ... And it Was The Best Thing That Ever Happened to Us!* (Mackay 2004), and even more directly, *Loving What Is* (Mitchell 2002). If religion was the opiate of the masses according to Marx in the nineteenth century, perhaps positive thinking has become the Prozac of the atomized neoliberal individual of the twenty-first?

It is this paradoxical situation that Lauren Berlant analyses in her book *Cruel Optimism* (Berlant 2011). Her title refers to affective and sensorial attachments to

the limitless pursuit of wealth and happiness promised by liberal capitalism, even as state-based welfare provision, job security, and upward social mobility are systematically dismantled by neoliberalism's rapid privatization of the previously public. She thereby identifies a time-lag between the fantasy of exponential profit and opportunity exemplified in the Dot Com bubble of the 1990s, and the starker reality that has hit home since the 2008 credit crunch and ensuing austerity measures. In an implicitly psychoanalytic vein then, Berlant zeros in on our stubborn fantasy attachments to objects, ideals and practices that are simultaneously obstacles to satisfaction. However, in the wake of Slavoj Žižek's Lacanian re-reading of ideology as precisely fantasy – and thus as something not deceptive but a positive force shaping our enjoyment (Žižek 2009) – Berlant refuses to present 'cruel optimism' as a mode of false consciousness vis-à-vis the failure of the social promises of liberal capitalism. She even finds something redemptive in the modest utopianism of trying to continue living with dreams in the context of what she calls 'crisis ordinariness' (Berlant 2011: 101), a generalized condition of precarity that makes upheaval and instability the norm rather than the exception. Although her focus is on literary, filmic and artistic texts that exemplify the contradictions and possibilities of this affective state of 'cruel optimism', the chapter she provides on the epidemic of obesity in the West, among adults and increasingly children, opens up the kind of biopolitical questions regarding happiness and health I want to investigate here.

In it, Berlant identifies obesity as a paradigmatic problem for consumer cultures predicated on hyper-consumption. The moral and medical discourses around obesity are therefore very revealing. Berlant points out that the issue has become something of a political football kicked between Left and Right with a view to political point-scoring, rather than any clarification or critique of its connections to capitalism. For the (Centre) Left, obesity has been used as an argument for stronger state-based regulation of industry, as well as a defense of a more pastoral role for a state with continuing welfare commitments. For the Right, the discourse around obesity often slides into responsibilization of lower class 'lifestyles' that 'choose' fast-food diets out of laziness and ignorance. Indeed, both Left and Right regularly appeal to 'education' and 'information' as solutions to obesity, from parenting classes to improved food labeling, from public health campaigns to home economics in schools (as if 'learned behaviours' could be entirely abstracted from their socio-economic circumstances).

There is an echo of this pattern in more technical medical discourse about obesity, which increasingly situates it under the ever-expanding heading of 'addiction'. Understood on a physiological disease model, the causation of obesity-as-addiction is explained largely with reference to evolutionary and genetic etiologies that let states, corporations, and indeed individuals 'off the hook'. Berlant notes that if obesity is categorized as a health issue of 'epidemic' proportions at all then, it is more fundamentally because, as David Harvey observes in *Spaces of*

Hope (Harvey 2000), sickness under capitalism is defined as the inability to work. As we will see, both Happiness Studies and the Wellbeing agenda contribute to cost-benefit approaches to health provision that do indeed evaluate various psychological complaints not in terms of subjective suffering but of the loss to the economy through sick leave. In this way, psychological well-being has been brazenly rebranded as 'mental capital'.[2]

This way of thinking about illness also shapes models not of treatment per se, but of pre-emptive psychological training, such as the push to coach increasingly frazzled workers in the psychology of 'resilience' (see Pryce-Jones 2010, and for a critique, Neocleous 2013). A different, less behaviourist strand of psychology might alert us to more complex subjective factors and, admittedly, more expensive because slower forms of treatment. With regard to obesity in particular, surely we have to take into account the subjective and perhaps even unconscious dimensions of food consumption embedded in individual biographies and the forms of sociality constitutive of everyday life? How else are we to understand eating disorders such as anorexia nervosa and bulimia in the context of developed nations with literal food mountains,[3] by scandalous contrast to mass malnourishment and starvation in other parts of the globe fighting food poverty? Cruel optimism shows its cruelty here: in developed nations, 'comfort food' and 'comfort eating' literally feed off the failure to achieve the BMI we are supposed to be happy with. In other words, the emotional 'solution' contributes to the problem itself. Equally however, constant self-denial in the form of extreme dieting can become a perverse mode of enjoyment in conditions of plenty. The un-gendering of eating disorders, such that male complaints of this type are now rising sharply, indicates a structural connection between capitalism and this mode of suffering suspended between gluttony and privation. Only psychoanalysis allows us to understand this mechanism of libidinal investment in dissatisfaction itself: Freud called it, long ago now, the death-drive, and based his understanding of the discontents of modern civilization upon it (Freud 2002).

Berlant's account of 'cruel optimism' can be supplemented by Barbara Ehrenreich's wonderfully acerbic book, *Smile or Die: How Positive Thinking Fooled America & The World* (2010). The moving and at the same time exasperating opening chapter to that book also pertains to matters medical: it recounts the author's experience of breast cancer. At one of the lowest moments of her life, Ehrenreich admits to having been more prone than usual to the allure of positive thinking. Yet as she encountered various online support communities for cancer suffers, she grew concerned about an evangelical enthusiasm bordering on religiosity. More specifically, she became alarmed by the pseudo-medical claims made by them regarding an alleged correlation between a cheerful disposition, boosts to the body's immune system, and improved survival rates. Her careful consideration of the clinical research both demonstrates the lack of hard evidence for such a

correlation and highlights, nonetheless, a strong push within mainstream psychology towards a more 'scientific' version of positive thinking.

This is evident in the relatively new field of 'positive psychology', whose most outspoken advocate has been former president of the extremely powerful *American Psychological Association*, Martin Seligman (see Seligman 2003, 2006 and 2011). Reflecting, as we shall see, wider shifts in the definition of health over the last fifty or so years, Seligman has championed positive psychology as a much needed move away from the traditional emphasis in psychiatry and psychology on pathology and mental illness. With such depressing themes downplayed, evolutionary and neuroscientific psychology can be conscripted into the much more affirmative project of self-improvement. Seligman and his followers regularly claim that positive psychology can make us leaner, faster, fitter, *better* human beings. Under the quintessentially biopolitical heading of 'flourishing' then, neoliberal normativity is imposed. The incipient blurring discernible here between, on the one hand, 'respectable' evidence-based psychiatry and psychology, and, on the other, self-help movements, new age mysticism, and even extropian posthumanism, is one of the more worrying aspects of today's cult(ure) of happiness.

In ways that connect convincingly with Berlant's thesis of 'cruel optimism', Ehrenreich's penultimate chapter in *Smile or Die* finds this pernicious culture of blind hope extending into the stock exchange and finance markets, contributing directly to the collapse of 2008. In a milieu in which fundamentally affective states like 'confidence' literally translate into trillions of dollars, it is all-too easy to place undue faith in positive thinking. In other walks of life, such zealous and rigid attachment to an idea in the face of all rational evidence to the contrary, would be more than sufficient for a diagnosis of delusional mania. And yet, seeing themselves as the handmaidens of the market, governments bolster this group illusion with tax payer's money. Though welfare economics aims to enable 'the greatest good to the greatest number', in the wake of mass repossessions following the collapse of the mortgage market, state bailouts of banks deemed too big to fail, and unprecedented cuts in the social budgets of numerous states, it can hardly be said to have upheld Bentham's worthy maxim over recent years. This has not stopped a particularly cruel form of optimism from persisting, however. Traders continue to enjoy enormous bonuses, and even CEOs of failing banks continue to receive multi-million pound golden handshakes. Capital, it seems, has institutionalized cruel optimism at the highest levels: the problem is still prescribed as if it were the solution.

Happiness as Science

Nowhere is this more obvious than in the coming together of economists and psychologists in the so-called science of Happiness Studies, which has managed to insinuate itself into the policy agendas of numerous states around the world. On

July the 13th 2011, the United Nations (UN) General Assembly accepted the attempted push from GDP to GDH (Gross Domestic Happiness) at the core of Happiness Studies when it adopted a resolution that:

> invites member states to pursue the elaboration of additional measures that better capture the importance of the pursuit of happiness and well-being in development with a view to guiding their public policies.[4]

Sixty-eight countries have now signed up, and the 20th of March 2013 was the first ever International Day of Happiness. [5] Among the adopting countries is Britain, and enthusiastic convert, Prime Minister David Cameron, responded by launching his own 'Wellbeing Index' in October 2011. The UK's Office for National Statistics now collects data annually on a variety of alleged indicators of individual and social wellbeing, including health, the economy and governance.[6] Like similar indexes in countries such as America, Italy, Germany and Japan, Cameron's Wellbeing Index draws on methodologies developed by the World Health Organisation (WHO) which has long collected data on 'quality of life'. The Organization for Economic Cooperation and Development (OECD) similarly runs its 'Better Life Index' for all of its 34 member countries.[7] In the United States, academics like former Harvard president Derek Bok advocate the use of happiness research by lawmakers in a range of policy areas such as health, education, and even marriage (Bok 2010). Bok's equivalent in the UK is Baron Richard Layard who was a key influence on the economic and social policies of New Labour, co-edited the UN's *World Happiness Report* of April 2012, and founded the Action for Happiness Movement.[8]

But it is not just states and supra-national state-like entities such as the UN, the WHO and the OECD that are pushing the happiness and wellbeing agenda. Independent research institutes and thinktanks are also lobbying in this area. The New Economics Foundation, for example, administers the ambitious 'Happy Planet Index' in order to foreground an ecological dimension of 'flourishing' generally occluded from narrow preoccupation with fiscal growth.[9] And yet – and this should give pause for thought – multinational corporations, too, are sponsoring what are basically marketing initiatives in wellbeing, such as the food giant Danone Actimel's 'Family Wellbeing Index', which offers (very middle class) families guidance in healthy, fun and fulfilling parenting.[10] The *Wall Street Journal* also now produces its own career happiness index.[11]

So important has the constant affective monitoring of whole populations become in fact, that pollsters Gallup and private healthcare provider Healthways have collaborated to produce a *daily* wellbeing index, providing the 'real-time measurement and insights needed to improve health, increase productivity, and lower healthcare costs'.[12] Given the primarily corporate but also American interests driving a great deal of this research, it is hardly surprising that its results almost always end up confirming a version of the American dream. One recent multinational comparative well-being study determined that three factors are pivotal

in making for cheery individuals across all cultures: predictably enough, they are high income, individualism, and human rights (Diener et al. 2010). Is it even necessary to point out the connection with that other index, the Index of Failed States produced by the thinktank Fund for Peace?[13] Once again, the political ambivalence of the right to happiness becomes clear, especially in the light of 'humanitarian wars' that impose the blueprint for Western Wellbeing on such 'failed states'.

Despite the increasing influence of this rhetoric in a number of areas however – economics, environmental politics, development discourse, psychology, business studies and marketing – even a brief glance at the much-vaunted 'evidence-base' of happiness research suggests it may well be a castle built on sand. Two empirical methodologies dominate the field. Firstly, 'experience sampling' which gathers reports of mood states at particular points during a single day and claims accuracy on the basis of the immediacy of the reporting. Secondly, 'life satisfaction' surveys, which typically invite Likert scale responses to extremely general questions regarding levels of satisfaction with life as a totality (so far). A typical but crude question would be: 'On a scale of 1-10, to what extent would you agree with the following statement: So far, I have gotten the important things I want in life'. In the absence of critical scrutiny, the enormous assumptions built into this kind of question remain obscured behind that dangerous thing, 'common sense', as do the policy uses to which the resulting data is put. And yet experience sampling and life satisfaction surveys, often gathered by networked communications technologies, remain by far the most prevalent research methods in this brash new field.

But even within happiness research itself, it has been acknowledged that problems can accompany data-sets rooted in self-reporting alone, especially around something as elusive as emotion (see chapter 2 of Bok 2011). For this reason, happiness research increasingly appeals to more 'objective' measures. It draws, for example, on neuroscience and neurochemistry, through MRI scans and levels of neurotransmitters such as dopamine; or on the psychology of emotion, through video-evidence of the number of genuine Duchenne smiles appearing on a test subject's face under controlled conditions. For broader number-crunching purposes, more robust sociological data on 'quality of life' such as longevity are correlated with happiness indicators in the search for statistically significant patterns. Even social media have become potential sources of mass affective mapping: Adam Kamer, a psychologist from the University of Oregon, has developed a quantitative Gross National Happiness metric that counts positive and negative words in Facebook status updates (Kamer 2010).

Well-being and the Politics of Health

The almost ubiquitous use of the term 'wellbeing' in the literature on happiness also arises from an attempt to nullify this problem of self-reporting. It implicitly locates happiness at a more concrete, bodily level, invoking empirically measurable physiological states and thus the more established domain of the medical sciences. And yet, on another level, the term 'wellbeing' is also a crucial signifier in the wider discursive reconfiguration of health. If it enables the relatively new field of Happiness Studies to borrow the credibility of the sociology of health and of medical science, 'wellbeing' also facilitates the importation of a biopolitical conception of 'flourishing' into definitions of health – be they philosophical, policy-based, diagnostic, or embedded in clinical practice.

This is a process that can be traced back to the WHO's redefinition of health in 1948 which still governs its varied activities around the world today: health became 'the presence of a state of complete psychological and social well-being, not just the absence of illness or infirmity'.[14] Something extremely important changed with this definitional shift at the end of the Second World War. In it was crystallized the replacement of the nineteenth-century medical model, which foregrounded disease and pathology, by the first stirrings of a biopolitical model focused on individual and social affective harmony. Although Foucault rightly criticized the nineteenth-century medical model for its anatomically probing 'gaze' and the institutional structures of authority that stemmed from it (Foucault 1983/2010), his critique really pertained to the era of disciplinary power. In the era of biopolitics by contrast, the often digitized medical gaze falls upon – and constitutes – an informatized body composed less of functional or dysfunctional organs and more of flexible, recombinant sequences of genetic code or re-writable cognitive scripts that are well or poorly adapted to a rapidly evolving environment. Biopolitical control concerns itself not with pathology or ill-being then, but with affect and wellbeing, now 'indexed' to both economic productivity and the production of economies of enjoyment.

What is largely left behind in this shift is subjective suffering, which the psychiatry, psychology and psychoanalysis of the last part of the nineteenth and first half of the twentieth centuries was arguably much better at rendering visible and audible. Because wellbeing appears on a numerical sliding scale, everyone can locate themselves *somewhere* along the Gaussian curve it describes. Whilst this seems to offer a degree of health and happiness to everyone, and thus to make good, rhetorically at least, on the promises of liberal capitalism, it also has the paradoxical effect of responsibilizing individuals who suffer when they can find no place within the contemporary cult of happiness. Why, when I have, or potentially could have, everything, am I so miserable? This is what Oliver James has referred to as 'affluenza' (James 2007). James draws partly on findings within Happiness Studies itself that suggest that beyond a certain level of income, happi-

ness gains tail-off quite steeply. For obvious political reasons, this so-called 'Easterlin Paradox' has been hotly contested (see Hagerty & Veenhoven 2003). More important, however, than the relationship between money and happiness, are the underlying assumptions not only about what makes life worth living, but also about what kinds of lives have worth.

It is no accident, then, that one can see parallel adjustments in the field of mental health specifically. The standardized psychiatric manual now used by health professionals around the world, *The Diagnostic and Statistical Manual of Mental Disorders* (DSM), was initially an American rival to the WHO's own *International Classification of Diseases* (ICD), which included a separate section for psychiatric disorders. With worrying origins in the US military's interest in the psychological limits of soldiers during the Cold War, and now utterly enmeshed with the globalised pharmaceutical industry, the DSM has specialized in exponentially proliferating mental disorders in its sixty year existence. The first edition in 1952 listed 106; the second in 1968 listed 182; and the massive revisions involved in the third edition of 1980 led to no less than 265 disorders. This third edition explicitly abandoned Freudian psychopathology and based the etiology of mental disorders on the catch-all notion of 'chemical imbalance'. For each new condition, there had to be a corresponding pill. Psychiatry and increasingly clinical psychology boiled down to almost instantaneous check-list diagnoses, followed by drug prescriptions. The revision of DSM-III that appeared in 1987 once again increased the number of disorders, this time to 292. The, at the time of writing, current fourth edition published in 1994 (though revised in 2000) lists almost triple the number of disorders identified in the first edition at a whopping 297. It is likely we will see this trend toward inflation continue with the newest edition, due out in May 2013. Amidst this nosological profusion, conceptual overlaps between disorders have increased proportionally, as reflected in the rise of 'borderline' and 'not otherwise specified' conditions. Reminiscent of *One Flew Over the Cuckoo's Nest*, the DSM even reserves a category for those who do not co-operate: it is called 'Treatment-Resistant disorder'.

According to Lacanian psychoanalyst Paul Verhaeghe (2008), this sprawling proliferation of 'disorders' (a word already intended to replace 'illness') is an inevitable result of the DSM's purely phenomenological approach, and the deliberate lack of any guiding metapsychological framework of the kind that Freud provided. Verhaeghe proposes an alternative psychodiagnostic framework that draws on Freud and Lacan as re-interpreted through aspects of attachment theory and even evolutionary and neuropsychology. While some of these sources may in fact be part of the problem, without a theoretical framework of this kind, normative politics – and specifically the politics of happiness I have tried to identify here – flood in to institutionalized clinical theory and practice. This is perhaps clearest in happiness' other, depression.

Another Lacanian psychoanalyst, Darian Leader, has demonstrated the link between the transformations in the DSM and an abandonment of forms of classical psychiatry and psychology that focused on the *subjective* experience of depression (Leader 2009). After DSM-III in particular, Leader argues that the parameters of depression were fundamentally molded by the revolution in neuroleptic drug treatments, leading to a vertiginous rise in diagnoses. In other words, in the early 1980s the definition of depression was drawn into the gravitational pull of observable effects consequent upon the administration of drugs. Although the psychiatrist thereby became much more like a GP insofar as he now prescribed medicines, this came at an enormous cost. With both the patient and the therapist reduced to elements in a mechanism that merely balanced out chemicals, the notion of 'treatment' and indeed 'cure' were radically reconceptualized. This overwhelmingly pharmacological interpretation of mental distress has had major repercussions throughout popular culture (see Wurtzel 1996) as well as in mainstream mental health provision.

Though this ready recourse to pills has been acknowledged as problematic, therapies presenting themselves as alternatives often adhere to the same underlying reasoning. For example, Lacanian psychoanalysts have been among the most vociferous critics of the rapid rise in clinical funding for, and widespread adoption of, cheap and quick Cognitive Behavioural Therapy (CBT), generally based on just six to twelve sessions (Miller 2005). Just as Happiness Studies is weakened by its reliance on self-reporting, so CBT typically begins with a goal-setting meeting tailored to what the patient wants to achieve. It thereby largely eliminates any notion of unconscious desire, drawing instead on a customer-knows-best logic. Related to this, it invites extremely instrumental criteria for cure that remain at the level of superficial 'presenting problems' without addressing underlying structural causes. One of the reasons for the state's willingness to fund CBT is the rapidity and relative cheapness with which it can return people to work. 'Normal functioning' is thus interpreted entirely functionally. Another reason is CBT's pioneering role in the culture of evaluation and 'evidence-based practice'. As if directly inspired by Bentham, part of CBT's ethos from the beginning has been a focus on measurable outcomes. However, just as there is something circular in Happiness Studies research, so CBT can fall into the trap of finding exclusively what it sets out to look for. With cure defined very narrowly, short-term outcome studies can allow CBT to claim a high degree of 'success' whilst responding to a wider target-setting agenda.[15] For example, CBT treatment of an anxiety disorder might measure clinical efficacy in relation to a reduction in the number of panic attacks before and after treatment. On one level, this is obviously a relevant measure the patient would welcome. But in no way does it address the underlying meaning or cause of anxiety for such an individual. Instead, it conflates presenting problems with structural symptoms.

Though now enormously broad, the evidence-base for CBT is chronologically rather shallow. As longer-term outcome studies have started to appear, its clinical efficacy over time has been questioned.[16] Moreover, because it has been so adept at justifying itself on the grounds of value for money, CBT has become a victim of its own success: particularly in the United States where health insurance plays such an important role, there is an increasing pressure to push CBT even further away from a Freudian paradigm of one-to-one therapy, and towards group therapies. Despite such doubts, there remains something alluring about the simplistic, linear logic of CBT programmes, resonant as it is with wider cultural trends in self-improvement and mind training. But like the medicalized interaction (or transaction) between psychiatrist and patient, the 'therapeutic alliance' in CBT threatens to be reduced to both parties following such programmes to the letter. The role of the therapist then becomes mechanized to the point of redundancy – hence the wide availability of CBT through online modular courses, as well as computer-based CBT in hospitals. This is hardly accidental, given that CBT tends to view individuals as more or less functional machines.

Of course, many CBT therapists are much more nuanced and sophisticated in their application of it than this caricatured picture suggests. Many have training in other psychotherapeutic approaches and work valiantly in complex clinical settings under the constraints that exist there. Nonetheless, I would argue that there is a logic within CBT that overwhelmingly interpolates the patient through the old stimulus-response model at the heart of behvioural psychology, with its inherently de-humanizing roots in ethology.[17] Though CBT is heralded as an alternative to blinkered psychopharmacology, randomized clinical trials contributing to its 'evidence-base' still generally measure their effectiveness by comparison to a pill-popping group. Thus, in common with medicalized psychiatry, cure remains conceived along the lines of corrective re-programming.

The 'therapeutic' culture created by CBT's overlaps with both managerialism and self-help explicitly disregards a rich thread within classical psychiatry that sees the symptom not as a disease to be eradicated or a glitch to be ironed out, but as a body or mind in the process of elaborating its *own* cure. From this perspective, cure becomes a singular creative elaboration that a patient can be supported in via a transferential relationship to the therapist. Such transference may be fragile and take both time and money to establish and maintain. Yet it has the virtue of being very far removed from a mechanical transaction mediated by the pharmaceutical industry. Unfortunately, there is almost no room for this in the contemporary clinic.

The Lacanian Alternative

In such a context, psychoanalysis presents a rare and therefore precious alternative to these dominant medicalized notions of the cure. Far from being an indication of

its mere outmodishness, the fact that, particularly in the Anglophone world, psychoanalysis now exists primarily at several removes from mainstream 'psy' practices, demonstrates its stubborn resistance to the biopoliticalization of health.[18]

Indeed, psychoanalysis was arguably born from its opposition to these trends. Freud himself frequently cautioned against aligning psychoanalysis with the fantasy of untrammeled human happiness. In his early collaborative work with Joseph Breuer, *Studies on Hysteria* of 1895, he famously addressed an imaginary patient by saying 'much will be gained if we succeed in transforming your hysterical misery into common unhappiness' (Freud & Breuer 1895/1991: 393). He thereby implied a base level of 'normal' dissatisfaction which in turn implied a different understanding of health: 'With a mental life that has been restored to health you will be better armed against that unhappiness' (*ibid.*). It should also be noted that Freud's notion of the 'pleasure principle', with its apparent nod toward sensual enjoyment, is misleadingly named. The reverse is more accurate: the pleasure principle revolves around a thermodynamic model of the *avoidance* of discomfiting psychic excitation (by means of cathexis and repression), making it closer to an un-pleasure principle. This break with a certain reading of the eudaimonic tradition became even clearer in 1920 when Freud revised his own dualistic theory of the mind by pushing, as he put it, *Beyond the Pleasure Principle* (Freud 1920/2003). It was then that he formulated a notion that really has no place in the feel-good world of today's positive psychology: namely, the death-drive, which postulates an inherent inclination to return to a state of absolute homeostasis. Despite its rather metaphysical resonances, the death-instinct was in fact rooted in Freud's clinical practice and that of other psychoanalysts, many of them working with shell-shock victims staggering from the trenches of World War One. Freud went on to place the death-drive at the centre of his psychoanalytic social theory, invoking a dialectical battle, within both individuals and group formations, between Eros and Thanatos, life and death. In *Civilization and its Discontents* (Freud 1930/2002) he both acknowledged the universality of happiness as a goal of human life, and its structural impossibility in the psychic conditions of modernity. 'What we call happiness' he said, 'is from its nature only possible as an episodic phenomenon' (Freud 1930/2002: 14). Echoing his earlier sentiment in *Studies on Hysteria* regarding 'common unhappiness' then, he concludes: 'Unhappiness is much less difficult to experience' (15).

None of this, however, makes the founding father of psychoanalysis a willful miserabilist. Although there is now a widespread cultural impression of Freud that ascribes to him a dark, hubristic vision of the so-called 'human condition' – his legacy perhaps being read backwards through the lens of Sartrean existentialism (despite Sartre's antipathy for psychoanalysis) – he nonetheless explicitly states in 'Analysis Terminable and Interminable' that 'it is not a matter of a pessimistic or an optimistic theory of life' (Freud 1963/1970: 261). Freud's refusal of the shallow consolations of the promise of permanent happiness was by no means an exis-

tentialism *avant la lettre*. It was, rather, already a means of separating psychoanalysis from the normative dimensions of the psychiatry and psychology of his time.

Freud's most sophisticated, systematic and creative reader – Jacques Lacan – would go on in the mid-20th Century to clarify and concentrate exactly those aspects of psychoanalysis critical of normative models of happiness and health. Lacan is therefore a crucial theoretical source for any contemporary critique of Happiness Studies and the Wellbeing agenda, which he seemed to see coming early on. As already stated, in the seminar that took place between 1959 and 1960, Lacan recognized that happiness had become a political matter, and like Freud before him, expressed his concerns regarding its influence over notions of the cure. He refers in no uncertain terms to happiness as a 'bourgeois dream' (Lacan 1986/1997: 359) which analysts should have nothing to do with (though as a dream, we can infer that happiness still calls for interpretation). In the last few sessions of this seminar – concerned, after all, with ethics – Lacan makes it clear that happiness is a fundamentally imaginary category, having to do with ideals of reciprocity, completion and fulfillment without remainder, yet also that happiness is a master signifier increasingly ordering the social link of consumer culture. For this very reason, Lacan is keen in *Seminar VII* to show his fellow analysts 'how far we are from any formulation of a discipline of happiness' (*ibid.*). Looking beyond this seminar to Lacan's wider oeuvre, there are, I believe, at least three strands of argument pertinent to the critique of contemporary therapeutic culture: his polemics against ego-psychology, against the instinctual reading of Freud, and against the vague deployment of the concept of affect.

To briefly take each in turn, Lacan's hostility towards ego-psychology demonstrates his acute awareness of a distorted reading of Freud (promulgated in part by Freud's own daughter, Anna) that from the 1940s onwards had begun to find fertile soil in the same America that would later champion positive psychology. By emphasizing the unconscious as the problem, and the ego, conceived as a set of defense mechanisms well or poorly adapted to 'reality', as the solution, the ego-psychology that prevailed in the US until the end of the 1960s ultimately peddled a conservative, adaptationist view of psychoanalysis. In publications like *Ego Psychology and the Problem of Adaptation* (1958), Heinz Hartmann for example seemed more concerned with the ego's interactions with stimuli from the external environment than with the unconscious per se, thereby opening the door to behaviourism. For Hartmann, as opposed to Freud, the ego could be seen as a conflict-free zone that had the power to synthesise and order the subject's potentially harmonious relation to 'reality'. Although it is true that Hartmann often stressed a *mutal* interaction between the subject and their environment rather than the brute imposition of the latter on to the former, the ego remains for him the locus of an active-reactive response, somewhat on the model of a servomechanism. The Freudian unconscious becomes much less important, and for related reasons, the

ego becomes amenable to 'training' in a manner reminiscent of Aristotelian virtue ethics. If Hartmann and other ego-psychologists such as Ernst Kris, René Spitz and Lacan's own analyst Rudolph Loewenstein, could seem to sympathise with the symptom over and against social norms, it was nonetheless because they viewed the symptom as one of the weapons with which the ego could defend itself from both instinctual and social pressures. From a Lacanian perspective, to emphasize the ego and thus the imaginary in this way is to throw a veil over the symbolic unconscious that Freud discovered. And although ego-psychology did fall into decline in the 1970s in the wake of the cognitivist turn, one could argue that elements of it have been inherited by contemporary positive psychology, which focuses on self-esteem and 'resilience'. When, as early as 1953 in his 'Rome Discourse', Lacan called for a 'return to Freud', it was explicitly an attempt to recover what was being obscured in the reading championed by ego-psychologists across the pond (Lacan 2006).

An indispensable aspect of this mis-reading of Freudianism was a biological reductionism that placed the concept of 'instinct' at the causal root of 'normal' and pathological psychosexual development alike. Again presciently, Lacan recognized as early as the 1940s the ways in which this instinctual reading of the Freudian unconscious would necessarily pave the way for an animalization of the human. Such reductionism finds newly sophisticated forms today thanks to genetics, evolutionary theory and neuroscience (all fields drawn upon in happiness and wellbeing research of course), but the underlying political as well as ethical implications of turning subjects into determined objects, remain the same. Lacan regularly took issue with the translation of Freud's *trieb* as 'instinct' in the Standard Edition of Freud's work, preferring instead *pulsion* or 'drive', now inextricably linked, by his own turn to Ferdinand de Saussure, to the structure of language and what he called the 'logic of the signifier' (Lacan 2006). Thus, rather than an underlying primordial instinct that neuroscientists today might locate in the hypothalamus, sexuality became a symbolic matter peculiar to human beings by virtue of the fact that they speak. As counter-intuitive as it might seem, human sexuality is from a Lacanian perspective only secondarily and often precariously connected to biological reproduction (Morel 2011).

The third strand of critique within Lacan's work is less obvious, but noteworthy for that very reason. I am referring to his skepticism regarding the amorphous notion of 'affect'. This term is clearly adjacent to 'instinct' but implies the field of emotions and thus the 'wellbeing' of the patient. It has moreover been at the centre of a putative 'affective turn' within the human and social sciences. But as with instinct understood biologically, the term 'affect' substantializes the unconscious. It turns it into a reservoir of repressed, painful emotions that the therapist must facilitate an outlet for, through an emotionally 'nourishing' therapeutic environment. Whilst this sounds intuitively laudable, from a Lacanian perspective, any simplistic focus on 'feelings' alone is incompatible with the analytic setting. And

yet, as Colette Soler has argued (Soler 2011), it does not follow that Lacan's emphasis on structure and logic excludes affect or its importance in the clinic. On the contrary, one affect in particular plays a central role in his thought, and in that of psychoanalysis generally: namely, anxiety. Lacan devoted an entire year-long seminar to it (Lacan 2004), developing a theory of anxiety which could be contrasted, point by point, to the largely behavioural model dominating CBT treatments today.[19]

Moreover, anxiety is connected to one of Lacan's key concepts that in itself poses a significant challenge to the contemporary cult of happiness. I am referring to *jouissance*, a word that – quite possibly for cultural and political as much as for etymological reasons – has no direct equivalent in English. In contrast to enjoyment as conventionally understood, *jouissance* refers to an intensity which can be painful as well as pleasurable. Indeed, it invokes the dialectical co-implication of pain and pleasure, thereby short-circuiting the conceptual separation of these two terms at the heart of utilitarianism as Bentham had conceived of it, and as the discourses of Happiness and Wellbeing develop it. Distilling Freud's conceptual innovation in *Beyond the Pleasure Principle*, Lacan's notion of *jouissance* is surely a more salient way to understand the discontents of contemporary civilization (eating disorders, self-harming, and addiction) than any recourse to ideas of 'flourishing' or 'positive reinforcement'?

Although these three strands of critique are vital in the contestation of today's dominant therapeutic culture, I want to close by insisting that it is at the level not of theory, but of clinical practice, that Lacanian psychoanalysis has the most to offer. As a *praxis* (in the Marxist sense of the dialectical combination of theory and practice), Lacanian psychoanalysis performs a politics and an ethics more significant than even theoretically-informed polemics against the reigning eudaimonic doxa. Already with Freud, psychoanalytic *technique* was a practical answer to the problem of undertaking a form of cure that refused the facile promise of permanent contentment. Because Lacan sharpens this critical aspect of Freud's work, his understanding of clinical technique and the process of analysis are correspondingly radicalised. I will briefly mention just three concepts from the Lacanian clinic, each of which shows that while ideals of happiness absolutely cannot be haughtily dismissed, they must nevertheless be prevented from contaminating the model of cure that comes to guide its progress. Those concepts are 'the demand for analysis', 'the desire of the analyst' and 'the end of analysis'.

The demand for analysis refers simply to the request to undertake an analysis with a particular analyst, but the form, timing and conditions of this request are always worthy of interrogation. Particularly today, the demand for analysis often takes the simplistic form 'I am not happy, something is not working anymore, tell me what it is, or better, just fix it so I can get back to how I used to be'. In other words, the demand for analysis starts out with a complaint registering a failure to be happy. It also implies a plea for cure on the model of a faulty machine, or in-

creasingly, on the self-improvement model: 'make me better' can mean better than before. In any case, because of its omnipresence as a perceived right, happiness, even in the form of its painful absence, is bound to be an element in the form the complaint takes, and the type of 'cure' thought capable of rectifying it. But the demand for analysis presupposes a certain prior transference to psychoanalysis itself, and thus to a deeper question regarding subjective desire: part of 'I'm not happy' is also '*why* aren't I happy?'. This barely formed question regarding an inability to settle for off-the-shelf versions of 'customer satisfaction' already implies an orientation toward truth, rather than just quick-fix, bandaid solutions. And yet the analyst cannot dismiss the role of notions of happiness in the analysand's speech, since they are a crucial way of articulating their complaint, within which is lodged the truth of their unconscious desire. This is why in *Seminar VII* Lacan says in a deliberately ambivalent way: 'there is no satisfaction for the individual outside the satisfaction of all' (Lacan 1986/1997: 359). This is undoubtedly a critique of the herd-mentality within imaginary understandings of cure, but it can also be read affirmatively, to indicate the importance of social 'semblants' of happiness, at least at the early stages of analysis.

When Lacan writes of the 'desire of the analyst', he often does so as part of a polemic against the understanding of transference at work in ego-psychology, which involves the notion of a strong, healthy ego on the part of the analyst, and a weak or damaged ego on the part of the patient. Transference then becomes a process of identification and emulation that can elevate the damaged ego to the heights of the healthy ego. That the 'desire of the analyst' in such a framework would be entirely narcissistic is obvious, as is the passive position by which the patient would be interpolated. Donald Winnicott's formulation of the analyst as a 'good enough mother' literally spells out this infantalization. For Lacan by contrast, the 'desire of the analyst' is not a 'touchy feely' quasi-avuncular concern for the patient's happiness on the part of the caring therapist. It is a resolute fidelity to maintaining the difficult path toward truth opened up by the unconscious, which often 'speaks' directly against the subject's most cherished self-images. Anxiety is unavoidably involved, and that goes for the analyst as well. Whereas CBT tends to reassure the therapist that he or she has a technical form of knowledge that the patient lacks, and that, related to this, he or she knows what cure is, the Lacanian orientation implies that, beyond a certain know-how with interpretation, there is no pre-existing 'global' knowledge that can be universally applied and serve as a safety-net. It follows that there is no overarching model of cure beyond what is elaborated within and through analysis itself. This is why in his *Écrits*, Lacan writes of the 'error on the analyst's part […] of wanting what is good for the patient to too great an extent' (Lacan 2006: 184). The analyst must be 'wary of any misuse of the desire to cure' (Lacan 2006: 270) because that sympathetic yearning for the 'wellbeing' of the other is also what snuffs out the unconscious. Whoever listens to the speech of a patient only in terms of dominant narratives of both hap-

piness and unhappiness will fail to hear what the unconscious has to say, which is by definition unexpected.

Finally then, Lacan did consider persistently and very seriously the problem of what he termed 'the end of analysis' (with 'end' understood both as goal or aim, and the right moment to conclude). Precisely in the era of toxic positivity, how is it possible to formulate a mode of treatment that does not conform in any way to the obligation to happiness characteristic of consumer culture? Moreover, how can such a treatment be advocated without lapsing into a kind of romanticization of suffering which itself has a weighty history, from Christian martyrdom to ideas of 'alienation' in Marxism and 'authenticity' in existentialism and phenomenology? Lacan had different formulations of the 'end of analysis' at various stages of his teaching, but all of them deliberately avoid referring to happiness, whether in the form of 'traversing the fantasy', or 'subjective destitution', or the 'liquidation of the transference'. A useful definition for my purposes here, however, comes in one of Lacan's late seminars (Lacan: 2005) when he suggests that the 'end of analysis' involves imparting to the patient a certain *savoir-faire* with the singularity of their symptom, so that they can live more comfortably with the mode of enjoyment they have unknowingly invented. It is this subjective singularity, not egoistic individualism, which separates us from the 'herd' interpolated as 'happy' by late neoliberal capitalism. Lacan's emphasis on what is singular, what cannot be counted, what organizes an enjoyment that cannot be shared or exchanged in the form of a commodity, is what arguably constitutes the most important challenge posed by psychoanalysis to the reigning discourses of happiness and wellbeing.

Colin Wright is Co-Director of the Centre for Critical Theory and Director of MA Programmes in the Department of Culture, Film and Media at The University of Nottingham, UK. His research interests are in continental philosophy generally and French critical theory particularly, with a focus on psychoanalysis and political theory. He is also a trainee Lacanian psychoanalyst with the Centre for Freudian Analysis and Research in London. E-mail: colin.wright@nottingham.ac.uk

Notes

[1]   Happiness Studies has a very skewed reading of the history of Western philosophy that reduces it to a kind of treasure trove of self-help wisdom *avant la lettre*,. There is indeed a strong connection between philosophy and a kind of therapeutics of the psyche or soul. But what is largely occluded in Happiness Studies is philosophy as a challenge to reigning doxa around erroneous conceptions of the good life.

[2]   For a particularly egregious example, see *Foresight Mental Capital and Wellbeing Project: Final Project Report – Executive Summary*, London: The Government Office for Science,

3.   2008. On page ten of this report, the authors assert that 'The idea of 'capital' naturally sparks associations with finance capital and it is both challenging and natural to think of the mind in this way'.

3   A 2013 report by the Institution of Mechanical Engineers showed that average domestic food wastage in the UK is running at 40%. See http://www.imeche.org/docs/default-source/reports/Global_Food_Report.pdf?sfvrsn=0

4   See http://internationalhappinessandwellbeingday.org/wp-content/uploads/2013/02/Happiness-Resolution.pdf

5   See http://internationalhappinessandwellbeingday.org/

6   See http://www.ons.gov.uk/ons/guide-method/user-guidance/well-being/index.html

7   See http://www.oecdbetterlifeindex.org/about/better-life-initiative/

8   See http://www.actionforhappiness.org/

9   See http://www.happyplanetindex.org/about/

10   See http://www.familywellbeingindex.co.uk

11   See http://online.wsj.com/public/resources/documents/job-happiness-index.html

12   See http://www.well-beingindex.com/

13   See http://www.foreignpolicy.com/failed_states_index_2012_interactive

14   See http://www.who.int/about/definition/en/print.html

15   The target-setting culture that accompanies managerialism clearly distorts various public 'services'. In a recent case in the UK, police admitted to discouraging rape victims from reporting the assault in order to maximise their own conviction rates.

16   See http://www.psychminded.co.uk/news/news2009/march09/oliver-james-cbt003.htm

17   A leading figure in the emerging field of neuropsychoanalysis is Jaak Panksepp. Much of Panksepp's research into 'affective neuroscience' as applied to the human brain is based on work with rats, dogs and chimpanzees.

18   This resistance was evident in the mobilisation of the psychoanalytic institutions both in France and the UK regarding the proposed extension of the culture of evidence-based regulation to all the 'psy' disciplines, including psychoanalysis. See Malone 2006 and China 2006.

19   Broadly speaking, CBT theorises anxiety in behavioural terms as a maladaptive fear response, and in cognitive terms, as a subsequently reinforcing negative cognitive script ('avoidance', 'catastrophic thinking' etc.). Anxiety is thus 'a fear of fear' that originates in an external stimuli. In the psychoanalytic tradition, however, anxiety is clearly distinguished from fear in having no external threatening source: it is all the more acute for that reason. In this sense, phobic anxiety is already a symbolic articulation of a more intense underlying anxiety, localised as it is in specific triggers (spiders, elevators, wide-open spaces etc.).

References

Aristotle (2006): *Nicomachean Ethics* [Trans. C. C. W. Taylor], Oxford: Clarendon Press.

Bentham, Jeremy (1776/1988): *A Fragment on Government*, Cambridge: Cambridge University Press.

Bentham, Jeremy (1780/1970): *An Introduction to the Principles of Morals and Legislation*, London: Athlone Press.

Berlant, Lauren (2011): *Cruel Optimism*, London: Duke University Press.

Bok, Derek (2010): *The Politics of Happiness: What Government can Learn from the New Research on Well-Being*, Oxford: Princeton University Press.

China, Jacques (2006): 'Psychoanalysis and State Regulation: A Conference Report on the International Conference Organized by the College of Psychoanalysts – UK', *Psychoanalysis, Culture & Society*, 11, 323-329.

Cottingham, John (1998): *Philosophy and the Good Life: Reason and the Passions in Greek, Cartesian and Psychoanalytic Ethics*, Cambridge: Cambridge University Press.

Diener, Ed, Daniel Kahneman & John Helliwell (eds) (2010): *International Differences in Wellbeing*, New York: Oxford University Press.

Ehernreich, Barbara (2010): *Smile or Die: How Positive Thinking Fooled America & the World*, London: Granta books.

Foucault, Michel (1975/1995): *Discipline and Punish: The Birth of the Prison* [Trans. Alan Sheridan], London: Vintage.

------ (1997): *Ethics: Subjectivity and Truth* [Trans. Robert Hurley], London: Penguin.

------ (1976/1988): *The History of Sexuality Volume 1* [Trans. Robert Hurley,], London: Penguin.

------ (1983/2010): *The Birth of the Clinic* [Trans. Alan Sheridan], London: Routledge.

------ (1997/2003): *Society Must Be Defended*: *Lectures at the Collège de France, 1975-76* [Trans. David Macey], London: Penguin.

------ (2004/2008): *The Birth of Biopolitics: Lectures at the Collège de France, 1978-1979* [Trans. Graham Burchell], Basingstoke: Palgrave Macmillan.

Freud, Sigmund (1963/1970): *Therapy and Technique* [Trans. James Strachey], New York: Collier Books.

------ (1930/2002): *Civilization and its Discontents* [Trans. David McLintock], London: Penguin.

------ (1920/2003): *Beyond the Pleasure Principle and Other Writings* [Trans. John Reddick], London: Penguin.

Freud, Sigmund & Joseph Breuer (1895/1991): *Studies on Hysteria* [Trans. James and Alix Strachey], London: Penguin.

Hagerty, Michael & Ruut Veenhoven (2003): 'Wealth and Happiness Re-visited: Growing Wealth of Nations *Does* Go With Greater Happiness', *Social Indicators Research*, 64:1, 1-27.

Haidt, Jonathan (2006): *The Happiness Hypothesis: Finding Modern Truth in Ancient Wisdom*, London: Arrow Books.

Halberstam, Judith (2011): *The Queer Art of Failure*, London: Duke University Press.

James, Oliver (2007): *Affluenza*, Reading: Vermillion.

Harvey, David (2000): *Spaces of Hope*, Edinburgh: Edinburgh University Press.

Illouz, Eva (2008): *Saving the Modern Soul: Therapy, Emotions and the Culture of Self-Help*, Berkley: University of California Press.

Kamer, Adam (2010): 'An Unobtrustive Behavioural Model of Gross National Happiness', *CHI '10: Proceedings of the SGCHI Conference on Human Factors in Computer Systems*, New York: ACM: 287-290.

Lacan, Jacques (1986/1997): *Seminar VII: The Ethics of Psychoanalysis* [Trans. Denis Porter], London: W. W. Norton & Company.

------ (2004): *Le Séminaire de Jacques Lacan, Livre X: L'angoisse*, Paris: Éditions du Seuil.

------ (2005): *Le Séminaire de Jacques Lacan, Livre XXIII: Le Sinthome*, Paris: Éditions du Seuil.

------ (2006): *Écrits* [Trans. Bruce Fink], London: W. W. Norton & Company.

Leader, Darian (2009): *The New Black: Mourning, Melancholia and Depression*, London: Penguin.

------ (2012): *What is Madness?*, London: Penguin.

Mackay, Harvey (2004): *We Got Fired! ... And It's the Best Things that Ever Happened to Us*, New York: Balantine Books.

Malone, Kareen (2006): 'Regulation and Standards for Psychoanalysis: The Place of the Other in Psychoanalysis and its Teachings', *European Journal of Psychotherapy, Counselling & Health*, 8:3, 269-284.

McMahon, Darrin (2006): *Happiness: A History*, New York: Gove Press.

Mitchell, Byron Katie (2002): *Loving What Is: Four Questions that Can Change Your Life*, Kent: Rider.

Miller, Jacques-Alain (2005): 'The Response of Psychoanalysis to Cognitive-Behavioural Therapy', *Lacanian Praxis*, 2, 38-41.

Morel, Geneviéve (2011): *Sexual Ambiguities: Sexuation and Psychosis* [Trans. Lyndsay Watson], London: Karnac.

Neocleous, Mark (2013): 'Resisting Resilience', *Radical Philosophy*, 178, 2-7.

Pryce-Jones, Jessica (2010): *Happiness at Work: Maximizing Your Psychological Capital for Success*, Chichester: Wiley-Blackwell.

Seligman, Martin (2003): *Authentic Happiness: Using the New Positive Psychology to Realise Your Potential for Lasting Fulfilment*, London: Nicholas Brealey Publishing.

------ (2006): *Learned Optimism: How To Change Your Mind and Your Life*, New York: Vintage Books.

------ (2011): *Flourish: A New Understanding of Happiness and Well-Being – And How to Achieve Them*, London: Nicholas Brealey Publishing.

Soler, Colette (2010): *L'affecte Lacanien*, Paris: Ulf.

Tilmouth, Christopher (2008): *Passion's Triumph Over Reason: A History of the Moral Imagination from Spenser to Rochester*, Oxford: Oxford University Press.

Verhaeghe, Paul (2008): *On Being Normal and Other Disorders: A Manual for Clinical Psychodiagnostics*, London: Karnac Books Ltd.

Wurtzel, Elizabeth (1996): *Prozac Nation: Young and Depressed in America*, London: Quartet.

Žižek, Slavoj (2009): *The Sublime Object of Ideology*, London: Verso.

Preventative Therapeutics:
A Study of Risk and Prevention in
Australian Mental Health

By Andrew McLachlan

Abstract

This study investigates the preventative therapeutics of two major Australian mental health organisations – beyondblue and The Black Dog Institute. The aim of this study is to examine how the resilience-based programs of both organisations reconfigure clinical and preventative expertise into new forms of 'anticipatory action' (Anderson 2010). First, this article situates beyondblue and the Black Dog Institute within their historical contexts to consider how issues of risk and protection have become essential to mental health care today. Second, it examines the institutional practices of beyondblue and the Black Dog Institute and the role of clinical and preventative expertise as enacted forms of authority. Finally, this study investigates the intellectual and biokeeping technologies promoted through both organisations' resilience-based pedagogies. The view taken in this study is that such technologies actively participate in the making of new therapeutic cultures and practices. Moreover, as biomarkers continue to act as indicators of future states of 'unhealth' (Dumit 2012: 112), biokeeping technologies will continue to act as essential elements in the governmentality of mental health and wellbeing.

Keywords: Risk, prevention, mental health, pedagogy, governmentality, beyondblue, the Black Dog Institute

Introduction

Preventative therapeutics is a common feature today of mental health policy and practice.[1] Whether through campaigns that promote depression literacy, or resilience-building programs that target the at-risk, these initiatives are all informed by concerns diversely related to the prevention of illness. What sets these programs apart is that they all take action against different kinds of mental health risk. To borrow an idea from Ben Anderson, these programs are 'anticipatory' – they problematise the future in particular ways, transforming potential threats into present concerns and action (2010: 777).

This study considers how notions of risk and protection have become essential to mental health therapeutics today. To focus the study, two leading Australian mental health organisations – beyondblue and the Black Dog Institute – are examined to illustrate the ways in which clinical and preventative expertise have been taken up and redeployed in new modes of risk pre-emption, risk mitigation, and risk management.

Such practices can all be considered anticipatory, because they each anticipate potential futures and mobilise certain measures to address them. The term preventative therapeutics is used here to indicate the emergence of new forms of anticipatory action whereby future health threats are anticipated and acted upon through measures typically considered therapeutic. It thus denotes a new kind of rationalisation of risk – one in which risks are treated as signs of illness themselves (Dumit 2012). Crucially, the ways in which risks are problematised impacts the design of the interventions themselves—from those that seek to pre-empt a disorder before its onset, to those that address complications during and after its eventuation.

As this article will show, discerning which activities are strictly therapeutic and which are preventative is no longer a straightforward task. This is because therapeutics today has been increasingly operationalized through education practices, literacy campaigns and various public awareness initiatives. Moreover, these initiatives have been framed by a politics of risk – and more accurately risk prevention. The school-based pedagogies of beyondblue and the Black Dog Institute illustrate this emerging trend, as teachers transition between the exigencies of teaching and pedagogy, and the imperative to deliver new forms of preventative therapeutics in the face of changing risk dynamics. The purpose of this study is to explore the relationship between risk and therapeutics in more detail. It thus asks the following question: in what ways has therapeutic expertise been authorised and deployed in the prevention of mental illness?

This study takes a topological approach to explore this question – one that prioritises the relations between heterogeneous elements over the designs or consequences of any one single event or actor. Simply defined, topology concerns itself with how spaces are organised and assembled (Collier 2009). In the context of this study, mental health care is treated as a constellation of elements – comprised of

policies, governments, institutes, expert knowledges and technologies. Such an approach heightens our appreciation of complex events and processes. In part, this is because it makes it harder to conflate heterogeneous elements under all-inclusive theories and narratives, urging us to attend instead to the processes through which therapeutic spaces undergo continual reconfiguration.

This paper is divided into three parts. The first section takes up many of the ideas animated in recent governmentality analyses to examine how expert knowledges and techniques are authorised in the prevention of mental illness. This section also offers some historical context around the incidents and events that led to the innovation of key concepts, policies and technologies instrumental to this problematisation.

The next section then considers the role of expertise in determining mental health policy and practice. In the case of beyondblue and the Black Dog Institute, clinical expertise performs a legitimising role as an enacted form of authority. It is also used to implement certain kinds of therapeutic and preventative interventions, including diagnostic tools, clinical guidelines and resilience-based school programs like SenseAbility and HeadStrong.[2]

In the final section, this study analyses the ways in which expert knowledges have been operationalized in the preventative therapeutics of beyondblue and the Black Dog Institute. Crucially, it is through the resilience-building technologies of programs like beyondblue's SenseAbility and the Black Dog Institute's Head-Strong programs that the risk of depression is treated as a target of therapeutic intervention itself. Such programs thus entail protecting the community by installing, at the level of the individual, particular forms of anticipatory action. Notable here are the cognitive techniques adapted from cognitive-behavioural therapy (CBT), as well as the biokeeping technologies prevalent in general medicine. This study will thus illustrate how techniques normally applied in medical settings, have become disseminated through the education system as preventative 'technologies of the self' (Foucault 1988).

Problematising Risk and Prevention

As mentioned in the introduction, the term preventative therapeutics is used to indicate how preventative initiatives retain certain therapeutic capacities depending on the circumstances in which they are deployed. In the case of this study, therapeutic capacities are actualised when preventative initiatives like public health campaigns, or online self-help services, or school-based resilience programs, attempt to pre-emptively treat a disorder before its onset.

Due to the ambiguity of the word 'prevention', many researchers have advocated the need for a clearer delineation of terms. Patricia Mrazek and Robert Haggerty (1994) for instance, argue that interventions which seek to pre-empt the

incidence of a disorder should be strictly defined as preventative. Interventions directed after onset should consequently be classed as treatment.

This study adopts a slightly less categorical approach to view preventative measures as comprising an ensemble of promotion, pre-emptive, therapeutic and maintenance strategies. This is not to conflate the different forms of preventative intervention, nor to confuse educational and health promotion initiatives with therapeutic ones. The point, rather, is to illustrate the potential for fluidity between practices, especially when expertise and technical aspects translate across fields.

This mutuality is even more pronounced in policies and practices of public health, because it typically operates through a spectrum of measures – from primary prevention aimed at reducing the incidence of a disorder before onset, to early intervention aimed at preventing the development of established cases, to rehabilitative strategies aimed at reducing the duration and severity of a disorder after onset. All three forms of intervention are claimed to reduce the 'disease burden' of disorders like depression,[3] and often work collaboratively. Importantly, such measures also involve co-opting and reworking methods outside conventional fields of medicine from fields as diverse as marketing, public relations and pedagogy.

Where governmentality becomes a useful concept is in speculating how public health policies and initiatives attain a certain logical coherence and regularity. According to Nikolas Rose and Peter Miller, government is essentially 'a problematizing activity' – it refers to a process of rationalisation that renders aleatory issues in the population amenable to intervention, often by adapting them to specific logics and styles of thought (2010: 279). It is important to stress, however, that while the concept of governmentality provides a useful insight to the kind of rationalising that occurs in government, it does not denote a clear transfer between the articulation of an idea and its eventuation.

If we think of these issues topologically, political strategies are always enacted through certain situated practices – practices that are themselves the product of specific relations (Collier 2009). As will be shown, therapeutic concepts emerge out of a composition of forces, attracting and binding together heteromorphic elements that include the routines of medical practitioners, procedures of diagnosis and treatment, use of mundane items, and the production of biomedical knowledge. Importantly, regulative technologies like national policies, clinical guidelines and health gap metrics are not the exclusive product of authorities like the state (Rose & Miller 2010). Rather, technologies of government become authoritative through prior transactions and affiliations – in this case the prioritisation of evidence-based rationalities in public health, and the increasing reliance on epidemiological data in policy formulation.

According to Nikolas Rose, Pat O'Malley and Mariana Valverde, it is through processes of expertise and rationalisation that new elements and concerns are re-

combined in ways that render them 'internally consistent' (2006: 98). Crucially, as these concerns are taken up and redeployed by governments and institutions, they are also subtly modified in the process – a point illustrated in the next discussion of Australian mental health reform.

The Australian Mental Health Policy Context

Australia's first attempts at preventative health reform were driven initially by the need to address a spate of human rights abuses than anything expressly concerned with health promotion and prevention. Meg Smith & Heather Gridley (2006) outline a number of critical events that led to these transformations. Prior to the reforms of the 1990s, doctors and mental health practitioners were empowered to certify and institutionalise the 'insane'. While the innovation of psychotropic drugs in the 1960s allowed more people to be discharged from psychiatric hospitals, it was the exposure of a number of institutional scandals and abuses that incited major reforms around mental health legislation and treatment.

By the time the Mental Health Act 1990 was passed in New South Wales, a major reconceptualization of mental illness and its treatment was underway. According to Smith and Gridley, the act enshrined the rights of the mentally ill, reduced the discretionary powers of doctors and mental health practitioners, narrowed the definition of mental illness, and crucially, specified what was not mental illness (political views, sexual orientation, antisocial behaviour). This legislation also provided a mandate for 'least restrictive care' that opened the way for alternate forms of community-based management and treatment (Smith & Gridley 2006: 132). Yet while the Mental Health Act enshrined a number of essential human rights provisions, it was not the sole political catalyst for reform. Indeed, the legislation was introduced amidst a context of heightened volatility, marked by persistent criticisms of psychiatric malpractice, mounting pressures to reduce the cost of institutional care, a vociferous antipsychiatry movement, and better advocacy of minority groups (Smith & Gridley 2006).

By the mid-1980s and early 1990s, a number of factors influenced key policy reforms in mental health in Australia. First, the pace of deinstitutionalisation in Australia occasioned the rapid expansion of community based mental health services as delivery of care shifted to various service providers including social workers, occupational therapists, general practitioners and psychiatrists (McDermott & Meadows 2007). At the same time, the 'new' public health movement was gaining momentum in countries like the United Kingdom, Canada and the United States. This movement aimed to promote health across the population through policy measures directed around issues of planning, coordination, consultation and outcomes-based assessment (Lupton 1995: 51). In 1986, the World Health Organisation's Ottawa Charter of Health Promotion further legitimised the principles of public health promotion and prevention. As Fran Baum writes, it laid

out a single 'blueprint' of public heath, reorienting discourses of healthcare from traditional hospitalised treatment to community-based approaches viewed to be more supportive of patients re-entry back into the workforce and community life (2002: 34).

While the political rhetoric of this period was translated into a spate of reports, commissions and recommendations that each in their own way advanced health promotion in Australia, it was not until Australia's first nation-wide epidemiological surveys in the late 1990s that the scope of mental health policy was expanded (Whiteford 2008). These studies collated data on the impact of mental illness across the population, and were key drivers in shifting mental health policy away from its focus on individual outpatient care to prevention and early intervention of more common mood disorders (Whiteford & Groves 2009).

The Australian Burden of Disease (ABD) study in 1998 was instrumental in raising awareness of the social and economic costs of common conditions like depression. According to Mathers et al. (2001), it was the first study to measure the national burden of disease in a developed country using the Disability-Adjusted Life Year (DALY) – a new health gap metric developed in 1990 for the Global Burden of Disease (GBD) study. Traditionally, health liabilities were measured only through years of life lost through premature mortality. They thus ignored the epidemiological impact of chronic conditions like depression, which while hugely debilitating, tended to result in relatively few deaths. The DALY was seen to address this shortcoming, combining years of 'healthy' life lost due to disability, with years of life lost due to premature mortality. It thus accorded chronic conditions like depression a new economic status and political urgency.[4]

beyondblue and the Black Dog Institute

Within the political lexicon of public health, the DALY became the new orthodoxy for measuring disease burden. Developed countries, in turn, responded accordingly, adopting a spectrum of measures designed to mitigate the impact of conditions like depression – first by reducing its incidence through health promotion and prevention, second by reducing its duration and severity through early intervention. *beyondblue: the national depression initiative*, was part of Australia's own policy response to the rising concern of depression.

Launched in 2000 as part of the federal government's five-year National Mental Health Strategy (NMHS), the not-for-profit organisation set out to make common disorders like depression and anxiety a policy priority area for the first time. beyondblue and the NMHS thus marked a decisive moment in Australia where epidemiology, clinical practice and public health were made integrative concerns, incorporating nationwide planning and priority setting within an outcomes-based policy framework (Whiteford, Buckingham & Manderscheid 2002). It also func-

tioned as a catalyst for other health sectors, advocacy groups and mental health organisations like the Black Dog Institute.

beyondblue was thus conceived as part of a coordinated strategy to reduce the disease burden of common disorders like depression. Its stated mission was to create 'a society that understands and responds to the personal and social impact of depression' (Pirkis et al. 2005: 37). To achieve this aim, five key priority areas were outlined. They included initiatives to: a) raise awareness and reduce the stigma of depression, b) support consumer and carer advocacy, c) promote pre-vention and early intervention of depression, d) facilitate primary-care training and service reform, and e) fund strategic and applied research related to mood disorders (Hickie 2004). Today, beyondblue is considered an international leader in the promotion of mental health, with a number of key policy reforms attributed to its lobbying and campaigning efforts – notably the *Better Outcomes in Mental Health Care* in 2001.[5]

In contrast, the Black Dog Institute evolved out of the Mood Disorder Unit (MDU) of Sydney's Prince of Wales Hospital – a clinical outpatient facility for individual patients established in 1985. According to the Institute's website, the MDU was the 'sole research, treatment and referral service' in New South Wales for severe and treatment-resistant depressive disorders (Parker 2002). Following the MDU's clinical and research pursuits, the Black Dog Institute was officially launched in 2002 and is considered a world leader today in the diagnosis and treatment of depression. Its stated mission is to 'improve the lives of people af-fected by mood disorders through translational research, clinical expertise and education programs' (Black Dog Institute 2012: 4).

While parallels clearly exist between beyondblue and the Black Dog Institute, important differences nonetheless remain, notably in their respective classification of depression. beyondblue currently adopts a dimensional approach consistent with the World Health Organisation's International Classification of Diseases (ICD), and the American Psychiatric Association's Diagnostic and Statistical Manual (DSM). The Black Dog Institute, on the other hand, delineates three prin-ciple subtypes of depression – psychotic, melancholic and non-melancholic. Ac-cording to the Institute, while psychotic and melancholic depression are character-ised by biological perturbations, non-melancholic depression comprises a heter-ogonous set of depressive states, triggered by stressors that act either 'alone or in conjunction with predisposing personality styles' (Parker & Orman 2012: 50).

Importantly, beyondblue makes no mention of the Black Dog Institute's non-melancholic category, preferring to endorse instead the broad dimensional con-structs of major depression, major depressive disorder, melancholic depression, and dysthymia. More to the point, debates around the categorisation of depression have occurred in the past between both organisations' chief advisors – former executive director of the Black Dog Institute, Professor Gordon Parker, and for-mer chief clinical advisor to beyondblue, Professor Ian Hickie. As the next section

illustrates, the disparities between the two organisations reveal more than a point of procedural or epistemological difference. They reveal the multiplicity and inherent variability of diseases like depression that refuse ready containment within static frameworks and taxonomies.

Disease Ontologies

According to Parker (2007), dimensional models like those endorsed by beyondblue, homogenise multiple depressive conditions under a single rubric. In his words, reliance on such broad symptomatology undermines the credibility in psychiatric diagnosis, rendering it susceptible to confusion and contradiction. It also 'risks medicalising normal human distress' (328). The view the Black Dog Institute takes is that dimensional modelling is largely atheoretical, eschewing causal explanations in favour of severity markers like those endorsed by the ICD and DSM (Parker 2005). With no viable aetiological basis to work from, tailoring treatment to specific causes becomes an impossible task, with side-effect profiles in most cases acting as the deciding factor in treatments for depression.

Countering these claims, Hickie argues that there is no biochemical evidence to support the inclusion of melancholia in depression diagnosis, nor is there consistent evidence that 'people with varying forms of depression' respond better to specific treatments (Hickie; cited in Benson 2010: 1). In other words, there is no basis to direct salient therapies towards discrete depressive subtypes. Moreover, research indicates that classification systems used alone are insufficient to deal with the variability of mental illness. We should thus be wary of strict adherence to any diagnostic system and focus instead on integration between diagnostic models, as well as the adoption of alternative methods not currently used in psychiatry like clinical staging (Hickie *et al*. 2013).

The point to make here is that the controversies between beyondblue and the Black Dog Institute do not entail minor disputes on the periphery of psychology. They urge us to consider basic questions of disease ontology. Crucially, the diagnostic models used by beyondblue and the Black Dog Institute do more than interpret a disorder; they enact it. This is especially the case given that the purpose of diagnosis is to inform treatment and treatment necessarily entails interfering with a disease or condition in such a way so as to produce a therapeutic effect (Mol 2002).

As Annemarie Mol illustrates in her study of lower limb arteriosclerosis, diseases do not represent *a priori* natural conditions – they are ontological effects 'brought into being' through a convergence of socio-material factors (2002: 6). Mol uses the word 'enact' to indicate how diseases are done in practice, but more to the point, how they are contingent on the collective involvement of multiple actors, including patients, doctors, clinical guidelines and procedures, inventories, and classification systems (32). These networks not only produce multiple ver-

sions of a disease, they confer a coherence and stability between the sites and practices through which such diseases are enacted.

Within such networks, it is not possible to insist on the primacy of any individual actor, because it is not possible to assign causal or proportional value to any single entity or element. It is possible, however, to speculate how different assemblages of actors produce different versions of the same disease. For this reason, Mol opts for the term 'multiplicity' as a way to indicate how different versions of a disease 'hang together' – that is, how they are coordinated and rendered intelligible between the sites and practices through which various disease entities are enacted (71).

Following from Mol's work, any study of depression would thus need to include classification systems, risk-factors, and therapeutic techniques, as much as an investigation of neurotransmitters, synapses, and the chemical milieu of the brain. Scientific knowledge, in particular, serves a coordinating role between different mental health actors and settings, framing and translating various concerns, and rendering them amenable to different kinds of intervention. Controversies like those between beyondblue and the Black Dog Institute work to reveal the contingency of such truth claims. They also reveal the role expertise has in the enactment of medical authority, a process that profoundly impacts how therapeutics is practiced, which health concerns are prioritised, how research funding is allocated, which groups and individuals are problematised, and how clinical guidelines are formulated.

Simply put, how a disease is classified and measured in the population, profoundly impacts the kind of preventative and therapeutic interventions directed towards it. What we observe in the case of beyondblue and the Black Dog Institute are the effects of a series of intricate encounters and transitions, occurring between multiple heterogeneous entities, in settings as diverse as the conference room, the laboratory, the clinic. Indeed, what we observe is the production of scientific truth – a process that entails both the production of facts, as well as their tactical deployment within shifting economies of power (Foucault 1980). The next section explores beyondblue and the Black Dog Institute's deployment of clinical expertise in more detail, examining the political conditions required for certain forms of expertise to be authorised as formalised discourse, then operationalised as mainstream therapeutics.

Risk, Authority and Expertise

Rose writes that the heterogeneity of risk rationalities makes us question 'where risk thinking has emerged, how it has emerged, and with what consequences' (1998: 180). This section takes a particular interest in the risk rationalities deployed through beyondblue and the Black Dog Institute's use of clinical expertise. It follows in part from the work of Simone Fullagar (2008) and her investigation

of how beyondblue discursively constitutes depression through its online mental health promotion. According to Fullagar, beyondblue uses clinical expertise to 'mobilise particular truths about the aetiology of depression, treatment pathways and…the depressed self' (327). This, in turn, functions to construct mental illness as a neurochemical problem requiring a neurochemical solution.

This section draws on many of the keen insights of Fullagar's work, but with less emphasis on the discursive construction of therapeutic realities. Instead, it seeks to understand how particular forms of expertise are put to work – that is, how expertise is operationalised within existing practices of mental health policy, research and clinical treatment, to then authenticate and authorise various preventative and therapeutic activities.

When mobilised through particular forms of expertise, risk functions as a 'technology of government', conferring an authenticity to certain health claims and projects by enabling political centres to carry out probabilistic assessments of the future (Rose & Miller 2010: 284). This typically entails targeting specific at-risk groups, as well as the factors themselves deemed to pre-dispose individuals to mental health risk. By locating beyondblue and the Black Dog Institute within their proper historical context, we begin to see how they are informed less by uniform categories of risk, than they are by the complex intersection of certain felicitous situations and events.

Expertise performs an important function within these shifting political assemblages, in part, because it mediates processes of transaction and affiliation. According to Rose and Miller, expertise allows institutions to establish 'enclosures' of authority, serving to both legitimise certain programs, as well as enhance an organisation's capacity to determine policy (2010: 286). In the case of beyondblue and the Black Dog Institute, both organisations seek to attract and enrol other participants through the authority of their expertise, forging alliances, co-opting resources, and entreating governments to legitimise their authority through funding arrangements and strategic partnerships.

The point Rose and Miller make is an important one, because it urges us to consider the role of expertise in both concentrating authority within certain political and professional centres, as well as granting government the necessary distance to effectively administer policy. Expertise thus functions as a tool of political legitimisation—conferring authority to the claims of organisations like beyondblue and the Black Dog Institute, while authorising government to implement policy without compromising political ideals of autonomy. According to Rose and Miller, it is in this interrelation between authority and expertise that a dilemma emerges. While the political and therapeutic assemblages that make up a given health sector are in part composed of disparate entities seeking to influence each other, the affiliations cannot be viewed as too closely allied.

From an institutional perspective there are two main reasons for this. First, independent organisations have to convince governments of the uniqueness of their

contributions. Second, the closeness of relations between governments and organisations may be seen to compromise scientific impartiality. In the case of beyondblue and the Black Dog Institute, clinical expertise functions as a mode of political authority in order to fund and expedite certain public health initiatives. Public health campaigns are thus overtly affiliative, composed of governments, community health organisations, consumer and carer groups, professional bodies, corporations, and other vested stakeholders. In order for these political assemblages to be viable, the values and ambitions of each member organisation must be rendered translatable to the collective interests of the group.

The beyondblue (2010) Clinical Practice Guidelines illustrates this process of translation and affiliation. Developed through an expert working committee, the guidelines were endorsed by the National Health and Medical Research Council (NHMRC) as the principle resource for the diagnosis and treatment of youth depression. The NHMRC in many respects acts as an arbiter of knowledge and research, establishing norms of clinical and administrative practice through the regulation of evidence. This point deserves further attention. In order to gain NHMRC approval, the guidelines needed to meet strict evidence-based criteria according to the type of evidence (e.g. randomised-control trials, cohort studies, case-series), consistency of findings, clinical impact, generalizability, and applicability. As is the case with similar governing bodies around the world, the NHMRC functions to impute a medical and economic value to research, with systematic reviews of randomised-control trials positioned at the apex of quality based on their perceived generalisability and low susceptibility to bias.

The NHMRC's endorsement of the beyondblue guidelines, not only serve to confer clinical credibility to certain therapeutic interventions like cognitive behavioural and interpersonal therapies. They also indirectly authorise beyondblue in the dissemination of such interventions – a point demonstrated with their school-based SenseAbility program. More to the point, the NHMRC endorsement of the guidelines works to position beyondblue as a leading clinical authority in Australia for the diagnosis and treatment of depression, above and beyond their existing public health record.

Given that the original aims of beyondblue were promotional and educational rather than clinical, the impact of the NHMRC's endorsement of beyondblue is quite remarkable. By endorsing a dimensional framework consistent with recognised international classification systems (ICD-10, DSM-V), the NHMRC has also inadvertently subverted the efforts of the Black Dog Institute in advocating a subtyping model of depression. The broader political consequence of this is that organisations must either compete for support and approval from centres like the NHMRC, or find ways to co-opt the participation of rival centres towards mutually beneficial ends. Such activities reveal the heteromorphic nature of political topologies, characterised by shifting modes of divergence, coordination, alignment and translation. In the case of beyondblue and the NHMRC, clinical expertise thus

performs a function beyond its usual procedural and rationalising role to inadvertently undermine competing expert claims and authorities.

As has been demonstrated, the circumstances through which clinical and scientific expertise is deployed is often as decisive as the forms of expertise itself. Statistical expertise, for instance, has had the unintended effect of deprofessionalising fields of medicine, with clinical decisions becoming increasingly determined 'by algorithms of safety, effectiveness, efficiency, and cost-effectiveness' (Wahlberg & McGoey 2007: 4). Similarly, education finds itself undergoing a similar process of transition as teachers are enjoined to equip themselves with new psychotherapeutic skills as part of a broader project of mental health literacy. The final section considers this dilemma in more detail by examining how psychotherapeutic expertise is reconfigured through the preventative pedagogies of beyondblue and the Black Dog Institute SenseAbility and HeadStrong programs.

Preventative Pedagogies

beyondblue and the Black Dog Institute primarily use two evidence-based psychological therapies in their programs – cognitive behavioural therapy (CBT) and interpersonal psychotherapy (IPT). In contrast to psychoanalytic psychotherapy, cognitive behavioural and interpersonal interventions tend to have shorter therapeutic durations, with courses ranging from 10 to 20 sessions. They are also more readily adaptable to manualised formats – a feature that makes them particularly suitable to school-based pedagogies like SenseAbility and HeadStrong. Finally, their brief and manualised nature allows them to be 'applied in a reliable way, such that their efficacy can be examined in research trials' (Casey, Perera & Clarke 2012: 53).

These traits combined make CBT and IPT particularly appealing to evidence-based interventions like SenseAbility and HeadStrong. This section, however, focuses only on specific cognitive techniques used by beyondblue and the Black Dog Institute. This is partly due to issues of scope, but mostly due to the rich theoretical framework CBT provides in assisting practitioners in understanding and intervening upon internal states and processes. Moreover, CBT provides a useful basis to consider modes of reflexivity and self-conduct promoted in public health more broadly.

As the name suggests, CBT seeks to change cognitive and behavioural dysfunctions viewed as mediators in psychopathology. According to John Tiller, principles of CBT include 'educating the patient, teaching basic relaxation skills, and developing the patient's skills to identify, challenge and change maladaptive thoughts, feelings, perceptions and behaviour' (2012: 30). Crucially, while CBT shares many techniques with other modalities, it distinguishes itself through its cognitive model of psychopathology. This model assumes that cognitive variables like thoughts and beliefs are important mediating factors in feelings and behav-

iour. They therefore act as effective targets of therapeutic change. Furthermore, the model posits that 'every psychological disorder has a distinctive cognitive profile' (Clark & Steer 1996: 78). In cases of depression, this often takes the form of maladaptive beliefs of personal loss and failure, as well as cognitive processing styles that tend to be global, absolute and past-oriented (Clark & Steer 1996).

Therapeutic change, thus tends to focus on changing the specific cognitions held as mediators or concomitants of depressive illness. There are two primary reasons why cognition in CBT acts as the fulcrum of therapeutic change. First, it is postulated as an important mediator of affect, motivation and action. Second, it is considered 'the most flexible and adaptable of the personality systems and functions' (Beck 1996: 21). In other words, cognition is considered more accessible and responsive to therapeutic intervention than affect and behaviour, and thus 'central to the human change process' (Clark & Steer 1996: 77).

The following provides an analysis of how cognitive techniques are used in beyondblue's SenseAbility and the Black Dog Institute's HeadStrong programs to promote various protective capacities. The purpose here is not to provide a systematic analysis of these programs, but to empirically interrogate them as examples of the kind of risk and protection logics that underpin public health more broadly. As will be shown, resilience emerges as a key rationality of both programs, because resilience is imputed as one of the most powerful protectors against psychopathology. To structure the analysis, SenseAbility and HeadStrong are dealt with each in turn, in order to then provide a more general analysis of the two program's role within broader assemblages of preventative therapeutics.

Cognitive Techniques in SenseAbility

In beyondblue's SenseAbility program, lessons are modelled on a student-centred style of learning that target individual protective factors of problem-solving, coping skills, interpersonal competence, and optimistic thinking (Spence et al. 2005: 161). The program is designed for high school students aged 12–18. There are a total of six modules which comprise the SenseAbility Suite, with each module focusing on individual features of resilience and positive psycho-social adaptation.

In the Essential Skills module, students learn that 'while we often can't change events, we do have the power to change the way we think about those events' (Irwin, Sheffield & Holland-Thompson 2010: 6). The capacity to adapt and alter thoughts amidst difficult to change circumstances is promoted in SenseAbility as the hallmark of psychological resilience. In the activity titled 'Our Special Guest', students role play 'helpful' and 'unhelpful' panellists in a fictional talk show. As helpful panellists attempt to counter unhelpful commentary, students discuss how negative commentary might be similar to their own self-talk. Basic principles of self-talk are then explicitly taught, with students guided through the following

common thinking errors: a) all-or-nothing thinking, b) over-generalising, c) mind-reading, d) fortune-telling, e) magnification, f) minimisation, and g) catastrophising (2010: 26).

In all or nothing thinking, the belief is held that anything short of perfection is inadequate, which often leads to feelings of discontent. In over-generalisation, isolated events are construed as part of a consistent pattern of failure and disappointment. In magnification, minor errors are judged as catastrophes, making it impossible to form realistic appraisals. And in minimisation, positive experiences and events are downplayed, effectively negating attendant feelings of joy. Importantly, students are taught how to adapt and counter such thinking errors through a technique known as 'cognitive restructuring'. This involves employing self-directed strategies like evidence-checking, reframing, reality-testing, and finding alternatives. The statement 'nobody likes me', for instance, is offered to students as an example of a negatively biased cognition that can be reframed and adapted to the more constructive 'it doesn't matter if I'm not liked by everyone' (Irwin, Sheffield & Holland-Thompson 2010: 20).

Thinking errors like all-or-nothing thinking, over-generalisation, magnification, and minimisation are of particular interest in this study, because they are all theorised as depressogenic. In other words, they are viewed as predisposing to depressive illness. According to Aaron Beck and David Clark (1988), cognition in depressed patients tends to be global in nature, as well as oriented towards past losses and failures – a feature typical of the thinking errors above. Furthermore, students are warned how thinking errors 'can increase the risk of emotional and mental problems' (Irwin, Sheffield & Holland-Thompson 2010: 20). While biased processing might be theorised to increase an individual's vulnerability to depression, the cognitive restructuring techniques taught to students are assumed to protect against such vulnerabilities. In other words, cognitive strategies act as neuro-protective agents, pre-emptively targeting key cognitive precursors. They also function as forms of 'anticipatory action', a term Anderson uses to describe the 'coherent' attempt to guide and enact certain predictive and anticipatory actions (2010: 788).

According to Anderson, anticipatory action becomes a reality in any situation where contingency of the future is deemed a potential threat but also a potential opportunity (2010: 777). Specifically, he focused on three kinds of future-oriented logics that guide anticipatory action – precaution, preparedness, and pre-emption. In this study, cognitive restructuring is maintained as an unusual form of anticipatory action, because it works through all three ontological modes. First, cognitive restructuring works as a precaution against the likely attendant effects of negative cognition. By counteracting an internalised thought like 'no body likes me', with 'it doesn't matter if I'm not liked by everyone', feelings of anxiety and self-loathing are kept at adaptable levels. This acts as a preventative measure against future depressive moods and feelings.

Second, cognitive restructuring attempts to pre-empt depressive illness, by preventing the depressogenic factors that lead to depression in the first place. As Jeffrey Young, Arthur Weinberger, and Aaron Beck observe, automatic thoughts usually 'go unnoticed because they are part of a repetitive pattern of thinking' (2001: 278). Reflexive techniques like cognitive restructuring not only allows one to establish patterns between certain thoughts, feelings and behaviours, but enables one to intervene upon them through specific cognitive techniques like reframing. The hope is that with repeated interventions, the automatic thoughts themselves will become more functional, in effect, pre-empting the cognitive conditions of depressive illness.

Finally, cognitive restructuring prepares individuals for the aftermath of a depressive mood or state. Rather than preventing or pre-empting a future event from happening, interventions in this case aim to reduce the severity of present symptoms. Depressive moods often impact the ways in which people relate with the world, in turn, influencing cognition. Cognitive restructuring acts as a circuit breaker in this cycle, with the hope that by adapting thoughts, depressive feelings will be alleviated, and thoughts and motivation will begin to improve.

Cognitive Techniques in HeadStrong

In the Black Dog Institute's HeadStrong program, cognitive behavioural techniques are integrated with interpersonal psychotherapy and positive psychology. The program's primary aims are to destigmatise mental illness and equip students with coping skills that promote better mental health (Black Dog Institute 2013a). Teaching and learning activities are divided into five modules that link directly to individual state and territory health curriculums, as well as the new Health and Physical Education National Curriculum.

In contrast to beyondblue's SenseAbility, the program emphasises personality profiles over cognitive vulnerabilities like biased cognition. This is not surprising, given the classificatory differences between beyondblue and the Black Dog Institute. Within the dimensional framework adopted by beyondblue, categories like major depression and dysthymia offer no aetiological rationale to differentiate vulnerability factors. It is therefore not possible to postulate likely pathways to depression on the basis of predisposing factors such as cognitive bias.

The Black Dog Institute, on the other hand, delineates depressive typology on the basis of self-rated and clinician rated measures, clinical observation, and importantly, the likely aetiology of depression. While psychotic and melancholic depression are maintained as biological disorders, non-melancholic depression is argued to be caused by personality features that act in combination with a stressful trigger or event. Such a framework provides the Black Dog Institute with the theoretical scope to postulate specific pre-onset correlates for non-melancholic depression. These include two categories related to stress exposure, and eight categories

related to personality. The eight personality styles are: a) anxious worrier, b) irritable, c) self-critical, d) rejection-sensitive, e) self-focused, f) perfectionistic, g) socially avoidant, and h) personally reserved (Black Dog Institute 2014).

In the module titled 'The Low Down on Mood Disorders', students are guided through the various personality styles associated with non-melancholic depression. They are then split into 'expert teams' to conduct further research on predisposing personality styles using the Black Dog Institute's website (Black Dog Institute 2013a: 30). Students thus discuss characteristic features of the eight personality types. The anxious worrier, for instance, is described as someone who 'tends to be highly strung, tense, nervy and prone to stewing over things' (Black Dog Institute 2014).

It is within this context that students are given a plausible rationale to apply specific interventions. Most activities in HeadStrong adopt traditional formats of instruction, discussion, and writing. Unlike SenseAbility, there is less focus on explicit instruction of cognitive techniques. Further, practical tasks that allow students to generalise cognitive principles (e.g. role-play, modelling, empathetic responding, visualisation) are used intermittently, with most lessons driven by student-led discussion. The self-reflexive activities in HeadStrong are the primary means through which students are actively engaged in applying techniques. In most cases, these activities involve reflective tasks where students think about their moods, and think about their thinking.

Given that the purpose of cognitive therapy is to change dysfunctional thinking, reflection is a crucial ability because it enables one to elicit underlying autonomic thoughts that influence subsequent feelings and behaviour. In the context of HeadStrong, it also enables students to monitor and intervene upon processes of self-talk.

In the module 'Helping Yourself', students are guided through the links between self-talk and resilience, together with the strategies that can help them 'become the "Gate Keeper" of [their] thoughts' (Black Dog Institute 2013b, Slide 109). Self-talk is promoted throughout HeadStrong as a key mediator in how people perceive themselves and the world around them. More to the point, students are taught how positive self-talk can aid in building resilience, enabling students to 'bounce back' from setbacks and difficulties (Black Dog Institute 2013a: 41).

As Vijaya Manicavasagar and Gordon Parker write, resilience 'usually reflects the culmination of a number of adaptive strategies' that prevent future problems (2005: 92). Positive self-talk is thus considered crucial in protecting individuals against depressive illness because it is primarily through our internal monologue that we form perceptions of ourselves, foster hope and confidence, find solutions and alternatives to problems, and manage anxiety.

Gaining access to this internal monologue, often involves skills of self-reflection. To help initiate this process, Headstrong encourages students to use a 'Mood Tracker Journal', which provides students with a framework to engage in

various self-reflexive modes of conduct, such as observation, monitoring, reflection, and analysis. Moreover, students are taught how to record and monitor feelings, contextualise fluctuations in mood, and reflect on instances of negative thinking or 'put-downs' (Black Dog Institute 2013a: 41). Data is then used to establish patterns between thoughts, feelings and the various externalities that might have triggered changes to internal states. This provides both a relevant context and plausible motive for students to discuss and apply certain resilience-building strategies in their own lives.

In the context of this study, the Mood Tracker Journal also works to codify and operationalise certain expert knowledges and techniques of cognitive theory. Not only do the self-reflexive technologies function to engender certain relations of self-conduct, they actively recalibrate and transform the self through processes of cognitive restructuring. The process thus entails more than the solicitation of students into modes of self-surveillance. While monitoring is a key prerequisite in rendering automatic processes visible, it comprises only one part in an ensemble of self-driven interventions that seek to transform and maintain the self. Indeed, maintenance is the primary objective of technologies like the Mood Tracker Journal – whether it be maintaining anxiety to adaptable levels, or maintaining perspective in situations of adversity, or maintaining a positive self-image and sense of efficacy.

In this sense, such devices act as crucial intermediaries in the continual upkeep of the body. For this reason, devices like the Mood Tracker Journal should be considered forms of biokeeping technology, a term used here to describe any instrument or technique used to detect and measure specific biological processes. In the case of the Mood Tracker Journal, biomarkers like depressed mood, loss of pleasure, sleep disturbance, and impaired concentration serve to indicate possible mental health risk.[6] This is not to conflate differences between biological and psychological processes, but rather to foreground their mutability and illustrate how biomarkers that might strictly be defined as biological, act in some cases as potential indicators of psychological distress. More to the point, the use of such monitoring techniques incites people to employ certain preventative measures that work to uphold and maintain the body. By analysing the effects of biokeeping technologies like the Mood Tracker Journal, we can begin to discern how individuals are implicated into self-reflexive practices, and more importantly, how certain technologies work to reconfigure and transform the self.

Given the influence of Foucault's (1988) work on 'technologies of the self', it might be useful to recall his observations here. According to Foucault, procedures of diary writing, self-disclosure and various other verbalisation techniques, were employed by individuals in the past to transform themselves towards a given ethical ideal, be it an ideal to care for oneself, master oneself, or know oneself. In contemporary times, the techniques of verbalisation adopted in the Christian con-

fessional have been 'reinserted in a different context' by the human sciences 'to constitute, positively, a new self' (1988: 49).

What makes Foucault's work particularly relevant in this study is in thinking more broadly about how individuals are produced through a spectrum of technologies. While governmental technologies are instrumental in the dissemination of school-based programs like SenseAbility and HeadStrong, they form only one part of an assemblage of technologies that in combination work to produce certain ontological effects.

Throughout this study we have witnessed how different versions of depression emerge through different socio-material contexts. Similarly, we can observe how different versions of the self emerge as technological artefacts, replete with a psychological interior and 'unique biography' (Rose 1996: 3). Within the spectrum of technologies that work to produce new selves, intellectual and biokeeping technologies like the Black Dog Institute's Mood Tracker Journal comprise a crucial part of the reflexive component that enables individuals to actively participate in their own transformation. Indeed, the defining feature of these technologies is their reflexiveness – a mode of action that once initiated, reverts back on the user. It is through the initiation of certain self-directed processes that tasks like observation, monitoring, calculation and reflection are then performed on the self, to constitute the self in new ways.

Conclusion

Much of this study has attended to the ways in which expert knowledges and techniques are recombined into new technologies of power. If there is one question, however, that draws these themes together it is the question of authority. Authority in this study has taken a number of forms. First, governmental processes were examined as modes of authorisation, redeploying existing resources and technologies in response to new situations (Collier 2009). Second, institutions like beyondblue and the Black Dog Institute were studied as 'enclosures of authority' (Rose & Miller 2010: 286), legitimising practices of diagnosis and treatment, disseminating certain truths on the aetiology of mental illness. Third, expertise itself was maintained as an enacted form of authority, whereby teachers and school administrators became authorised as public health professionals, assuming new responsibilities as part of an ongoing management of mental health risk.

While political and professional authority is not concentrated within any single entity or actor, authority is nonetheless enacted, in ways that often have lasting impacts on people's lives. One way to think of authority is as a process of emergence. The affiliations and events that led to the coordination of mental health programs in Australia did not happen by design or the straightforward implantation of policy, but often through a series of felicitous accidents and unintended events. As shown throughout the study, the development of these technologies

required two things: a viable model of risk, together with the know-how and competency to put risk logics into action. In other words, they all require literacy, and more accurately, the production of a risk literate public.

As a final word, this study has shown that it is possible to think of mental disorders as more than naturalised entities, even if they are, in part, biologically composed. If depression is enacted in multiple ways, it therefore requires at the very least, a cross-disciplinary approach to examine the different ways depression is produced in the practicing of it. It is fitting to conclude then with the words of Mol (2002), who urges us to determine not which intervention is most effective, but to consider the effects of different interventions. This is the question that should guide any therapeutic program, policy initiative, or empirical study.

Andrew McLachlan is a postgraduate student in the Department of Gender and Cultural Studies at the University of Sydney. He is interested in issues of medical authority, risk and mental health. His current research seeks to understand the socio-material factors involved in the making of new therapeutic realities online and within schools. E-mail: amcl7452@uni.sydney.edu.au

Notes

[1] I would like to thank the two anonymous reviewers for their helpful comments and suggestions on an earlier draft of this article. I am also indebted to the contributions of colleagues in the Department of Gender and Cultural Studies, particularly Tess Lea, Elspeth Probyn, and Kane Race.

[2] SenseAbility is a strengths-based emotional and psychological resilience program for students aged 12-18 years, first trialled in selected Australian schools in 2003. HeadStrong is a mental health awareness and resilience building program for students aged 13-16 years, rolled out nationally in 2012.

[3] According to the Australian Institute of Health and Welfare (AIHW), the burden of disease 'is a measure used to assess and compare the relative impact of different diseases and injuries on populations' (Australian Institute of Health and Welfare 2014).

[4] Several criticisms have been levelled against the DALY, none more significant than that it privileges loss of healthy life in the years deemed to be the most productive (i.e. the middle age group). See Anand and Hanson (1997) for further commentary.

[5] The *Better Outcomes in Mental Health Care* enabled better access to psychological treatments, as well as improved collaboration between general and mental health practitioners. It also represented 'the largest single allocation' of primary mental healthcare funding by an Australian government (Hickie and Groom 2002).

[6] The term biomarker is a common medical term used to describe a measurable indicator of some form of illness or condition.

References

Anand, Sudhir & Kara Hanson (1997): 'Disability-adjusted life years: a critical review', *Journal of Health Economics*, 16:6, 685-702.

Anderson, Ben (2010): 'Preemption, precaution, preparedness: anticipatory action and future geographies', *Progress in Human Geography*, 34:6, 777-798.

Australian Institute of Health and Welfare (2014): *Burden of disease*: https://http://www.aihw.gov.au/burden-of-disease/ (accessed 15 February 2014).

Baum, Fran (2002): *The New Public Health*, South Melbourne: Oxford University Press.

Beck, Aaron T. (1996): 'Beyond Belief: A Theory of Modes, Personality, and Psychopathology', Paul M. Salkovskis (ed.): *Frontiers of Cognitive Therapy,* New York: Guilford Press.

Beck, Aaron T. & David A. Clark (1988): 'Anxiety and Depression: An Information Processing Perspective', *Anxiety Research*, 1:1, 23-36.

Benson, Kate (2010): 'Push for Melancholia to be Listed Illness', *Sydney Morning Herald*, Sydney, NSW: Fairfax Digital.

beyondblue: the National Depression Initiative (2010): *Clinical Practice Guidelines: Depression in Adolescents and Young Adults*, Melbourne: beyondblue.

Black Dog Institute (2012): *Black Dog Institute Annual Report: Translating Research Into Real Patient Outcomes*, Randwick, NSW: The Black Dog Institute.

------ (2013a): *HeadStrong: Understanding Mood Disorders and Resilience*, Randwick NSW: The Black Dog Institute.

------ (2013b): *HeadStrong Powerpoint Slides for Teacher Use*, Randwick NSW: The Black Dog Institute.

Black Dog Institute (2014): *Causes of Depression: Personality*: http://www.blackdoginstitute.org.au/public/depression/causesofdepression/personality.cfm (accessed 15 February 2014).

Casey, Melissa F., Dinali N. Perera & David M. Clarke (2012): 'Psychosocial Treatment Approaches to Difficult-to-Treat Depression', *The Medical Journal of Australia*, 1:4, 52-55.

Clark, David A. & Robert A. Steer (1996): 'Empirical Status of the Cognitve Model of Anxiety and Depression', Paul M. Salkovskis (ed.): *Frontiers of Cognitive Therapy,* New York: Guilford Press.

Collier, Stephen J. (2009): 'Topologies of Power: Foucault's Analysis of Political Government Beyond "Governmentality"', *Theory, Culture & Society*, 26:6, 78-108.

Dumit, Joseph (2012): *Drugs for Life: How Pharmaceutical Companies Define our Health*, Durham, N.C: Duke University Press.

Foucault, Michel (1980): *Power/Knowledge: Selected Interviews and Other Writings, 1972-1977*, Brighton, Sussex: Harvester Press.

------ (1988): 'Technologies of the Self', Luther H.Martin, Huck Gutman and Patrick H. Hutton (eds.): *Technologies of the Self: A Seminar with Michel Foucault,* Amherst, MA: University of Massachusetts Press.

Fullagar, Simone (2008): 'Sites of Somatic Subjectivity: E-Scaped Mental Health Promotion and the Biopolitics of Depression', *Social Theory & Health*, 6:4, 323-341.

Hickie, Ian (2004): 'Can We Reduce the Burden of Depression? The Australian Experience with beyondblue: The National Depression Initiative', *Australasian Psychiatry*, Vol. 12 Suppl.S: 38-46.

Hickie, Ian B., Jan Scott, Daniel F. Hermens, Elizabeth M. Scott, Sharon L. Naismith, Adam, J. Guastella, Nick Glozier and Patrick D. McGorry (2013): 'Clinical Classification in Mental Health at the Cross-Roads: Which Direction Next?' *BMC Medicine*, 11:1, 125-125.

Hickie, Ian & Grace Groom (2002): 'Primary Care-Led Mental Health Service Reform: an outline of the Better Outcomes in Mental Health Care initiative', *Australasian Psychiatry*, 10:4, 376-382.

Irwin, Stephen, Jeanie Sheffield and Kristina Holland-Thompson (2010): *Essential Skills*, Melbourne: beyondblue.

Lupton, Deborah (1995): *The Imperative of Health: Public Health and the Regulated Body*, London: Sage.

Manicavasagar, Vijaya & Gordon Parker (2005): *Modelling and Managing the Depressive Disorders: A Clinical Guide*, Cambridge, UK: Cambridge University Press.

Mathers, Colin D., E. Theo. Vos, Christopher E. Stevenson and Stephen. J. Begg (2001): 'The Burden of Disease and Injury in Australia', *Bulletin of the World Health Organization*, 79:11, 1076-1084.

McDermott, Fiona & Graham Meadows (2007): 'Responding to mental disorder', Graham Meadows, Bruce Singh & Margaret Grigg (eds): *Mental Health in Australia: Collaborative Community Practice*, South Melbourne: Oxford University Press.

Mol, Annemarie (2002): *The Body Multiple: Ontology in Medical Practice*, Durham: Duke University Press.

Mrazek, Patricia J. & Robert J. Haggerty (eds) (1994): *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research,* Institute of Medicine Committee on Prevention of Mental Disorders. Washington, D.C: National Academy Press.

Parker, Gordon (2002): *The Launch of the Black Dog Institute*, Sydney: The Black Dog Institute: http://www.blackdoginstitute.org.au/docs/GordonParkerBDILaunch12feb02.pdf (accessed 26 August 2014).

------ (2005): 'Beyond Major Depression', *Psychological Medicine*, 35:4, 467-474.

------ (2007): 'Is Depression Overdiagnosed?', *British Medical Journal*, 335:7615, 328-329.

Parker, Gordon & Jan Orman (2012): 'Examining the Utility of the Black Dog Institute's Online Mood Assessment Program in Clinical Practice', *Australasian Psychiatry: Bulletin of Royal Australian and New Zealand College of Psychiatrists*, 20:1. 49-52.

Pirkis, Jane, Ian Hickie, Leonie Young, Jane Burns, Nicole Highet & Tracey Davenport (2005): 'An Evaluation of beyondblue, Australia's National Depression Initiative', *International Journal of Mental Health Promotion*, 7:2, 35-53.

Rose, Nikolas (1996): *Inventing Our Selves: Psychology, Power, and Personhood*, Cambridge, UK: Cambridge University Press.

------ (1998): 'Governing Risky Individuals: The Role of Psychiatry in New Regimes of Control', *Psychiatry, Psychology and Law*, 5:2, 177-195.

Rose, Nikolas & Peter Miller (2010): 'Political Power Beyond the State: Problematics of Government', *British Journal of Sociology*, 61:1, 271-303.

Rose, Nikolas, Pat O'Malley & Mariana Valverde (2006): 'Governmentality', *Annual Review of Law and Social Science*, 2:1, 83-104.

Smith, Meg & Heather Gridley (2006): 'Living with Mental Illness in Australia: Changes in Policy and Practice Affecting Mental Health Service Consumers', *Australian Psychologist*, 41:2, 130-139.

Spence, Susan, Jane Burns, Susan Boucher, Sara Glover, Brian Graetz, Debra Kay, George Patton & Michael Sawyer (2005): 'The beyondblue Schools Research Initiative: Conceptual Framework and Intervention', *Australasian Psychiatry*, 13:2, 159-164.

Tiller, John W. G. (2012): 'Depression and Anxiety', *The Medical Journal of Australia*, 1:4, 28-31.

Wahlberg, Ayo & Linsey McGoey (2007): 'An Elusive evidence Base: The Construction and Governance of Randomized Controlled Trials', *BioSocieties*, 2:1, 1-10.

Whiteford, Harvey A. (2008): 'Depression in Primary Care: Expanding the Evidence Base for Diagnosis and Treatment', *The Medical Journal of Australia*, 188:12, Suppl. S101.

Whiteford, Harvey A., Bill Buckingham & Ronald Manderscheid (2002): 'Australia's National Mental Health Strategy', *The British Journal of Psychiatry*, 180:3, 210-215.

Whiteford, Harvey A. & Aaron Groves (2009): 'Policy Implications of the 2007 Australian National Survey of Mental Health and Wellbeing', *The Australian and New Zealand Journal of Psychiatry*, 43:7, 644-651.

Young, Jeffrey E., Arthur D. Weinberger & Aaron T. Beck (2001): 'Cogntive Therapy for Depression', David H. Barlow (ed.): *Clinical Handbook of Psychological Disorders: A Step-by-Step Treatment Manual,* New York: Guilford Press.

Therapeutic Solutions, Disciplinary Ethics and Medical Truth on Self-Help TV

By Maryam El-Shall

Abstract

This article will consider the use of therapy television – specifically the self-help television program *The Dr. Phil Show* – as a locus of government. Specifically, I will examine the ways in which ethics are addressed as biopolitical problems of the self through the often disciplinary instruction of the therapist. In this respect *The Dr. Phil Show* is representative of a shift in the talk show genre away from the tabloid model to a pedagogical model. Self-help talk shows are increasingly concerned with the cultivation of the soul, the production of truth and the discipline of the body. I demonstrate this by analyzing a series of *Dr. Phil Show* episodes centered on the confession and obesity, respectively. I emphasize the connection between TV expertise – here embodied in the discourse of the expert/therapist Dr. Phil McGraw – and neo-liberal goals requiring subjects to both care, and take responsibility, for themselves.

Keywords: Biopower, biopolitics, Dr. Phil, discipline, truth, self

Introduction

In the fall of 1999 Oprah Winfrey launched "Tuesdays with Dr. Phil" as a regular, self-help segment on her long-running TV chat show *Oprah*.[1] During these appearances, the then little-known Dr. Phil McGraw offered blunt and often critical advice to guests and viewers struggling with a variety of personal problems: marital discord, obesity and addiction, to name a few. Regardless of the issue, however, Dr. Phil adopted a confrontational, no-nonsense style. Reporting on one early episode in which Dr. Phil scolded a husband for calling his wife "the C-word," Mark Donald of the *Dallas Observer* offered his summation of what was then an emerging persona in popular self-help culture: "Forget Freud, Jung, years on the analyst's couch. McGraw delivers his down-home insight with the precision of a surgeon's cut. He is the master of the therapeutic sound bite, the analytical flash delivered right before the commercial break" (Donald 2000). While many (Dembling & Guttierez 2003; Cottle 2004) were, like Donald, quick to criticize Dr. Phil or his seeming lack of compassion, his quick temper, and his on-camera theatrics, viewers were enamored. Fans enjoyed Dr. Phil's "tell-it-like-it-is" approach to self-help so much that in the fall of 2002, Dr. Phil was able to launch his own television talk show, called *The Dr. Phil Show*. Drawing on *The Oprah Winfrey Show*'s audience and style, *The Dr. Phil Show* uses an instructive mode in order to help viewers help themselves. Also like Oprah, the goal of *The Dr. Phil Show* is one of social uplift. By following Dr. Phil's advice, guests and viewers learn how to manage their lives and plan their futures.

But *Dr. Phil* diverges from the *Oprah* model in one significant way: the mode of therapy dispensed on the show is clearly disciplinary; the authority behind it stemming from its association with the discourse of psychology and mental health. Unlike Oprah, when Dr. Phil speaks, he speaks with the knowledge (and power) of the "expert;" his judgment, advice and discourse in turn become the tools with which guests and viewers can govern themselves.

Government

I borrow the terms 'government' and 'governance' here from Foucault's later writings. Beginning with the lecture "Society Must be Defended" Foucault outlined the various ways in which, beginning in the eighteenth century, the instruments of power had begun to shift from a top-down model of sovereignty to a disciplinary system of consent in which the population is governed at a distance. Through procedures of constant surveillance and a "closely meshed grid of material coercions" (Foucault 2003: 36) exercised in the school, the hospital and the military barracks, for example, certain kinds of subjects were produced. Government thus presupposed the principle "that there had to be an increase both in the

subjugated forces and in the force and efficacy of that which subjugated them…This non-sovereign power…is disciplinary power" (ibid.: 36).

In other works, Foucault lays out the various forms of this new system of power. For instance, in the first volume of *The History of Sexuality* (Foucault 1976/1994a) he describes a system of power preoccupied with the anatomo-politics of the individual body on the one hand and the bio-politics of the population as whole on the other. Government, in this respect, assumed an organic quality. Its aim, according to Foucault, was the production of a docile subject. According to Milchman and Rosenberg (2005: 338) in their gloss of Foucault's genealogy of government, this model of power:

> centered on the body as machine: its disciplining, the optimization of its capabilities, the extortion of its forces, the parallel increase of its usefulness and its docility, its integration into systems of efficient and economic controls. A biopolitics of population, by contrast, focused on the species body, the body imbued with the mechanics of life and serving as the basis of the biological processes; propagation, births and mortality, the level of health, life expectancy and longevity, with all the conditions that can cause these to vary.

Focusing on one pole of this dynamic - the individual body and the production of the docile subject - Foucault demonstrates the ways in which this model of power would eventually be subsumed into the disciplinary mechanisms of the liberal state. Involving techniques of domination and technologies of the self, coercion and freedom, the state- authorized disciplines – medicine, criminology, psychology, among others – took on an increasingly important role in the government of the population by ensuring that, for example, school children would be taught the history, rules and responsibilities of citizenship; the bodies of workers would be arranged and regimented to enhance their productivity; the souls of prisoners would be cultivated through systems of surveillance and control. Individuals, in turn, would take on the norms and rules of the disciplines in constructing themselves as citizens, consumers, normal, healthy or sick. In the processes, they also potentially resist and transform those techniques.

With this said, if we are to understand how subjects are produced in these ways under contemporary conditions of government, we must orient ourselves to the ways in which they are governed. What are the discourses and techniques used to construct subjects of liberal government? And on what basis are these discourses/techniques authorized as instruments of governance? Here, I would like to examine the ways in which self-help TV functions as one such instrument.

Following what Ouellette & Hay (2008) show in their analysis of reality TV as a technology of government, what I term self-help television considers the way the self is instrumentalized as an object of therapeutic intervention as part of a wider culture focused on health and personal responsibility. In this context, television governs not through repression of people's wills, nor by the dominance of an all-powerful state, but rather through the power and authority of the television expert, By "dispersing ideas and automat[ing] perception and cognition [and ena-

bling] on a massive scale and at a suitably removed distance, the shaping of conduct and attitudes" (McCarthy 2010: 251) governance by television in this sense proceeds through a process of individual liberty and personal choice on the one hand. and the disciplinary discourse of expertise on the other.

Here, then, I argue that by drawing on the truth-power of the disciplines – namely, psychology and medicine – self-help TV operates as a contemporary instrument of government aiming to transform viewers into active, responsible subjects of health. However, before I do so, I would first like to frame self-help TV within the context of its talk-show predecessors in order to demonstrate self-help TV's didactic goals. In the following section, I demonstrate the shift away from the tabloid model toward self-help TV's instructive model. I also document the popular and political controversy surrounding tabloid programs in order to contextualize the self-conscious generic shift toward the self-help model of talk show television ushered in by *The Dr. Phil Show.*

Background and Context

Since the 1980s, we have seen both a popular and a political resurgence in the concern with the conduct of conduct in the US. The proliferation of various new cable and satellite television channels beginning in the 1980s and into the 1990s spawned an explosion of new television formats and genres as technologies of, and problems for, government. The 1990s tabloid talk show and the movement towards reality TV, which began with cable channel MTV's *Real World* in 1990, and the late 1990s' and early 2000s' "digital revolution" which interconnected audiences to these shows and to each other through online media, changed the relationship between television and viewers from a "top-down" mass cultural formation to a customized, interactive experience involving the co-option of viewers – their stories, their problems and their labor – in the production of TV itself, allowing for the proliferation of all sorts of performances on and uses of television unseen before (see Andrejevic 2003; Ouellette & Hay 2008). Through write-in programming, surveillance and the use of the internet to recycle and expand television content, reality television came to seem an unstable technology for governing because anyone could take to the stage and talk about anything they liked, including such topics as incest, teen sexuality and gender-bending.

Jason Mittell's study (2003) of popular attitudes about the talk show genre shows the link between tabloid talk shows, their audiences and the concept of taste emerging at this time. Mittell's study provides the kind of viewer-response analysis necessary for understanding the shift in the content and format of talk shows from the tabloid model, represented by *Jerry Springer* in the 1990s, to what I call self-help talk, represented today by American programs like *The Dr. Phil Show*, *The Dr. Oz Show* and *The Doctors*. Mittell studies the talk show genre in order to explore the connection between the concept of taste and that of audience

identity, and demonstrates the ways in which the "low brow" tabloid genre coincides with a conception of talk show subjects and audiences as "low class," "abnormal" and/or "deviant." Mittell's study looks at the genre broadly and includes all of the shows categorized under the generic rubric of talk show, from daytime-issue oriented programs such as *Oprah* to late night celebrity interview shows, such as *Late Night with David Letterman*; from public affairs programs, such as *Larry King Live*, to morning chat shows, such as *Live with Regis and Kathie Lee*. Since I am only interested in the generic shifts in daytime talk, my discussion will be limited to responses about *Jerry Springer* and *Oprah*.

Participants in Mittell's study ranked the value of the various types of talk show – from *Jerry Springer* on the "low brow," "trash" end of the spectrum to *Oprah* on the socially valuable and spiritually uplifting end – by the shows' inclusion of guests who were unlike "normal" Americans and, thus, had a strong sense of their own identity (Mittell 2003: 38). Nearly all respondents felt that *Springer* was the epitome of the genre or "exactly what I think of as a talk show" while others described it as "trash," a "fighting show," "junk," "white-trash extravaganza," "a carnival show for weirdos," "a circus of idiots," "the Christians and the lions," and even "comedy" (Mittell 2003: 42).

The evaluative terms participants used to distinguish "the normal" from the "abnormal" included class, education and, most notably, questions regarding the sanity and sexuality of the particular show's guests and studio audience. Detractors claimed that shows like *Springer* "encouraged violence, poor morality, exploitation and low cultural standards, and explicitly labeled them as "bad for society" (Mittell 2003: 42). Almost all respondents expressed similarly extreme opinions about the show, even if they watched it – calling it "abominable," "awful," "despicable," "repugnant," "terrible," "revolting," "perverted," "crap," "tasteless," "absolutely hate it," "an insulting waste of time," "an embarrassment," "downright destructive," "crude and irresponsible," and "the biggest piece of trash in the history of television" (Mittell 2003: 42). A few critics also reiterated the common assumption that tabloid programs caused social ills. As one wrote, "they actually decrease society's existing morals" (Mittell 2003: 39). In contrast, *Oprah* was called "informative," "classy," "truly inspiring," and "aimed at improving people's lives." Even those who disliked the show still noted that it had a "positive" message (Mittell 2003: 43).

In evaluating the guests who appeared on day time talk shows, many of Mittell's respondents showed a particular preoccupation with their bodies and behavior. Where *Oprah* was assessed on the basis of her predominantly female, middle-class and educated guests and panels, respondents discussed *Springer* in terms of guests who appeared abnormal or unusual and acted in risky or unhealthy ways. Respondents referred to *Springer* guests as "white trash," "trailer trash," overweight women," "lower class," "mental cases," and more broadly "other types of people – strippers, gays, lesbians and others most people don't come in contact

with everyday" (Mittell 2003: 38). When questioned about the various shows' wider home audiences, respondents also characterized typical viewers in bodily and behavioral terms.

While participants noted that *Oprah* appealed to a much broader demographic than most programs, offering a qualitative assessment such as "what some might call decent people," or, as one respondent calling himself a "male housewife" wrote, "anyone who wants to see the beauty that is still in this world," *Springer's* audience was perceived as "bored," "lonely," "passive and lazy" and – overall – "underemployed, overweight, lazy, unimaginative, low energy, narrow minded, low income," "living questionable lifestyles" and/or "suffering from a mental disability they do not want to admit to" (Mittell 2003: 38). For detractors of *Springer*, its pleasures were highly questionable. Respondents suggested that those who "really" enjoyed the show did so because they were like the guests who appeared on it, saying that such shows are "only good if you want the uneducated, perverted and interbred part of society revealed" (Mittell 2003: 39). Many respondents explicitly contrasted *Springer* to *Oprah* on the basis of the imagined class and behavior of their respective audiences, juxtaposing Oprah's "decent folk" to the "morons who watch Springer" (Mittell 2003: 44).

Despite the critical attitudes toward shows like *Jerry Springer,* in the mid-to-late 1990s tabloid programs were at the height of their popularity. In 1998 *Jerry Springer* had a wider audience than even *Oprah* and numbered nearly seven million viewers in the US alone (Nagel 2002: 14). At the same time, *Ricki Lake*, *Maury Povitch*, *Jenny Jones*, *Montel Williams*, *Yolanda*, *Geraldo*, *Sally Jesse Raphael*, *Howard Stern* and *Morton Downey Jr.* were all talking about sex, sexuality, sex-identity, teen sex, sexually transmitted diseases, extramarital affairs, domestic violence, incest, cross-dressing, race warfare, children who hate their parents, parents who hate their children, siblings in love, amongst a host of other topics – all at the same time every day of the week.

The general format of these types of shows revolved around the confession, which was sometimes coerced through the appearance of surprise guests, polygraph tests and behind-the-scenes video surveillance footage. Each episode focused on a panel of guests with some form of the same problem. The discursive rhythm of each segment was set by the host who introduced guests by name and "problem" – such as "this is Jessica and she is here to tell her husband that she is in love with another woman." The host mediates the discussion by asking questions, interjecting an opinion when appropriate and thus maintaining the overall flow and dramatic tension of the discourse. The audience participates by reacting visibly and audibly to the guests' revelations, asking questions and even sharing their own stories. On *Ricki* the audience of mostly black and Latino urban youth became known for chanting "Whoop there it is!" when guests made unexpected or humiliating disclosures (see Gamson 1998) The shows usually end with a question and answer session between the guests, the host and the studio audience.

Most of these tabloid talk shows were viewer-participation shows. They solicited stories from home viewers in exchange for travel fare and lodging (Gamson 1998). They tended to focus on stories and topics that were considered to fall outside of social norms, such as "I slept with my cousin," or "My boyfriend cheated on me… with my mother." As the competition for ratings intensified throughout the 1990s, the show discussions and guest performances became even more sensational. *Jerry Springer* regularly featured partners admitting adultery to each other, women or men admitting to their partners that they were post-op transsexuals, Ku Klux Klan families and other hate groups (Gamson 1998). The number of scandals generated by the content of these programs reached a climax in the late 1990s as the number of daytime tabloid shows topped twenty.

At the height of these shows' popularity, many public officials were concerned about the links between social problems and television (Gamson 1998). In the late 1990s, a number of prominent politicians in office publicly voiced their concerns about the number of talk shows that were "blurring the lines between the normal and the abnormal," a statement made by Democratic Senator Joseph Lieberman in 1995 (cited in Glynn 2000: 186). In the same vein, Massachusetts Senator Daniel Patrick Moynihan made the more dramatic statement that the popularity and ubiquity of tabloid shows demonstrated that "Americans [themselves] are getting used to a lot of deviancy, taking it for granted" (cited in Glynn 2000: 186). William Bennett, who had served as Ronald Reagan's Secretary of Education and was the first head of National Drug Control Policy under George H. W. Bush, was one of the most vocal critics of talk shows in the 1990s. Bennett argued that shows like *Jerry Springer* and *Jenny Jones* reflected not simply the "low brow" or "lowest common denominator" within American culture, but that they also predicted the demise of traditional American culture altogether (Mittell 2003: 42), and called them "moral rot" and "cultural pollution" (cited in Glynn 2000: 184).

The political action at the time when these shows were most popular was equally vociferous. In 1993 Bennett founded Empower America, a conservative think tank devoted to mobilizing public opinion in favor of "government actions [aimed toward] foster[ing] growth, economic well-being, freedom and individual responsibility" (Web.archive.org: 2013). This is reflected in Empower America's mission statement regarding the cultural foundations of America's unique status in the world as the place of "opportunity, competition, ownership and freedom," (Web.archive.org: 2013) terms that implicitly reference America's Puritan roots as the basis of a predominantly white, liberal society. Among the concerns listed on Empower America's social agenda was the proliferation of socially irresponsible behavior considered against what Mittell refers to as a "conservative straight white male habitus and measured by the portrayal of "deviancy" on television (Mittell 2003: 36) . In discussing matters related to sexuality, class and race (among other controversial topics) tabloid programs opened up a series of dichotomies between normal and abnormal conduct, nature and nurture, and reality and

fiction that political and cultural critics sought to hold in place. Cleaning up the airways was thus part of a larger political effort to reform the state along a neo-liberal model emphasizing self-help, enterprise and traditional morality.

However, beginning in 1998 when Oprah shifted the direction of her show away from the tabloid model, we began to see a move on the part of television itself toward advancing such neo-liberal goals. *In Better Living Through Reality TV,* Laurie Ouellette and James Hay argue that the emergence of reality television in the late 1990s and early 2000s marked a shift in the purpose and goals of television (Ouellette & Hay 2006). According to the authors, programs emphasizing personal responsibility and self-improvement over structural issues fill the vacuum created by cutbacks in traditional welfare programs. The neo-liberal reinvention of the state begun under Reagan and accelerated throughout the Bush-Clinton decade with welfare reform and public-private partnering of health care set the foundation for a new popular discourse of personal responsibility and individual enterprise. In this context, even the vicissitudes of the body became the grounds for enacting the responsibilities of citizenship. Popular medicine and TV experts offered the kind of social authority necessary for ensuring the creation of said citizens. We see this most dramatically with the first TV expert of this kind: Dr. Phil McGraw.

The Pedagogy of Dr. Phil

A preliminary glance at show topics for the first season of *The Dr. Phil Show* demonstrates its pedagogical goals. Episodes like "Should You Have A Baby?" "When Sexual Styles Don't Match," "Discipline Debate," "Sex Talk," "Feuding Families," "Should We Get Married?" and the recurring "Ask Dr. Phil" address questions about the psychology of sex and marriage, when to have children and how to raise them, as well as how to recognize the signs of potential illness or pathology, respectively. Titles such as "Controlling People" and "Selfish People" focus on guests who are known by their friends and family to exhibit socially unacceptable or irresponsible behavior. Viewers learn how to deal with similar personality types within their own lives.

Other *Dr. Phil* episodes about eating disorders, addiction, and phobias take a more explicitly disciplinary tack. This takes the form of presenting individual problems of adjustment or trauma in a discourse of mental and physical disease that one is, nonetheless, responsible for. This is perhaps most evident on episodes dealing with addiction.

In a long-running series on *Dr. Phil* called "The Dr. Phil Family," we learn about the warning signs of substance abuse, the mental and physical effects of drugs on the body and the toll that addiction takes on family members. We watch as Alexandra, the drug addict and focal point of the "Dr. Phil Family" series, scores prescription drugs from a local clinic, neglects her children and takes up

with various men whom she believes can help her get more drugs. We also watch as her parents, Erin and Marty, argue over Alexandra's condition and as their marriage, further tested by infidelity, financial hardship and, it seems, the family's recurring role as America's "problem family" on the *Dr. Phil Show*, begins to fall apart.

Dr. Phil first introduced "The Dr. Phil Family" in 2004 as an "all-American family on the outside" who were disintegrating from the inside – "struggling with problems that threatened to tear them apart."[2] Among the family's problems, according to Dr. Phil, were young Alexandra's (then fifteen) pregnancy, her younger sister Katherine's (then thirteen) equally precocious sexuality, Marty's several extra-marital affairs, Erin's infidelity and the family's ongoing financial difficulties. In spite of their problems (or perhaps because of them) the Dr. Phil Family was continually presented as the embodiment of the hopes and struggles of ordinary Americans. Yet the Dr. Phil Family's very clear state of crisis made them exemplary candidates for the *The Dr. Phil Show* because, as the series unfolds, we learn that many of their problems stem from their failure or inability to "get real" with one another, to speak the truth and to properly care for themselves.

For Dr. Phil, taking care of the self is equivalent to "getting real" and speaking truth. This is the logic Dr. Phil utilizes in his unique brand of self-help and one that unfolds in virtually every episode of *The Dr. Phil Show* dealing with troubled guests. We can trace the significance of speaking truth throughout "The Dr. Phil Family" series as it is used as the therapeutic model to address all of the family's diverse problems.

This power of truth was demonstrated on an August 2004 episode of the series called "A Family Divided: Marty's Secret Confession." While prior episodes starring the family focused largely on Alexandra's sexuality and subsequent pregnancy, this episode was devoted exclusively to the parents, Marty and Erin. It also dealt with the topic of sex.

The central point of contention of this episode turned on the question of truth, namely, the truth about Marty's sexual history. Erin claimed that she no longer trusted Marty to be honest with her about anything because of his previous sexual infidelities. Yet Marty vehemently protested Erin's accusations of infidelity by suggesting that their marital problems stemmed not from him, but from Erin, who, according to Marty, insisted on "know[ing] every little thing" (*A Family Divided* 2004). The problem between Erin and Marty thus seemed to involve a breakdown in trust. The question the show sought to answer was whether or not this breakdown was the result of Erin's insistent demand "to know" or of Marty's refusal to speak.

The problem of assigning blame involved an interplay between the couple around the question of whether or not there was, in fact, anything to tell. Truth, in this instance, was inscribed through the ritual of confession: Marty's silence suggested there was a hidden truth to be told, while Erin's insistence on Marty's

speech had the effect of bestowing meaning on Marty's silence. And indeed, during the second segment of this episode, Dr. Phil clearly defined the parameters of Marty and Erin's problem in this way: Theirs is a problem of truth.

According to Dr. Phil, there are two ways to lie. "One is by making an active, overt, misrepresentation," which is when you say something that isn't true. "The other way is when you lie by omission. You just fail to tell somebody something that you know damn well would be material to them" (*A Family Divided* 2004). Dr. Phil's articulation of Marty and Erin's problem in terms of lies, omissions and truth established the framework for the rest of the show: the insistence on truth, the confrontation of the confession and, subsequently, the work of emotional healing that speaking truth allows.

While the dialogue between Marty and Erin revealed the significance of confession in mending the couples' relationship, Dr. Phil's authoritative judgment legitimized the process as "real." Indeed, this was made immediately evident when Erin began to use Dr. Phil's language as an entry point for showing that, in fact, Marty was a liar: Erin stated that most of Marty's lies were lies by omission and that his habitual reticence about his whereabouts led her to suspect that even when he was telling her the truth, he was actually lying.

Erin gave as an example a recent incident involving a business check Marty cashed without telling her. "It wasn't the money," Erin explained, but rather the fact that Marty did not tell her. For Erin, the distress produced by this incident had less to do with the event itself and more to do with prior events, past lies and omissions that it repeated. This "lie-by-omission" conjured prior lies, infidelities and moral failings. Erin's true concern, it seemed, had less to do with what Marty said or did and more to do with what Marty's sayings and doings revealed about his nature.

The framing of the show – "Marty's Secret Confession" – set up the dialogue between Marty, Erin and Dr. Phil in terms of communication, trust and one's "true" nature. Yet the show also problematized the question of truth by distributing the "blame" between Marty and Erin. Each is required to take account of their contribution to the problems in the marriage and correct themselves. Erin, for example, recognized that she says "very mean things to [Marty]" and acknowledges that she's "got to change that about [her]self" (*A Family Divided* 2004). However, according to Erin, the "blame" for her and Marty's failing marriage should not be assigned equally. Rather, from Erin's perspective, her faults paled in comparison to Marty's because "[Marty] doesn't even really acknowledge that he's making…mistakes" (*A Family Divided* 2004). This is the crucial point. The worrying element for Erin was that Marty was not aware of his mistakes either because he could not or would not recognize them for what they are: essential, deep-seated flaws in Mary's character. For Erin, then, Marty's repeated denials registered a concern about the truth of his self. Where Erin was willing to forgive Marty's trespasses, she could not brook his denial.

Indeed, what Erin wanted and what she insisted on was what Dr. Phil often suggests is the first and most important step toward life changes: accountability. Once again, Dr. Phil's introduction endowed Erin with the language with which to describe hers and Marty's problems: "There's no accountability there. He can't say, 'You know, I made a mistake here and I shouldn't have done that'" (*A Family Divided* 2004). What Erin wanted here was not simply an accounting or, we should say, an admission of past and present wrongs, but, more importantly, she wanted an admission of guilt, a recognition on Marty's part of the truth of his nature. Telling everything, even, in Marty's words, all the "little things," will purify his soul and heal Erin's wounds.

In order to understand this need for self-accounting, we can perhaps contrast it with the cultivation of the self Foucault discusses in the third volume of the *The History of Sexuality* (Foucault 1984/1994b). In the ancient practice of self care, truth was not activated to determine culpability or to assign blame, but rather, "in order to strengthen, on the basis of the recapitulated and reconsidered verification of a failure, the rational equipment that ensures a wise behavior" (Foucault 1984/1994b: 62). With Marty and Erin, however, we can see that the two elements of truth separated in the Roman arts of existence – truth and culpability on one hand and truth for the sake of self-improvement on the other – are reunited in an effort not only to assign blame, but also to make the guilty party responsible for amending the problem. Erin's concern about Marty's truthfulness registers both principles at once. Marty's past infidelities haunt her present preoccupation with Marty's honesty not simply because, as Dr. Phil argues, "past behavior is the best predictor of future behavior," but also because, by omitting even the most trifling details about his whereabouts, Marty's "lie by omission" suggests to Erin that Marty is not being honest with *himself.* From Erin's perspective, this is a presentiment that Marty is not only being dishonest with her about more important matters – is there another affair or other secrets as yet unimagined? – but also leads her to suspect that Marty has not reformed himself, has not fully examined himself, and thus has not yet determined the causes and rationales for his past misdeeds. In other words, he has not yet accepted responsibility for his actions as a way to changing himself.

This episode is a paradigmatic of the *Dr. Phil* therapeutic model. It involves moments of truth, the designation of responsibility and a commitment to self-change. It is, in this respect, quintessentially disciplinary. And as a hallmark of the contemporary moment, we also see the ways in which the show aims to connect its lessons to the lives of its audience: it involves ordinary people dealing with extraordinary problems, for many of which they are themselves considered to be largely responsible. For Dr. Phil, Erin and Marty's problems can be reduced to one thing: lack of discipline. If they are to correct their problems and reform their lives, they must learn to be accountable and take responsibility for themselves.

The "Fat-Debate"

Individual responsibility also has a role to play in the cause of health. As a constant and intimate fact of everyday life, self-help TV forms an integral part of this system of bodily government. For Dr. Phil, as we saw in the previous examples, only those who are honest with themselves can take stock of the state of their minds and bodies. This is perhaps most true among guests who are considered overweight or obese. Though Dr. Phil is careful not to explicitly invoke the kind of moral discourse we saw in the previous example dealing with marital infidelity, it is nevertheless clear on the program that obesity is a problem of poor self-government, the consequence of bad eating habits and poor lifestyle choices. Implicit in this discourse is an equation of "fatness" with weakness, where weakness reflects on the nature of one's "soul." Dr. Phil's self-help paradigm – getting real, speaking truth and taking responsibility – thus applies to the problem of obesity just as it does to that of marital discord and drug abuse. Presumed in this model is the notion of the responsible citizen who will be able to moderate her pleasures through self-discipline and self-control and assign a proper regimen for herself and her family.

As we saw in the previous example, Dr. Phil offers his life-strategies to viewers primarily through counter-examples. By showcasing guests who are not, or are only improperly, taking care of themselves, Dr. Phil can teach viewers how they can improve their own lives and health through his examples. This was illustrated in an April 2010 episode called "The Fat Debate," on which a panel of "experts" appeared on the show to talk about the treatment of fat people. This panel included *The Biggest Loser* trainer and former add-on co-host of *The Doctors*, Jillian Michaels; MeMe Roth, president of the anti-fat organization National Action Against Obesity; Michael Karolchyk, owner of the military-style "tough love" Anti-Gym; Peggy Howell from the National Association to Advance Fat Acceptance; Marianne Kirby, joint author (with Kate Harding) of self-help publication *Lessons from the Fat-O-Sphere*; Erica Watson, comedian and star of the one-woman show *Fat Bitch* and reality TV star Kelly Osbourne, a new *Dr. Phil Show* contributor.[3]

This "fat debate" turned on several issues – such as: Are fat people entitled to the same or greater rights than those who are slim? Are fat people discriminated against and/or mistreated in American society? Are the rising numbers of overweight and obese Americans the cause of our spiraling health care costs? – all of which ultimately boiled down to the show's bottom-line message: self-discipline and individual responsibility.

During the first segment of this episode, Dr. Phil and his panel of experts explored the social and cultural treatment of those whom the show called "fat." On one side of the debate were MeMe Roth, Jillian Michaels and Michael Karolchyk who maintained that the US is facing an obesity epidemic unlike any other in its

history but that, regardless of the "soaring" numbers of obese adults and children, obese Americans are not discriminated against. "Americans have gotten so fat," Roth explained, "at this point the self-reported number is two-thirds of us are overweight or obese. That is how bad it has gotten" (*The Fat Debate* 2010). Similarly, fitness celebrity Jillian Michaels invoked the language of crisis to talk about the scope of this problem, saying "This is a crisis in our country, especially with our children, and adults need to set an example" (*The Fat Debate* 2010). Finally, boldest of all, Michael Karolchyk, who wore a T-shirt on the show that read "No Chubbies," took the argument the furthest by suggesting that America's obesity epidemic is at the heart of our health care and energy "crises," saying that "Nobody wants to address why these people keep getting larger and larger, costing us more money for health insurance, costing us more money in fuel costs, causing so many problems in our country. If nobody wants to address it, we're going to be talking about three airline seats in a couple of decades" (*The Fat Debate* 2010).

The obvious paradox of these claims was revealed by what these contributors didn't say, or, perhaps, tried to contest: that in making these statements, Roth, Karolchyk and Michaels were clearly not taking into account their *own* participation in the denigration of those with large bodies, as their often disparaging language and derogatory tone conveyed the very disgust and intolerance those on the "pro-fat" panel complained of. For instance, when the discussion turned to the then recent incident involving director Kevin Smith getting kicked off of an airplane for taking up two seats, Karolchyk asked, "Whatever happened to the skinny people who were offended when the person came over their seat? ... Fat bias? No. I believe skinny bias" (*The Fat Debate* 2010) Yet, in spite of these gaffes, the "anti-fat" panel took their cue from public health and medical officials who have argued that obesity is a growing public health problem that urgently needs to be addressed. In this vein, Karolchyk and Roth, though seething with disgust for their "pro-fat" opponents, attempted to present the issue in black-and-white terms of health and illness, drawing on public health statistics and medical data to support their claims that obesity is akin to disease while thinness is equal to health.

On the other side of the debate were Marianne Kirby, Peggy Howell and comedian Erica Watson. They also argued two (but also, ultimately, paradoxical) points. From their perspective, the obesity epidemic to which Roth, Michaels and Karolchyk referred was the product of media hype and a cultural obsession with thinness. Marianne Kirby, for example, argued that "the media has decided we're in the middle of a fat apocalypse… We have this obsession with bodies, especially famous people's bodies, and we examine them for any minute change" (*The Fat Debate* 2010). The group also argued that though the problem of obesity in America is overblown by the media, overweight Americans are systematically discriminated against. They are less likely to be hired or promoted, are more frequently denied loans, are more likely to receive substandard medical care and regularly experience what the Obesity Action Coalition calls relational victimization—

social exclusion, being ignored, avoided, or the target of rumours (Puhl 2011). In this regard, Peggy Howell specifically argued that "height and weight should be added to the anti-discrimination laws on a federal level," (*The Fat Debate* 2010) a position that undercut Howell's earlier denial of an obesity epidemic as an amendment to existing anti-discrimination laws would support the notion that in fact obesity is both pervasive and is a kind of illness condition akin to other forms of disability.

Putting the contradictions evident on both sides of the debate to one side, what seemed most apparent in the venom and emotion with which the panelists addressed one another was the sense in which fatness, however it is perceived, is not only a bodily condition, but also a moral one. Indeed, while Roth and Karolchyk took umbrage at the invocation of the word "discrimination" to talk about the treatment of overweight people, with Roth arguing that the term should not be applied to the overweight because "To believe that fat people are discriminated against, you have to believe that obesity is an innate state, like race, like sexual orientation," the acrimony with which Roth and Karolchyk talked about obesity suggested that, though not an innate state in and of itself, obesity is reflective of an individual's inner "nature" (*The Fat Debate* 2010). Rather than being manifest in sexual desire or, phenotypically, through skin color, the innate state of obesity is reflected through behavior: "It is not race or sexuality," Karolchyk insisted, "It is behavior…. "We don't hate fat people; we hate fat behavior. We don't like laziness" (*The Fat Debate* 2010).

Catching on to the moral implications of the debate, Dr. Phil explicitly asked Karolchyk if he thought someone who had previously been overweight became a "better person" through weight loss. Stammering and hesitant, Karolchyk responded that though he did not think the person was necessarily better, he did imagine that they were happier, "happier and healthier," he said. When Marianne Kirby wanted to know why the anti-fat panel thought that it was "morally imperative that [she] seek this magical solution to become thin?" (*The Fat Debate* 2010) Dr. Phil, in the show's moment of truth, opined that while body weight "isn't the sole indicator of health," it is an indicator, saying further that this was a matter of fact: " No matter how bad you want it to not be, no matter how politically correct or otherwise it may be, there is a risk factor associated with obesity" (*The Fat Debate* 2010). But if the goal of the show was simply to offer viewers (and the misled "fat" panel) the statistics and health risks associated with obesity, what was there to debate on the show?

In fact, at the heart of this "fat-debate" lay the same, implicit indictment of individuals whom the show imagines as irresponsible and dishonest as we saw was the case with Marty and Erin. Buried beneath the public health statics, medical jargon and statements of "fact," was another, subtler point about the morality and causation of obesity. This was made evident when Dr. Phil reframed the debate away from the way obese Americans are treated toward a discourse of choice,

pointing out that "There are two issues here. One is whether or not losing weight is going to precipitate a return to health and I don't think there's any question that losing weight, reducing your volume, is going to help that," adding further that "when you choose the behavior, you choose the consequences, but at some point, you have to make a choice to be as healthy as you can possibly be" (*The Fat Debate* 2010).

Yet even without Dr. Phil's saying so, the almost visceral fear and hatred demonstrated by the anti-fat position on the show pointed to the notion that obesity is the disease individuals choose. By failing to take care of themselves and/or exercise self-control and self-discipline, the obese represent a more dire threat to public health than drug addicts or alcoholics, for where drug and alcohol addiction are widely recognized for the blights that they are, obesity masquerades as an innocuous disease that, though it kills, kills slowly and unspectacularly, creating a drain on our wealth and resources, threatening our present and future productivity and, most alarming from this perspective, ruining the futures of our children. In his blog for this episode Dr. Phil makes this explicit, saying that he "worries about kids today for a lot of reasons":

> not the least of which is the fact that so darn many are getting overweight and out of shape. Today, one out of three children under the age of 12 is now considered medically overweight. And the tragedy is that we know that very few of those children ever lose that weight. Seventy percent of those children will become overweight and obese adults and endure all the problems both psychological and physical that come with it. Diabetes and heart disease are exploding among the overweight and obese – so much so that experts now say the lethal effects of obesity are literally greater than cigarette smoke. Are you hearing that? Today, obesity is our number one public health issue above all others (McGraw 2011).

Towards the end of the back-and-forth between the pro and anti-fat panelists on the show, MeMe Roth finally made explicit what had until then been implicit throughout. Referring to Marianne Howell's "pro-fat" movement, Roth suggested that Howell and others were leading the country down a slippery slope towards higher rates of illness and early death, asking "where the pro-fat movement is going to be when people need kidney donations or livers are failing, they become immobile. Where are they going to be 20 and 30 years from now?" (*The Fat Debate* 2010) While this statement was offered as an attempt to justify the vituperation with which obesity was talked about on the show by suggesting the "obvious" health risks fat people presented both to themselves and others, it also gave voice to the implicit notion that "fatness" is the consequence of irresponsible "fat behavior" for which only fat people should pay the price.

During the last segment of the show reality star Kelly Osbourne weighed in ostensibly to defend the "pro-fat" panel by directly comparing the problem of obesity to drug addiction, admitting that she "took more hell for being fat than for being a drug addict" (*The Fat Debate* 2011). At this point, the moral links between

drug addiction and obesity became clear. Osbourne further explained that her drug addiction was fueled by her poor self-image:

> I was a complete and utter drug addict from the age of 15, and I used drugs because I was insecure about the way that I looked, and then it became a vicious cycle. You feel like your whole life is falling apart when you're fat, because you don't fit into the same clothes that other girls do. You open up a magazine, you get told that you're fat. But the truth is there is no quick fix. If you want to lose weight, if you want to be healthy, you have to have a life change, not a diet. You have to change everything about your life and the way that you do things, in order to become the person you want to become, but finding that motivation is the hardest thing in the world (*The Fat Debate* 2011).

Although it was evident throughout the episode that Osbourne was taking a defensive tack, often siding with the "pro-fat" panel and criticizing Roth and Karolchyk for their insensitive approach to the issue, the substance of her arguments, summarized above, largely supported the anti-fat position. Like Roth and Karolchyk, Osbourne too placed a premium on individual responsibility, self-discipline and self-control. The problem of obesity, like drug addiction, could be traced to a waning ethic of the self; that is, a failure to be well and to stay well. From Osbourne's point-of-view then, while the derogatory language used to talk about those who are overweight is reprehensible, the problem as described by Roth and Karolchyk – that is, not obesity *per se*, but rather what Karolchyck called "obese behavior" – does indeed exist. Using kinder discourse and creating better accommodations for the large-bodied would not, from this perspective, address the core of the problem, which stems from an ethics of self in which the fundamental faculty of choice has become applicable toward protecting oneself from disease.

Thus the lesson viewers learn from this "fat debate" is that those who are "fat" or unhealthy have only themselves to blame. This reading is augmented by the corrective offered on the show: the only "medicine" for the health problems people face lies within the self – not simply through a modification of behavior and lifestyle, but also, as Osbourne suggested, by thoroughly reforming the self, committing oneself "heart and soul" to the project of embodied self-improvement.

The Missing Pieces

Of course, there were several other missing pieces to this puzzle about America's "obesity epidemic," the discourse of addiction and the problem of adultery – the most obvious of which was the absence of any clear biomedical definition of any of these terms. In fact, no attempt was made to parse out the medical, cultural and biosocial distinctions inherent in the concepts of addiction, obesity, health and/or illness. Rather these "problems of the self" took their meaning by being measured against the presumptive norms of the white European body (typically imagined as tall, slender and "hard") of middle-class status, thoroughly in control of itself.

Aside from failing to distinguish the medical and cultural meanings of "health," the show also avoided taking a broader socio-political analysis of illness as a potential *public* health issue stemming from social and economic inequalities rather than individual weakness. The show did not address what is perhaps the most glaring factor in the incidence of disease in the US today: the widening health and healthcare disparities between population groups. Indeed from a socio-political perspective, the "obesity epidemic," like the problems of addiction, is a problem of the social inequalities that exist geographically, economically and racially in the US. These divisions are largely the consequences of the way our private health care system is delivered as well as of growing income inequality in the US.

Yet, today's television experts rarely consider the economic and structural causes of illness. Rather than consider the fact that nearly fifty million Americans are without health insurance and those that do have medical coverage often have their medical claims denied, must go through laborious claim and appeal processes in order to get care and can be dropped by their insurers or have their premiums raised two-fold because they've gotten sick, they choose to focus on the individual, taking up a disciplinary ethic to teach guests and viewers how to help themselves. Even then, the distinction between health and wellness on one hand, and illness and disease on the other, rests largely on the ideals of a white, heteronormative middle class. The message we get from watching these shows is one of reform – not through social movement or political activism – but through the self.

Maryam El-Shall is an Assistant Professor of English at Jamestown Community College in Jamestown, New York. She earned a PhD and Master's of Arts in Comparative Literature at the University of California, Irvine, where she studied the theories of Michel Foucault in their contemporary application to television, contemporary illness memoirs and film. The preceding article formed a part of her doctoral dissertation, titled "Technologies of the Self in Popular US Culture, 1980-2010." E-mail: melshall@uci.edu

Notes

[1] The show's host – Oprah Winfrey – credited McGraw with helping her defeat the lawsuit brought against her by Texas cattlemen in 1995. The lawsuit alleged that Oprah knowingly made a false statement about the threats posed by the presence of Bovine Spongiform Encephalitis [BSA] – known popularly as 'mad cow disease' – in the American beef supply. After having learned about the effects of the disease on those who contracted it by eating tainted meat, Oprah said that she was "stopped cold from eating another hamburger." This statement precipitated what later came to be called the "Oprah crash" on beef futures and inspired a group of Texas cattlemen to sue Oprah, alleging that she had violated a Texas law forbidding

false public statements about agribusiness. Oprah won the case when it went to trial in Amarillo, Texas in 1998, on the basis of the First Amendment right to free speech. Dr. Phil McGraw had served as Oprah's court advisor throughout the trial, prepping her court testimony and serving as her personal life coach (see Dembling & Gutierrez 2003).

2   All quotes from this episode are taken from the transcripts of the show posted on the *Dr. Phil* website. See *A Family Divided: Marty's Confession, 2004* online: http://drphil.com/shows/show/333/ (accessed 04 August 2004).

3   All quotes from this episode are taken from the transcripts of the show posted on the *Dr. Phil* website. See *The Fat Debate 2010* online: http://drphil.com/shows/show/1438 (accessed 06 February 2012).

References

Andrejevic, Mark (2003): *Reality TV: The Work of Being Watched*, Lanham: Rowman and Littlefield.

The Dr. Phil Show (2004): *A Family Divided: Marty's Confession*: http://www.drphil.com/shows/show/333/ (accessed 04 August 2014).

The Dr. Phil Show (2010): *The Fat Debate*. Online: http://www.drphil.com/shows/show/1438 (accessed 06 February 2012).

Dembling, Sophia & Lisa Gutierrez (2003): *The Making of Dr. Phil: The Straight-Talking True Story of Everyone's Favorite Therapist*, New York: Wiley and Sons.

Donald, Mark (2000): 'Analyze this', *Dallas Observer*, 13 April 2000: http://www.dallasobserver.com/2000-04-13/news/analyze-this/full/ (accessed 31 December 2012).

Foucault, Michel (1976/1994a): *The History of Sexuality: An Introduction. Volume One* [Trans. Robert Hurley], New York: Vintage Books.

------ (1984/1994b): *The History of Sexuality: The Care of the Self. Volume Three* [Trans. Robert Hurley], New York: Vintage Books.

------ (2003): *'Society Must Be Defended': Lectures at the College de France 1975-1976* [Trans. David Macey], New York: Picador.

Gamson, Joshua (1998): *Freaks Talk Back: Tabloid Talk Shows and Sexual Nonconformity*, Chicago: University of Chicago Press.

Glynn, Kevin (2000): *Tabloid Culture:Trash, Taste, and the Transformation of American Television*, Durham: Duke University Press.

McCarthy, Anna (2010): *The Citizen Machine: Governing By Television in 1950s America*, New York and London: New Press.

McGraw, Phil (2011): 'Putting Obesity Out of Business' 14 May 2011, *Turning Point: Home of Dr. Phil's Official Blog*: http://blog.drphil.com/2011/05/14/putting-obesity-out-of-business/ (accessed 14 February 2012).

Milchman, Alan & Alan Rosenberg (2005): 'Michel Foucault: Crises and Problemizations', *The Review of Politics,* 67:2, 335-351.

Mittell, Jason (2003): 'Audiences Talking Genre: Television Talk Shows and Cultural Hierarchies', *Journal of Popular Film and Television*, 31:1, 36-46.

Nagel, Rob (2002): *U.X.L American Decades, 1990 - 1999*. Chicago: U.X.L. Publishing. [e-book]: http://ebookscentral.com/book/78399/u-x-l-american-decades- (accessed 24 December 2013).

Ouellette, Laurie & James Hay (2008): *Better Living Through Reality TV: Television and Post-welfare Citizenship*, Malden: Blackwell Publishing.

Puhl, Rebecca (2011): *Weight Discrimination: A Socially Acceptable Injustice*:
http://www.obesityaction.org/educational-resources/resource-articles-2/weight-bias/weight-discrimination-a-socially-acceptable-injustice (accessed 12 February 2012).

Web.archive.org (2013): *About Empower America*:
http://web.archive.org/web/20030622093625/www.empoweramerica.org/stories/storyReader$2 (accessed 24 December 2013).

Looking Like People; Feeling Like People:
The Black Body, Dress and Aesthetic Therapy
in the Caribbean

By Marsha Pearce

Abstract

In the Caribbean, the practice of getting dressed matters because it is a practice of attending to the body. Under a colonial regime, black bodies were ill-treated and selves were negated. Clothing played an instrumental role in the abuse of bodies and the stripping of a sense of wellbeing. Attire was one key way of demarcating master and slave and rendering some members of society null and void. Enslaved Africans, who were forcibly brought across the Atlantic to the New World, were considered chattel or commodities rather than people and clothes functioned in a way that reinforced that notion. Yet, dress became a strategy of subversion – of making chattel, property or 'non-people' look like people. The enslaved recognised that, through clothes, it was possible to look and feel free. Today that legacy remains. Clothing is seen not only as that which can make a people 'look like people' but also feel like people – clothing sets up a specific structure of feeling. This paper pivots on notions of looking and feeling like people while deploying Joanne Entwistle's conceptual framework of dress as situated bodily practice. The article locates its investigation in the Caribbean, examining the philosophy and practice of Trinidadian clothing designer Robert Young. The article establishes him as a source of aesthetic therapeutic solutions in the Caribbean. It argues that his clothing designs produce a therapeutic discourse on the Black Caribbean body – a discourse, which facilitates a practice of getting dressed that gives a sense of agency, self-empowerment and psychic security even if that sense is embodied temporarily; lasting perhaps only as long as the garment is worn.

Keywords: Dress, clothing, Caribbean, black body, therapy

Introduction

> The planters… distributed minimal European-style clothing and cheap cloth…to differentiate themselves from their slaves… Planters sought to civilize their African slaves but only to a point: the slaves had to remain controllable, and their clothing could not be above their status (Buckridge 2004).

> Besides its unparalleled magnitude, the other particularly shameful aspect of the [Atlantic slave] trade… is that plantation slavery turned people into chattels (Lee 2002).

Getting dressed is a practice of attending to the body. It is a practice that matters in the Caribbean, a region with a colonial past characterised by the ill treatment of bodies. Under a colonial regime – which spanned the mid-17th century to the 19th century – the corporeal punishment visited upon enslaved Africans was brutal. Bodies were flogged, branded, raped and mutilated. Physical violence was routine. In writing about the cruelty of enslavement Brereton notes that a 'heavy cartwhip was routinely carried by the slave drivers in the field, to be casually applied to the bodies of the workers (male and female) as a spur to labour' (2010: 4). Clothing also played a role in the abuse of the body. Higman describes how clothes fit into the life of the enslaved in the former British Caribbean and, in doing so, he reveals a link between attire and bodily trauma: According to him:

> The standard allowance of clothing was unlikely to survive the long hours worked by slaves in all weathers. It rotted rapidly. Thus, field slaves frequently wore only 'a mere rag round their loins' while at work, keeping what clothing they had for other occasions… Very often slaves wore their daily clothes to bed, even when wet (Higman 1995: 224-225).

Clothing was used to distinguish between master and slave (Buckridge 2004; Miller 2009). Garments were an instrumental part in a system of plantation slavery that, in Debbie Lee's words, 'turned people into chattels' (2002: 18). Black bodies were deemed property. Yet, as Orlando Patterson argues, it is not enough to say that bodies were property because anyone can be the object of a power and property relation (1982: 21). Patterson notes, for example, that:

> … an American husband is part of the property of his wife. We never express it this way of course, for it sounds quite ghastly. Nevertheless, in actual and sociological terms a wife has all sorts of claims, privileges, and powers in the person, labor power and earnings of her husband (1982: 22).

Patterson insists that the property concept in slavery must be invoked with specificity, that is, with the understanding that the enslaved were a 'subcategory' of owned objects (1982: 21). Therefore, when Lee observes that the Atlantic slave trade turned people into chattel or property, she actually pinpoints a turning of people into a subcategory where the prefix 'sub' suggests a relegation to a state of inferiority – to a position that is lower or less than people.

Today a legacy of a dichotomy between people and sub-people remains in the Caribbean and clothes are bound up in that schism. I was born in the 1970s in the Anglophone Caribbean island of Trinidad. I was raised on the island. Whenever I dressed my black body and my mother felt that I had presented myself well she

would declare: 'You look like people'. And, I would feel – even if only in some small way – validated while simultaneously questioning my personhood. Was I not always a person? Could clothes elevate my being? My mother's words betray a historical disorder of the self in the Caribbean; they are evidence of the capacity of clothing to remedy sometimes-unconscious feelings of a lack of self-worth and lift a person to the ontological status of 'somebody'. If clothing can participate in mistreatment – in stripping people status – then clothes can also function in therapeutic ways that refashion people and foster self-empowerment. According to Entwistle, 'dress in everyday life is always more than a shell, it is an intimate aspect of the experience and presentation of the self' (2000: 10).

A re-articulation and re-presentation of self can be traced back to colonialism. Clothing became a strategy of subversion in the colonial era – a tactic of making sub-people look like people. Monica Miller writes about how sartorial semiotics was part of the transition process from slavery to freedom. She notes: 'Slaves stole clothing not only because it was portable or their only material possession, but also because better clothing allowed them to pass more easily for freemen' (2009: 92). Through clothes it was possible to look and feel free. Clothing therefore is seen not only as that which can make a people 'look like people' but it is also that which can give psychic security; clothes can also make a people feel like people – clothing sets up a specific structure of feeling.

This article pivots on notions of looking and feeling like people while deploying Joanne Entwistle's conceptual framework of dress as situated bodily practice. This framework acknowledges 'the complex dynamic relationship between the body, dress and culture' (2000: 11). The article locates its investigation in the Caribbean, examining the philosophy and practice of Trinidadian clothing designer Robert Young.[1] Data is drawn from personal communication with the designer along with responses from some of his clients. What is worthy of note in the discussion is Young's idea of spirit wear: the notion that in dressing the body we also attend to and treat the psyche or spirit in a certain way. The article posits that his creative work is a kind of bodily practice that is situated in the socio-cultural context of a colonial heritage of disempowerment and feeling bad about self. If, as Nettleford observes, 'the Caribbean creative artist has long addressed himself to the negation of that negation-of-self which he knows is the essence of colonial domination' (2003: 169), then I insist that Young situates his designs in that essence and promotes a bodily practice that seeks to remedy or negate the 'negation-of-self'.

The article asks the question: what are the sources for therapeutic solutions, which can rewrite discourses of self-empowerment? It responds to this enquiry by aiming to establish Robert Young as a source of aesthetic therapeutic solutions in the Caribbean. It argues that his clothing designs produce a therapeutic discourse on the Black Caribbean body – a discourse, which facilitates a practice of getting dressed that gives a sense of agency, self-empowerment and psychic security even

if that sense is embodied temporarily; lasting perhaps only as long as the garment is worn.

The Black Body and Aesthetic Therapy

> The status quo tells us that we are not whole, that we are less than – so we dress up to counteract that. As a designer you cannot ignore how the black body has been perceived. It can't be just about style: give women sex appeal and men status. I am trying to create my own script of what a human is without the trappings of a suit or skimpy dress. My work tackles imperialism; it addresses internalised colonialism. My philosophy is about self-validation through clothes (Robert Young, personal communication, February 2013).

How can clothing literally and figuratively re-dress body and self-perceptions informed by the past? In the *History of Mary Prince: A West Indian Slave* – first published in 1831 – Prince recounts her own experiences of enslavement in the Caribbean and the savagery inflicted upon black bodies. In her description of the torture and eventual death of a fellow slave named Hetty, she tells of the capacity of somatic trauma to linger in the present. She writes:

> One of the cows had dragged the rope away from the stake to which Hetty had fastened it, and got loose. My master flew into a terrible passion, and ordered the poor creature to be stripped quite naked, notwithstanding her pregnancy, and to be tied up to a tree in the yard. He then flogged her as hard as he could lick, both with the whip and cow-skin, till she was all over streaming with blood. He rested, and then beat her again and again. Her shrieks were terrible. The consequence was that poor Hetty was brought to bed before her time, and was delivered after severe labour of a dead child. She appeared to recover after her confinement, so far that she was repeatedly flogged by both master and mistress afterwards; but her former strength never returned to her. Ere long her body and limbs swelled to a great size; and she lay on a mat in the kitchen, till the water burst out of her body and she died. All the slaves said that death was a good thing for poor Hetty; but I cried very much for her death. The manner of it filled me with horror. I could not bear to think about it; yet it was always present to my mind (2000: 7).

With this brutality still 'present' in the minds – even if unconsciously so – of those living in the contemporary space of the Caribbean, Robert Young deploys his clothing designs as a therapeutic solution. He attempts to make an aesthetic intervention by stitching up wounds that still burden body and psyche.

To understand Young's reparative endeavour and the way in which I am using the term aesthetic therapy requires attention to the notion of aesthetics. The word aesthetics comes from the Greek 'aisethetikos' meaning perceptible things. This definition can be sharpened by looking at what Levinson (2003) sees as the foci of aesthetics. According to Levinson, aesthetics focuses on a perceptible quality or what he calls 'a certain kind of *property*, *feature*, or *aspect* of things' (2003: 3; emphasis in original). The concept of aesthetics also revolves around the perception of 'a certain kind of…*experience*' (ibid; emphasis in original). These two focal points are important for making sense of how Young attends to the Black Caribbean body through his creative practice, but they require further unpacking.

A Certain Kind of Quality

I will first consider the idea of 'a certain kind of property, feature or aspect'. The aesthetic qualities, properties or features of creative objects, like clothing, can be distinguished from non-aesthetic qualities. Emily Brady understands this distinction as the difference between response-dependent qualities and primary physical qualities (2003: 18). The primary physical or non-aesthetic qualities are those of the object's form, like line, shape and volume. Aesthetic qualities are response-dependent and they supervene on or are determined in part by non-aesthetic qualities. For example, the paintings by North American visual artist Jackson Pollock have the aesthetic qualities of power, dynamism and lyricism by virtue of his treatment of form, that is, his arrangement of spattered lines and dripped paint on canvas. We perceive an aesthetic quality of ornateness in the work of Austrian artist Gustav Klimt because of his concentrated use of shapes in the form of swirls, curlicues and arabesques. Objects come to have aesthetic or response-dependent qualities because of non-aesthetic or primary physical qualities.

The response-dependency of aesthetic qualities may suggest that those qualities are highly subjective but Brady insists that we should not be dissuaded 'from ascribing objectivity, if limited, to [aesthetic qualities], since it is possible to identify a shared basis for judgements within many cultures, and in some cases a cross-cultural shared basis' (2003: 19). There can be agreement on what is regarded as an aesthetic quality. In his overview of the topic of aesthetics, Levinson identifies an open-ended list of aesthetic qualities generated from a consensus view:

> … there is substantial convergence in intuitions as to what perceivable properties of things *are* aesthetic…beauty, ugliness, sublimity, grace, elegance, delicacy, harmony, balance, unity, power, drive, elan, ebullience, wittiness, vehemence, garishness, gaudiness, acerbity, anguish, sadness, tranquility, cheerfulness, crudity, serenity, wiriness, comicality, flamboyance, languor, melancholy, sentimentality' (2003: 6; emphasis in original).

Therefore, in addition to a dependency on non-aesthetic qualities, aesthetic qualities are determined by – or they are responses to – culture. If an aesthetic quality can have a shared cultural basis; if 'aesthetic qualities draw on the conditions and situation of both the subject and object' (Brady 2003: 19), then what aesthetic quality might be perceptible in the clothing designs of a designer operating within a context or situation characterised by a legacy of colonialism and the attendant breaking down and abasement of the black body? What might black Caribbeans, as subjects of Young's work, who share a history marked by a culture of violence, perceive?

Some of Robert Young's clients offer answers. In talking about Young's garments, Gillian Moor, a Trinidadian journalist, singer and songwriter, shares the aesthetic qualities that are perceptible to her. In doing so, she not only illustrates her response to the non-aesthetic/physical qualities of his work, she also articulates how a cultural situation informs the way she reads and interprets his clothes.

She states: 'Robert Young's clothing makes me feel happy and confident. The bold designs and colours make a loud statement that contradicts the imposed meekness we've been taught as colonial people' (personal communication, August 2013). Moor pinpoints aesthetic qualities of elation and self-assurance. Ruth Osman Rose, a Guyanese-born performing artist based in Trinidad, echoes Moor's sentiments: 'Young's use of bright colours and the playful ways in which he combines them, as well as his use of interesting textures and shapes, make me feel vibrant, unique, confident and good about myself' (personal communication, January 2014).

Answers from Moor and Osman Rose suggest that Young's clothes carry out a function. Nick Zangwill (2001) uses the term aesthetic functionalism to argue that creative objects serve the function of manifesting and sustaining aesthetic qualities – cheerfulness, boldness and so on. Creative objects, with their aesthetic properties, can touch our spirit. In other words, they can function beyond their own physical materiality with metaphysical consequences, which he insists can be beneficial to us. Zangwill notes: 'We care about art and the survival of particular works because we care about the role that works of art are charged to perform. We care about works of art and their survival because we care about their aesthetic properties' (2001: 127). He proposes that creative works can elicit aesthetic qualities that matter to our wellness. He asserts: "Aesthetic Functionalism is metaphysically healthy' (2001: 147). I invoke his idea here and I deploy it in the sense that creative objects – clothing in the case of this article – can stir aesthetic qualities, which can perform the function of therapy, that is, aesthetic properties can do work that is antidotal and salutary. Clothing can function as a therapeutic solution that goes beyond the materialities of cotton, lace and satin, for example, to impact the health of both the body and an inner sense of being. Wendell Manwarren, a Trinidadian actor and musician, speaks about the way Young's garments function for him: 'Young's clothing fits my spirit and sits well on my self and affords me to express myself as myself time and again' (personal communication, January 2014). Manwarren's use of the words 'sits well on my self' summons ideas of well-being.

Of note, is the particular recuperative function that Robert Young's clothing designs enact. His work is distinguishable by the technique of appliqué, which has specific primary, physical or non-aesthetic qualities. In his clothes, bits and pieces of fabric are sutured together to make a composite of strong needlework lines and areas of vivid shapes (see figures 1 & 2). These non-aesthetic/physical qualities along with a context in which black bodies were broken, and in many instances disintegrated, make it possible to perceive in his clothing designs, an aesthetic quality of restoration or recuperation. Manwarren's views help elucidate the capacity for recovery that is connected to Young's work. According to him: 'Out of bits and pieces and scraps of cloth, [Robert Young] creates great works of beauty. Out of seeming nothing [Young] makes something' (personal communication,

January 2014). The idea of nothing becoming something signals a key point of engagement in this article: that of 'a no*body'* becoming 'some*body.'* I give deliberate emphasis to 'body' here as a means of maintaining a linkage between the somatic dimension, clothing and acts of dressing. Young's designs reflect an effort to bring together fragments and restore shattered bodies like that of Hetty as well as the splintered psyches of those living in the Caribbean today. Young's work is a literal and metaphoric reassembling of parts to make a whole. Yet he does not seek to conceal the scars. Instead, he reframes them as rows of stitching, which emphasise ideas of repair and mending.

Figure 1. Robert Young's designs. Images courtesy Arnaldo James.

Figure 2. Appliqué details by Robert Young. Photographs by author.

With his clothes he treats the body. His clothing and the aesthetic quality of restoration perform the task of building structures in which black bodies can feel a sense of wellbeing for, as Entwistle writes: 'Dress is the way in which individuals learn to live in their bodies and feel at home in them…dress in everyday life cannot be separated from the living, breathing, moving body it adorns' (2000: 7 & 9). If dress and body are inseparable, then by sewing together bits and pieces Young also stitches together a fractured sense of self and sews up corporeal pain. In reflecting on his context and work, Young describes the situation in which he practices and recalls feedback from clients:

> We have a terrible history of darker bodies. Dress in a postcolonial place carries so much messages with the different bodies that wear clothes – who the person is and so on. People talk about how good they feel when they are wearing the clothes I have designed. It is affirmation of self. My work is about restoring our relationship to ourselves (personal communication, February 2013).

A Certain Kind of Experience

Notions of aesthetics are bound up with certain kinds of qualities or features but they are also concerned with a certain kind of experience. Aesthetic experience can be approached from internalist and externalist viewpoints. An internalist stance considers the features of experience, in other words, it is a perspective, which attempts to find what is common in experiences such that they might be labelled aesthetic. Proponents of internalism ask: what is in an experience that makes it an aesthetic one? Yet, criticism by those like George Dickie (1965) have shaped the debate on aesthetic experience by insisting that an internalist approach fails to distinguish between the features of experiences and the primary physical qualities we perceive in creative objects. Therefore, in contradistinction to the internalist take, an externalist view foregrounds the experience of the primary

physical qualities or the formal elements of creative objects: line, shape, mass, colour and so on.[2] The configuration or form of the creative object, then, feeds our experience. In *The Aesthetic Point of View* Beardsley argues that aesthetic experience is the experience of form. We return once again, then, to non-aesthetic qualities for the realisation of aesthetics. Non-aesthetic qualities not only help determine aesthetic qualities, they can also give rise to aesthetic experiences.

The formal components of Robert Young's clothing: his tendency toward strikingly bright colours and forms with large volume furnish an experience of greatness – the wearer embodies the force of those formal elements and, as Young explains, the clothes can arouse an experience of wanting to exude a radiance that is more intense than the garments themselves: 'While wearing them, my clothes force or push you to be brighter than the clothes' (personal communication, February 2013). With a legacy of the restraint and suppression of black bodies, the reimagining and refashioning of clothing as a means for bodies and people to shine, is significant.

His generous use of fabric to produce clothing silhouettes or forms that are sizable creates an experience of self-awareness or self-notice; an experience of calling attention to self – an experience in which attention is directed at the wearer. His designs give prominence to bodies once regarded as chattel or sub-people; bodies in which the idea of inferiority has been passed on like genetic code. What Young calls his 'attention skirt', is one example of a design that occupies space in a way that draws gazes (see figure 3). Young describes the piece: 'I use plenty fabric – sixteen yards – to make that skirt and it does not pass your knee' (personal communication, February 2013). According to the designer, his clothing creates a 'look meh' experience;[3] one that he insists is not about arrogance but rather, an experience in which the clothes allows the wearer to articulate, as he puts it: 'Look at me. I am a whole human being' (personal communication, February 2013). Young talks about the psychological therapy or remediation that his clothing undertakes:

> My clothing is either something you like or you have a discomfort with it because it shows you up too much and you have to be ready for that. My work lets you be seen in a different kind of way – amazement perhaps. My clothing assumes that bodies need to be celebrated and thought about in a different kind of way. Experiencing my clothes is not like putting on a typical suit. A suit is a different business. A suit is a pretence. You look like a smart man[4] or politician but you don't have to defend that look as much. With my clothes, you have to defend, for example, a Nehru jacket with colourful appliqué on it. When you have to do that you become aware of and appreciate your body and your being. In this way, my clothes have an un-colonising nature (personal communication, February 2013).

Figure 3. Robert Young's Attention Skirt. Image courtesy Arnaldo James.

The matter of creating clothes that can make the wearers have an experience of looking like people and feeling like people is strongly encapsulated in his stained glass window dresses – designs in which the form is composed of vibrantly coloured pieces of fabric (see figure 4). They are conspicuous garments. Young shares that fellow Trinidadian clothing designer Nigel Eastman calls these designs the 'Who-she-feel-she-think-she-is? Dress' (personal communication, February 2013). It is noteworthy that Eastman uses the word 'feel'. Clothes can set up a structure of feeling. These dresses can make the wearer look and feel like 'somebody' and when they clothe a black body they can incite indignation, in other words, they can provoke the viewer to ask – as Eastman's title of the dresses sug-

gests – how dare she transgress a subordinate ontological state established by history and elevate herself to the category of 'people'? Robert Young's creative practice operates within this mentality and languaging where the black body is still understood and spoken about in ways that denigrate it. His work responds to that context by attempting to treat it. He observes: 'Even our language brings each other down so there must be clothes that address that' (personal communication, February 2013).

Figure 4. The Who-she-feel-she-think-she-is? Dress. Image courtesy Arnaldo James.

Spirit Wear as Therapy

Key to Robert Young's deployment of clothing for validating bodies and making wearers feel better about themselves is his idea of spirit wear. Young proposes that in treating the body through dress, one can attend to the spirit of the person. He notes that despite the visibility of flesh, we may conceptualise ourselves as primarily spirit: "My idea of spirit wear considers ourselves as spirit in the first instance – I am offering that as a possibility through my clothing' (personal communication, April 2013). He draws inspiration for this concept partly from the way dress is understood in the philosophy of the Spiritual Baptist Faith in the Caribbean – specifically, the Spiritual Baptist religion, which has an Orisha orientation.[5]

This strand of religious practice combines Christianity with Black African tenets. It is a syncretic religion born within the colonial context of contact among Europeans and Africans in the Caribbean. Members of the faith wear what are called spiritual clothes, which they believe can do the work of defending the spirit from supernatural attack. While serving as protection, the garments worn by Spiritual Baptists are also believed to do the work of psychotherapy. For example, in her study of Spiritual Baptists, Carol Duncan observes:

> … the head-tie serves as a visible sign of identity of a Spiritual Baptist woman, and it can function…in curative and restorative ways…the head-tie [is used] to signify a binding of the head as a securing of the woman's consciousness. This practice is reminiscent of African-American Yoruban priestess and spiritual counselor Iyanla Vanzant's entreaty to "save yourself' by holding the head with one hand on the forehead and the other at the back of the head during a potentially consciousness-changing moment such as contentious, heated exchanges…. I interpret this gesture as a symbolic act of "holding the head,' which is akin to using the head-tie to quite literally 'keep it together' in potentially 'mind-blowing' situations (2008: 237-238).

The colour of the clothing worn by Spiritual Baptists is also symbolic. Colours can invoke the power or energy of African deities and their Christian counterparts. In his examination of African religions in Trinidad, Frances Henry talks about sacred colours. Red, for instance, can be associated with the African deity known as Ogun, the god of war or his Christian equal, Saint Michael. Red is also connected to Saint Jerome or the African deity Shakpana who drives away disease (Henry 2003: 22&24). Robert Young injects this insight into his clothing. He shares: 'Colour is significant in Orisha business. Vibrations and messages are transferred from colours. I try to pull that tradition into the clothes I design' (personal communication, February 2013).

Echoes of Spiritual Baptist dress are evident in Young's work. For example, he uses red to tie the waist in a manner that is similar to that of the garments of Spiritual Baptist women (see figure 5). In adorning the body, the colour red is used as battle armour, which can embolden and strengthen the spirit, making a person feel safe and poised to conquer whatever life brings. Young describes the impact of his clothes: 'My clients say that when they put on my clothes they feel strong, secure

and self-assured' (personal communication, February 2013). Through his referencing of Spiritual Baptist black tradition – a tradition, which emerged in the Caribbean – Young demonstrates dress as situated bodily practice; he connects dress and bodies, understood as spirit, to a specific culture. By using clothing to lift the spirit or boost self-confidence, Young points to a spiritual dimension to looking and feeling like people. The application of clothes to the body constitutes an administering of therapy to the spirit.

Figure 5. A Spiritual Baptist church member and one of Robert Young's designs.
Images courtesy Arnaldo James.

Robert Young's concept of spirit wear also attempts to rescue dress in the Caribbean from attachments to the specialised category known as resort or cruise wear – a clothing style that connotes 'maillots and caftans to fill the steamer trunks of wealthy women sailing off for winter holidays'; a style 'inspired by leisure time' (Mistry 2010: n.pag.). For Young, the notion of resort wear is tied to what he sees as servitude: the attending to vacationers at recreation sites in a way that reverberates with the corporeal subjugation of a colonial past. Tourists become the present-day 'people', while bartenders and waitresses in tropical places like the Caribbean slave away under a neo-colonial order. According to Young, resort wear does not acknowledge the bodies that live and work in the Caribbean. Young explains his view:

> Spirit wear is reactionary. It responds to the idea of resort wear. For me, resort wear
> is an assumption of what is worn in an island like ours but it is a definition that

comes from those who do not live in our islands. Resort wear is not even for us to wear – our day-to-day life is not resort living. Resort wear does not cater to and recognise us. It is for people coming here [to the Caribbean], from a Northern metropolis, to relax, to rest. Resort wear is dress to lie on a beach or drink a cool beverage. We do rest on beaches but that is not a full reality of who we are. Spirit wear takes into consideration those who live in the Caribbean; it takes into consideration their resilience in the face of a genocidal past and their zest for life (personal communication, April 2013).

If resort wear is for 'people' – that is, for persons visiting the Caribbean for leisure and pleasure – then Young's work is a remedy or counter argument that makes Caribbean inhabitants look and feel like people through clothing that attempts to attend to the fullness of the spirit of who they are: a multidimensional spirit that transcends fun in the sun.

Conclusion

This article has tried to demonstrate dress as a means of rewriting a script or discourse of self-empowerment and wellbeing. It links the notion of 'people' to ideas of confidence, security and feeling good about self. By specifically examining the work of Trinidadian clothing designer Robert Young, the article posits him as a source of therapeutic solution for recasting a structure of feeling about black bodies in the Caribbean. It establishes Young's aesthetics of dress, not as a commercial fad but rather as a bodily practice that is embedded in a history and culture that calls for treatment with a look and feel – a context that requires an aesthetic therapy. Young aptly sums up the idea of clothing as a mediating, reparative force: 'I have deliberately thought about clothes and the kind of intervention I can make with bodies in this [Caribbean] space because those who live here want to look and feel a certain way' (personal communication, February 2013).

Dr. Marsha Pearce holds a PhD in Cultural Studies. She is based at the University of the West Indies, St. Augustine Campus, where she teaches in the Department of Creative and Festival Arts. Her research interests include visual culture and the intersections of art, Caribbean identity and representation. E-mail: marsha.pearce@gmail.com

Notes

1   Robert Young lives and works in the Caribbean island of Trinidad, where he has been prac-
     tising as a clothing designer since 1986. He designs under the label called *The Cloth*
     [www.facebook.com/theclothcaribbean].
2   There have been some attempts to move the idea of aesthetic experience beyond the bounda-
     ries of form. Yet, James Shelley (2013) has described those efforts as 'formalism-and' and
     'formalism-or' theories, where form still receives attention to differing degrees.
3   'Meh' is the Trinidad English Creole way of spelling and pronouncing the word 'me.'
4   In Trinidad, a smart man is someone who is cunning or deceptive – someone involved in
     fraud, usually in the context of white-collar crime or corruption.
5   The Orisha religion in Trinidad is derived from religious beliefs among the Yoruba people of
     Nigeria. Orisha is part of a strand of the Spiritual Baptist Faith in Trinidad. Stephens (1999)
     notes that the Spiritual Baptists in Trinidad – and the sister island of Tobago – have devel-
     oped in different directions. One strand insists that it is entirely based on Christianity. A sec-
     ond strand weaves Christian, Cabalistic, African and Hindu beliefs. What Stephens identifies
     as a third strand, combines Roman Catholicism with a strong Orisha slant. It is to this third
     strand that I refer in this article.

References

Beardsley, Munroe (1982): *The Aesthetic Point of View*, Ithaca: Cornell University Press.
Brady, Emily (2003): *Aesthetics of the Natural Environment*, Edinburgh: Edinburgh University Press.
Brereton, Bridget (2010): 'The Historical Background to the Culture of Violence in Trinidad and Tobago', *Caribbean Review of Gender Studies*, 4, 1-15.
Buckridge, Steeve O. (2004): *The Language of Dress: Resistance and Accommodation in Jamaica 1760-1890*, Kingston: University of the West Indies Press.
Dickie, George (1965): 'Beardsley's Phantom Aesthetic Experience', *Journal of Philosophy*, 62:5, 129-136.
Duncan, Carol (2008): *This Spot of Ground: Spiritual Baptists in Toronto*, Waterloo: Wilfrid Laurier University Press.
Entwistle, Joanne (2000): *The Fashioned Body: Fashion, Dress and Modern Social Theory*, Cambridge: Polity Press.
Henry, Frances (2003): *Reclaiming African Religions in Trinidad: The Socio-Political Legitimation of the Orisha and Spiritual Baptist Faiths*, Kingston: University of the West Indies Press.
Higman, Barry William (1995): *Slave Populations of the British Caribbean 1807-1834*, Kingston: University of the West Indies Press.
Lee, Debbie (2002): *Slavery and the Romantic Imagination*, Philadelphia: University of Pennsylvania Press.
Levinson, Jerrold (2003): 'Philosophical Aesthetics: An Overview', Jerrold Levinson (ed.): *The Oxford Handbook of Aesthetics*, Oxford: Oxford University Press, 3-24.
Miller, Monica (2009): *Slaves to Fashion: Black Dandyism and the Styling of Black Diasporic Identity*, Durham: Duke University Press.
Mistry, Meenal (2010): 'The Little Season That Could', *WSJ Magazine*:
http://magazine.wsj.com/people-ideas/the-little-season-that-could/ (accessed 16 January 2014).
Nettleford, Rex (2003): *Caribbean Cultural Identity*, Kingston: Ian Randle Publishers.
Patterson, Orlando (1982): *Slavery and Social Death: A Comparative Study*, Cambridge: Harvard University Press.

Prince, Mary (2000): *The History of Mary Prince: A West Indian Slave, Related by Herself*, Chapel Hill: University of North Carolina: http://docsouth.unc.edu/neh/prince/prince.html (accessed 24 April 2013).

Shelley, James (2013): 'The Aesthetic', Berys Gaut and Dominic McIver Lopes (eds): *The Routledge Companion to Aesthetics*, Oxon: Routledge, 246-256.

Stephens, Patricia (1999): *The Spiritual Baptist Faith: African New World Religious Identity, History and Testimony*, London: Karnak House.

Zangwill, Nick (2001): 'Aesthetic Functionalism', Emily Brady & Jerrold Levinson (eds): *Aesthetic Concepts: Essays After Sibley*, Oxford: Oxford University Press, 123-148.

Inner Peace and Global Harmony:
Individual Wellbeing and Global Solutions
in the Art of Living

By Stephen Jacobs

Abstract

This paper explores the discourse in the Art of Living (AOL), a Hindu derived transnational meditation movement, which suggests that solutions to global problems are best addressed at the individual level. Ethnographic fieldwork, qualitative interviews and an analysis of published material suggest that the primary concern of the AOL is the reduction of stress and anxiety for the individual practitioner. This reduction of stress not only means that the individual practitioner develops 'inner peace', but also contributes to global harmony. AOL is an exemplar of 'therapeutic solutions', which are characterized by disillusionment with established institutions and a quest for inner meaning. AOL articulates this therapeutic solution, not only in terms of narcissistic needs, but links this quest for inner meaning to wider social and global concerns.

Keywords: Art of Living, spirituality, theodicy, Hinduism, meditation

Introduction

This paper is an exploration of the therapeutic discourse of the Art of Living (AOL). While AOL (2013a) represents itself as 'a not-for-profit, educational and humanitarian NGO (Non-Governmental Organisation) engaged in stress-management and service initiatives' it is problematic to categorise AOL. It can be considered to fall within a number of different categories, all of which indicate some aspect of AOL, but no single descriptor can fully capture this complex global movement. For example AOL can be considered as a self-help movement, a type of meditation, a new manifestation of Hinduism, and a globalised NGO concerned with a variety of social problems. There are three interrelated ways of characterizing AOL: a Hindu-inspired meditation movement (Williamson 2010); alternative spirituality (Heelas 1996 and 2008; Heelas & Woodhead 2005; Partridge 2004 and 2005); and a therapeutic discourse (Rieff 1966; Moskowitz 2001; Illouz 2008).

While participants[1] will assert that AOL is not Hindu, there is no doubt that some of the practices are derived from Hindu traditions. Consequently Williamson's concept of Hindu-inspired meditation movement is useful in locating AOL. Williamson (2010: 4) indicates that: 'while the religion of Hindu-inspired meditation movements certainly wear some of the garb of Hinduism, Western traditions of individualism and rationalism also influence the style and ethos of these movements'. AOL can also be understood in terms of Paul Heelas's concept of 'self-spirituality'. Heelas (1996: 2) identifies self-spirituality as a large and disparate number of movements which suggest that, 'the initial task is to make contact with the spirituality that lies within the person'. The term spirituality is often used in AOL discourse. For example the founder and figurehead of AOL Sri Sri Ravi Shankar[2] (1999: 2) suggests, 'Essentially this quest – Who am I? What is my nature? – is the beginning of the spiritual journey'. However for Sri Sri Ravi Shankar spirituality is not solely about the spirituality within the individual, but is also implicated with social justice. Sri Sri Ravi Shankar (2011a) suggests, 'Spirituality can bring social change. It is spirituality that can bring a sense of responsibility'. By therapeutic discourses, I mean those discourses that are based on what Nicholas Rose calls 'psy' which includes psychiatry, psychology and cognate disciplines which explain our existence as 'individuals inhabited by an inner psychology that animates and explains our conduct' (Rose 1998: 3). 'Psy' has not remained confined to the cantonment of professional practice, but as Eva Illouz (2008) observes has infiltrated many aspects of popular culture. Consequently problems are represented as our own inner failings and the teleology of existence is considered to be personal self-fulfillment. Rieff (1966: 12) argues that therapeutics propose techniques 'with nothing at stake beyond a manipulatable sense of well-being'. For example, the new International AOL centre in North Carolina

USA[3] is called the Centre for Meditation and Well Being and offers 'self-development and wellness programs' (Art of Living 2013b).

AOL was founded by Sri Sri Ravi Shankar in 1981. It is now a global network, claiming to have a presence in over 150 countries. The primary practice of AOL is a rhythmic breathing technique known as *sudarshan kriya*,[4] which according to the AOL official blog, 'facilitates physical, mental, emotional, and social well-being' (Art of Living Universe, 2010). Sri Sri Ravi Shankar (2013) explains:

> Su means proper, darshan means vision and kriya is a purifying practice. The Sudarshan Kriya literally means a purifying practice, whereby one receives a proper vision of one's true self. The practice is instrumental in creating a sense of harmony in the body, mind and spirit.

Sudarshan kriya is promoted as a way of becoming stress free and improving the quality of life. However, this sense of subjective wellbeing and the possibility of improving the quality of life for the individual are articulated with global concerns. One of the major tropes of the AOL is that developing one's own individual and internal wellbeing will contribute to solving global problems. The practices taught by the Art of Living will have a transformative effect on the individual practitioner, which inevitably has a positive impact on the world at large – inner peace will bring about global harmony. Conversely, AOL has also developed an ethos of concern for others, which manifests in the discourse of service. This discourse of service suggests that helping others has therapeutic benefits. Working towards global harmony contributes to a sense of subjective wellbeing. In other words AOL suggest a fundamental interconnection between the inner life of the individual and the external social environment. Creating a sense of harmony at the level of body mind and spirit concomitantly transforms the social and global context and visa versa in a mutually reinforcing dynamic.[5]

A theme that comes up again and again in AOL literature, in the discourses of Sri Sri Ravi Shankar, and in conversation with participants is the suggestion that AOL is concerned with fundamental human values. When asked why she thought that AOL managed to attract people from very different cultures, a senior teacher who now travels around the world suggested:

> Because it [the techniques of AOL] works. Fundamentally it is universal knowledge, universal values. The whole thing is based on universal wisdom and essential human values. All cultures, creeds and whatever have a resonance with that.

Lola Williamson in her discussion of Hindu-inspired meditation movements suggests that these movements lie 'combine aspects of Hinduism with Western values ' and consequently lie 'at the conjunction of two world views' (2010: ix). This synthesis of Hindu ideas and Western values can be identified in AOL. On the one hand the repetition of Hindu *mantras*, devotional singing (*kirtan)* and the use of various hand gestures (*mudra*) are all significant aspects of AOL practice. Every Monday morning on the ashram in Bangalore a complex Hindu ritual, called *Rudra Puja,* is performed. *Sudarshan kriya,* the core practice of AOL, is a type of

pranayama (literally control of the breath), which is a central feature of what might be called traditional yoga. On the other hand Western concepts of individualism and rationality are also significant tropes in AOL discourse. Furthermore, many of the Hindu derived aspects of AOL have largely been disconnected from the quest for liberation from the wheel of transmigration and metaphysical speculation, and re-articulated in terms of reducing stress. For example the AOL website suggests the rationale for performing *Rudra Puja* in the following terms:

> The world is a play of energy: negative and positive. When we pray to Shiva – the Lord of transformation – the entire negative energy around us in form of disease, depression, and unhappiness gets transformed into peace, prosperity and joy. Then peace surrounds us in body, mind and soul. (Art of Living, 2013c)

This interpretation of the *Rudra Puja* can be linked to the subjective turn in modern culture. The subjective experience of 'peace, prosperity and joy' is what validates the performance of the ritual, and not the sacred hierarchy in which the deity Shiva is regarded as an external and transcendent form of authority.

Creating a Sense of Individual Wellbeing

The proliferation of self-spirituality, in what Heelas and Woodhead (2005) have identified as a 'spiritual revolution' is linked to the concepts of the autonomous self, individual choice, and personal fulfillment. These concepts can be subsumed under the generic term individualization, which Zygmunt Bauman (2000: 31) suggests, 'consists of transforming human identity from a "given" into a "task"'. This task of identity making has produced what Ulrich Beck and Elisabeth Beck-Gernsheim (2001: 7) have termed 'a tyranny of possibilities'. This tyranny of possibilities seems to have given a particular urgency to the perennial questions of 'who am I and what do I want'. At the same time there has been a general disillusionment with the traditional institutions and ideologies, which in the past had provided credible responses to these existential questions. This has created a context for what Beck and Beck-Gernsheim (2001: 7) have identified as 'a market for answer factories'. Many of these answer factories are purveyors of therapeutic solutions to the existential anxiety raised by the fundamental and perennial questions of identity and meaning. The term therapeutic solutions suggests a gamut of techniques proposed by the various answer factories that are solely intended to produce a sense of wellbeing. This sense of wellbeing is often couched in terms of being in harmony with both one's inner self and the world. These therapeutic answer factories, exemplified by movements such as AOL, can be seen as a response to what Kieran Flanagan (2007: 5) has called 'the limits of disbelief'. The subjective turn and the disillusionment with grand-narratives have been instrumental in prompting individuals who feel isolated and alienated in this postmodern context to seek alternative providers of meaning, connection and authority.

The therapeutic solutions offered by groups such as AOL, which although de-rived from the Hindu religious tradition, tend to downplay the quest for liberation. Consequently, as Philip Rieff (1966: 16) points out 'therapeutics requires no doc-trine' and the credo of therapeutics 'I feel' has superseded the 'I believe' of reli-gions. Personal experience, rather than faith, validates the therapeutic. Many members of AOL, for example report that they had very powerful experiences on doing *sudarshan kriya* for the first time, and/or suggest that AOL has transformed their lives. One senior teacher who has been an active member of AOL for over seventeen years indicated that her first experience of doing *sudarshan kriya* made her feel 'more and more myself' and that she felt 'very beautiful from inside and so comfortable with myself'. These feelings were not something that she had had at any other point in her life. After this experience she went on to do a five-day meditation course, which involved keeping absolutely silent. She observed that after taking this course:

> Something in me was getting more and more pure, more and more open and clearer.
> I can now understand things better, I am able to handle situations better. I am not
> getting carried away with my emotions, which I used to. So I was finding a concrete
> change within myself.

Furthermore, she indicated that other people observed a change for the better in her. Later on as a teacher in AOL, like many of the other teachers I spoke to, she indicated that she noticed transformations in many of the people that she taught. As with many of the holistic activities discussed by Heelas and Woodhead (2005: 29) the focus of AOL practice is 'on enhancing the quality of subjective life'.

Look through the literature and listen to what participants say about AOL, and you are very hard pressed to find any clear doctrine. In fact one could argue that the doctrine of AOL is anti-doctrine. A full time committed member from South Africa who was working on the ashram in Bangalore told me:

> I have never ever in all the years [that I have been involved in AOL] heard a teacher
> say 'you have to believe this or you have to follow this'… The beauty of AOL is
> that there is no indoctrination, there are no rules.

The emphasis is on technique, rather than doctrine. The Sanskrit term *sadhana*, which in Hinduism traditionally refers to the practices and disciplines required to achieve liberation from the cycle of transmigration, is used by AOL to indicate the techniques to transform life in the here and now. One AOL teacher typically sug-gested that AOL is not about belief but that, 'regular and consistent practice does change the way that you think and feel for the better'. Later on she suggested, 'it is not my goal to get enlightened. I am doing this because right now here in this lifetime those moments of complete bliss are so wonderful'.

The attenuation of doctrine and the emphasis on practice are associated with the idea that AOL is not a religion, but spirituality. Religion is associated with institutional forms, and is often regarded as anachronistic, irrelevant and hypocrit-ical, whereas spirituality is articulated in terms of personal authentic experience.

This suggestion that religion is about external practices and therefore rather superficial, while spirituality signifies the core values that underlie all religions is a common theme in those therapeutic solutions that can be said to have a religious dimension. Sri Sri Ravi Shankar in a frequently cited aphorism suggests that, 'Religion is like the banana skin and spirituality is the banana. People have thrown away the banana and are holding onto the skin' (Sri Sri Ravi Shankar 1999: 3). Consequently AOL can claim to transcend all religious differences and be relevant to people of all faiths and none. However as Jeremy Carette and Richard King (2005: 31) point out, the term 'spirituality' is 'a vague signifier that is able to carry multiple meanings without any precision'. Certainly, from talking to participants in AOL and reading their literature, the idea of spirituality tends to be rather vague. Expressions like 'spirituality is being comfortable with your self' as one informant suggested, or as another participant indicated, 'spirituality is the sense of who you are and your connection with the bigger picture', are commonly used.

There is a clear correlation between discourses about spirituality and what Christopher Lasch (1991: xvi) has termed 'psychological man', who is 'haunted not by guilt but by anxiety. He seeks not to inflict his own certainties on others, but to find meaning in life'. A central question is to what extent is 'psychological man', haunted by anxiety and on a therapeutic quest, purely a narcissistic individual only concerned with his or her own wellbeing? Many commentators suggest that the answer factories that fall under the generic, albeit vague, rubric of spirituality are simply manifestations of consumer culture selling therapeutic solutions to alleviate anxiety, and that this is ultimately the antithesis of a Durkheimian understanding of religion as binding people into a coherent moral community.

Jeremy Carrette and Richard King (2005) argue that New Age Spiritualities are no more than another type of transnational capitalist corporation simply selling a product. The good life is achieved through consumer products, which not only includes the latest technological gadgets, the most effective beauty products, exotic holiday destinations, and the most in vogue style, but also the latest fad in therapeutic solutions. These therapeutic solutions are simply selling products in response to the consumer mantra 'Because You're Worth It' as the *L'Oréal* advertisements constantly remind us. Steve Bruce (2006: 43) argues that these New Age Spiritualities not only fail to challenge the inequalities of society, but fundamentally do not transform the individual – the banker who practices yoga and meditation still is a banker (with his/her excessive pay). Carrette and King argue that spirituality can be characterized as '*cultural prozac*' that only provides 'transitory feelings of ecstatic happiness' but fails to address 'the underlying problem of social isolation and injustice' (2005: 77).

There are many answer factories that sell therapeutic solutions as another product that will solely make the consumer feel better about themselves, in the same way as purchasing a shampoo or new car are marketed as making us feel

good. There are Ayurvedic spas offering to pamper you. You can purchase meditation machines that promise an easily achievable state of deep meditation by listening to recorded sounds through headphones and simultaneously looking at pulsating lights while wearing glasses equipped with LEDs. There is definitely a market for quick fixes for the perceived stresses of modernity. AOL promotes itself as a technique for eliminating stress. One gets involved in AOL by going on one of their many courses, which are sold as 'practical wisdom for improving the quality of life' (Art of Living, 2013d).

AOL runs numerous courses,[6] none of which are particularly cheap. One first has to take the introductory course, which is called 'The Art of Breathing', but recently rebranded as 'The Happiness Course'. In this course, which is generally lasts two and a half days, participants are taught the technique of *sudarshan kriya*. Having undertaken the introductory course it is then possible to take a number of what AOL calls 'Graduate Courses'. The Art of Silence Course is a four or five day residential course held in one of the AOL centres. Most of this course is held in silence, which 'provides optimal conditions for going deep within, quieting our mental chatter and experiencing deep rest and inner peace' (Art of Living 2013e). 'The Art of Meditation Course', which is also known as Sahaj Samadhi Meditation, which 'almost instantly alleviates the practitioner from stress-related problems' (Art of Living 2013f). At the end of these courses it is emphasized that the course is not simply a one-off, but that one should repeat the courses on a regular basis[7].

AOL also has a vast commercial enterprise. Through its various websites and outlets AOL sells a wide range of products. There is an ever-expanding literature produced by AOL. This literature includes: discourses by Sri Sri Ravi Shankar; his commentaries on various Hindu texts such as the *Bhagavad Gita*; and confessional biographies by devotees which recount how the author's life has been transformed through participating in AOL.[8] AOL produces and markets CDs of Hindu devotional music, many of which have been rearranged in more contemporary musical forms. For example AOL have produced a CD entitled *Cosmic Trance: Bhajans for Youth*, which sets Hindu devotional songs and chants to an electro dance beat. CDs of guided meditations and yoga DVDs are also available. The DVD of *Sri Sri Yoga* indicates on its back cover: 'Energize your body, relax your mind with this short and powerful 20 minute sequence of Yogasanas'. AOL also produces a range of ayurvedic products and cosmetics. *Ojasvita*,[9] for example, which is a chocolate-flavoured herbal energizer drink, is promoted as giving 'power and vitality'.[10]

While there clearly is an aspect of the 'Because You're Worth It' syndrome in AOL discourse, I will argue in the rest of the paper that AOL is not merely a therapeutic consumer product, or cultural prozac to use Carrette and King's term, sold to make individuals feel good about themselves, but can inspire some members to actively engage with the world. This concern for others may be identified as en-

gaged spirituality. This term derives from the concept of engaged Buddhism, which suggests that 'the transformation of the self and the transformation of the world [are] indivisible' (Network of Engaged Buddhists 2013). Engaged spirituality leads to a collective sense of identity that cultivates a community of believers and can contribute to creating a sense of obligation to those outside of the community.

In order to argue that AOL constitutes a mode of engaged spirituality, and to dispute the simple cultural prozac hypothesis of Carette and King, which would suggest that participation in AOL is no more than the purchase of transitory wellbeing, I will refer to Colin Campbell's concept of theodicy. Campbell (2007: 166) defines theodicies as 'cultural systems that specifically serve to meet the universal human need for meaning at the highest level'. Campbell argues that theodicies have both 'a cognitive component', which is a systematic explanation of reality, and also 'an emotional component'. Theodicies are not only about sense-making, but also about feeling. Campbell (2007: 167) suggests that:

> Theodicies typically offer a framework of meaning that enables individuals both to experience catharsis and, more specifically, to translate such negative feelings as fear, anxiety, and despair into positive ones of calm, confidence, optimism, and contentment.

These two components of theodicies can clearly be identified in AOL discourse. AOL teaching clearly has a cognitive component linked to the emotional component. For example, Sri Sri Ravi Shankar (2006: 14) suggests that, 'Many people have a problem of letting go of control, causing anxiety, restlessness and soured relationships'. So here Sri Sri provides an explanation for anxiety and a formula for emotional catharsis. Through the practices (*sadhana*) of AOL the participant will feel less need to control the external context, and therefore transform the negative emotions of anxiety and restlessness into a sense of wellbeing, and consequently will be able to establish better relationships with others.

Campbell goes on to suggest that 'people desire meaningful experiences in addition to a meaning for their experiences' (2007: 168). Clearly *sadhana*, as a set of therapeutic practices in AOL provides meaningful experiences for the individual participant. Many participants in AOL suggest that life before AOL did not have much meaning, and that their involvement with AOL provided something that was missing in their lives. A member of AOL who now works full-time on the ashram in Bangalore, indicated that a few years previously he reflected on his life as a successful creative writer for a major advertising company. This reflection led to him thinking that there must be more to life than work, marriage and children. This informant had taken the Part One Course, and was doing some volunteer work for AOL in his spare time. He suggested that his participation in AOL 'was giving him more happiness than the small cubicle that I was sitting in [at work]'. He reflected that at the time he felt that he needed 'to do something more con-

structive, more fulfilling, more satisfying, and this [full time participation in AOL] gave me that'.

Campbell also suggests that theodicies have a moral component and some indication of how to act in the world. This suggests that meaningful experiences are not only about individual personal transformation, but also can include an urge to 'put the world to rights'. Campbell argues 'that this need is, in turn, closely correlated to have proof of one's own significance' (2007: 168). Effective theodicies 'Supply a credible interpretation of life's vicissitudes while also providing a purpose, that is to say, it will be experienced as both convincing and *inspiring* (Campbell 2007: 170).[11] This purposive and moral dimension of theodicies finds expression in AOL discourse in what members and the literature refer to as *satsang*, which roughly translates as 'good company' and '*seva*', which can be translated as 'service'.

A Global *Satsang:* The Communal Aspect of AOL

Satsang, although a traditional Hindu practice, has become increasingly significant in many contemporary Hindu and Hindu-inspired meditation movements. *Satsang* has three interconnected connotations: being in the company of the *guru*, the association with fellow devotees, and a group of people gathered together for devotional purposes. The third connotation indicates a congregational aspect to Hinduism, and is a prevalent practice in many contemporary Hindu ashrams (see Jacobs 2010: 44-45). Every evening on the AOL ashram at Bangalore there is a *satsang*, which consists of devotional singing and a discourse, normally based around Hindu texts. Many AOL events are promoted as *satsangs*. In May 2011 an event was held in a Hindu temple and community centre in Birmingham, UK with one of the senior AOL teachers, which was advertised as 'Satsang with Rishi Nityapragya'. The flyer indicated that the event would be, 'Life transforming practical wisdom, deep blissful meditation as soul stirring melodies'. Rishi Nityapragya is regarded as one of the best singers in AOL, and the evening consisted of a short talk about the nature of happiness, singing of Hindu devotional songs (*bhajans*) and a question and answer session. The event finished with a short guided meditation.

The communal aspect of *satsang* brings into play Durkheim's functional understanding of religion as binding individuals into a single moral community. A great deal of emphasis is placed on the concept that AOL is 'a one world family', and that it has centres in more than 150 countries. Many committed members of AOL indicate that they feel a connection with other members of AOL, no matter where they are from. This sense of a collective identity was exemplified in the 30th Anniversary of AOL, held in Berlin in July 2011. Superficially the Berlin event was like any world music festival such as WOMAD, with performances by musicians and dancers from various parts of the world, and food tents serving

various national cuisines. A number of artists sang traditional Hindu devotional songs, but often in a Western style. One of the most popular was an Argentinean duo called the *So What,* who organise what they call Yoga Raves.[12] *So What* performs Hindu devotional songs utilising various western popular musical conventions, such as dance beats and hip-hop.[13] *So What's* vision is that their performances, in Berlin and other venues:

> Will bring the spiritual element back to celebration and the way we have fun, offering a drug free alternative for our youth to gather and release their energy and tension. In the words of Art of Living Founder Sri Sri Ravi Shankar, 'from the intoxiction that depletes the energy to intoxication that brings enlightenment'. (Yoga Rave, n.d.)

The World Culture Festival was designed as a grand spectacle. It was a rather ambitious, but deeply symbolic strategy to use the Berlin Olympic Stadium, which has the capacity to accommodate over 110,000 people. AOL in the promotional material on the web indicated that they anticipated 70,000 people to attend. It was an unusually cold, wet and windy July, and often the stadium looked less than a quarter full. However, AOL claim that 50,000 people attended the event (Nambiar 2011: 3). The other spectacular aspects of the event were various performances such as a grand guitar ensemble with 200 guitars, and a hoped-for 1,000 people participating in a Bulgarian folk dance.

On another level the World Cultural Festival was a New Age gathering focused on self-spirituality. A compère in one of the world pavilions where music and dance performances were taking places introduced the acts with a plethora of therapeutic aphorisms such as: 'Feel connected to your inner silence. This inner silence is the core of our being. It connects us all. Do you feel connected to each other?'. There was a yoga pavilion, where attendees could take lessons in yoga and meditation. Numerous flyers were handed out advertising all sorts of holistic therapeutics, such as the Love Peace Harmony Institute, which offered to 'awaken the healing power of the soul'; New Age Travel companies offered Ayurvedic vacations etc. There was also a large marquee selling DVDs, CDs and books about AOL.

On a third level, the World Culture Festival resembled a quasi-political rally. In between the cultural performances in the main arena there were numerous speeches by various dignitaries. These speeches all stressed the way in which AOL brings harmony at an individual and a global level. For example, Professor Ruud Lubbers, a former Prime Minister of the Netherlands suggested that:

> All people of this world are connected to each other and to nature in its magnificent diversity. We all have a common destination and that is to live in harmony with ourselves, with our neighbourhood, with all peoples and with nature. (Lubbers 02/07/2011)

What these three aspects of the World Culture Festival – the cultural, the spiritual and the quasi-political – all had in common was an emphasis that global security

was contingent upon inner harmony. *Sadhana* – the therapeutic practices of AOL is not only presented as the ultimate panacea for individual existential anxiety, creating a subjective sense of wellbeing, but also is regarded as the foundation for curing global ills. *Sadhana* is therefore perceived to operate on three interconnected levels of being – the individual, the community of believers and the global. *Satsang* could therefore be said not only to encompass the moral community in the Durkheimian sense, but also implicitly suggests a much more universally inclusive sense. The implication is that if you connect with your own inner self, you will realize the innate connection that you have with all of creation. Therefore AOL *sadhana* not only creates an individual sense of wellbeing, but also is instrumental in evoking the concept of a global *satsang,* expressed in terms of 'a one world family'.

Seva: Concern for Other's Wellbeing

This link between the subjective existential sense of wellbeing with the global environment is captured by a comment made in an interview with a senior member of AOL in the UK: 'When you feel happy within yourself and more at ease with life, and you are less stressed, you are more inclined to naturally want to help other people'. This observation alludes to the third important aspect of AOL praxis, which is called *seva*, which Gwilym Beckerlegge (2006: 1) defines as 'religiously motivated service to humanity'. Although the term *seva* originally referred to service in and for a temple, and Beckerlegge (2008: 783) suggests was virtually a synonym for ritualistic offerings to a temple image known as *puja,* it has now acquired a connotation of charitable work.

The concept of religiously motivated service can be traced to two ancient Hindu antecedents. First are the criticisms of Hindu society by the religious poets and mystics such as Kabir (1398-1448) who were founders of a diverse set of groups, which are collectively referred to as the *bhakti* movement. Despite the great diversity of these groups, all suggest that liberation is available to all regardless of caste or gender. Some commentators have argued that the *bhakti* movement acted as an important stimulus for a demand for social justice (see Beckerlegge 2006: 8). The second antecedent for the perception of *seva* as service to humanity is the concept of *karma yoga*. The idea of *karma yoga,* which is most clearly articulated in the important Hindu text *The Bhagavad Gita,* suggests that actions should be performed for their own sake and not for the hope of any reward. However Swami Vivekananda (1863 -1902), who founded the Ramakrishna Mission, was the first important Hindu advocate of organized service to humanity as central to the religious life (see Beckerlegge 2006). Since the active and organized involvement of the Ramakrishna Mission in humanitarian projects at the end of the nineteenth century, *seva* as signifying philanthropic and charitable activity, and as an inher-

ent aspect of spiritual practice (*sadhana*) is now central to most Hindu and Hindu-inspired meditation movements.

In AOL *seva* is regarded as an important dimension of *sadhana* and has two aspects. The first aspect pertains to service to the organisation itself. This includes doing some sort of chore. For example when you do the Advanced Course at the International HQ in Bangalore, all participants are expected to do some work – normally either in the kitchen or helping clean the accommodation. *Seva* also includes teaching courses and any of the tasks required to maintain and expand a complex multi-national organization. However, *seva* also involves various charitable ventures. In 1997 Sri Sri Ravi Shankar founded a sister organisation to AOL called the International Association for Human Values (IAHV), which styles itself as an international humanitarian and educational NGO. The mission statement of IAHV describes itself as 'a global platform for humanitarian initiatives that solve problems by uplifting human values' (IAHV 2012). It does this through a number of projects, most of which are primarily promoted in terms of reducing stress for various groups, such as soldiers returning from war, prisoners, victims of natural disasters and school children.

For example, the *YES for Schools* project is characterised as 'breathing life into education'. It offers young people 'practical tools and life skills to manage stress and emotions'. *YES*, which is an acronym for Youth Empowerment Seminar, involves going into schools and running a thirty-hour course. The course has three aspects focusing on a healthy body, a healthy mind and a healthy lifestyle. Under the heading of a 'healthy mind' the *Yes for Schools'* web site (2011) indicates that it teaches 'Targeted breathing techniques that reduce stress, anger, anxiety and depression; improve focus and concentration; and enhance learning ability'. *Yes for Schools* proposes 'Changing our schools one student at a time'. In other words social change and wider changes are contingent upon individual transformation, which is achieved through the techniques of AOL.

AOL, and in particular the sister organization IAHV are involved in bringing practical benefits to people in disaster areas around the world. IAHV projects include providing material aid and care for victims of disaster such as the Haiti earthquake in 2010 and Hurricane Katrina in 2005. Many of the crisis interventions also involve development projects, such as rebuilding schools, and creating community gardens for growing food. However, the main focus is on alleviating trauma and reducing stress through teaching AOL techniques. According to Sri Sri Ravi Shankar (2012b), 'Unless the trauma is released, food and medicines will not work. People cannot eat or sleep because their mind is full of the terrible tragedy that has befallen them'. In a similar vein the European director of *Prison SMART* (Stress Management and Rehabilitation Training), the IAHV programme that works with offenders pointed out that in a recent survey of prisoners in a pilot project in a UK prison over 90% of the prisoners who took the programme reported that they felt hopeful about their future and over 70% indicated that they were

now better at controlling their tempers.[14] At the annual meeting of IAHV UK volunteers held in London in January 2014, the director indicated that making a significant change in the inner lives of individual prisoners had the potential to make a significant transformation in the prison environment and make a major contribution in reducing the likelihood of reoffending. Consequently there is a clear connection between the amelioration of stress at the individual level and the transformation of society.

Seva is not only about service to others, but also has therapeutic benefits. Sri Sri Ravi Shankar suggests that the more you serve other people the happier you yourself will feel, conversely 'if your goal is just to please yourself, depression is sure to follow' (Sri Sri Ravi Shankar 2006: 62). In response to a question about how to improve one's experience of meditation Sri Sri Ravi Shankar responded:

> If you are not having good experiences in meditation, then do more *seva* you will gain merit and your meditation will be deeper. When you bring some relief or freedom to someone through *seva*, good vibrations and blessings come to you. *Seva* brings merit; merit allows you to go deep in meditation; meditation brings back your smile. (Art of Living 2013g)

One of the exercises that participants are asked to do on the introductory course is to perform 'a random act of kindness'. This involves performing some small altruistic act in a spontaneous way, preferably for a stranger. When the course reconvenes, participants are asked about how they felt about this task, and it is suggested that although an altruistic task should be carried out without any expectation it can create a sense of wellbeing.

Conversely one must feel good about oneself in order to be able to serve others. For example the mission statement of the IAHV (2006) suggests 'that unless the individual's spirit is lifted, one cannot be an instrument for positive change in society'. This suggests a dialectic relationship between individual wellbeing and social service: feel good about yourself and you will be naturally be inclined to help others, serve others and you will feel better about your self.

Conclusion

AOL has grown into a highly successful transnational movement. One of the reasons for its success is that its anti-doctrine doctrine is clearly commensurate with the postmodern disillusionment with grand narratives. However, as Campbell (2007: 168) argues, there seem to be innate human compulsions to imbue life experiences with meaning and at the same time to seek meaningful experiences. For many people neither traditional forms of religiousness nor science seem to supply adequate narratives to explain the vicissitudes of life or provide meaningful experiences. Disillusionment with both traditional sources of meaning and the institutions of modernity has led to what Roof (1999: 9) describes as an 'effusive quest culture' in which increasing numbers of people seek meaning and meaningful

experiences in alternative arenas. In response to this 'effusive quest culture' there has been a proliferation of answer factories that aim to provide both credible responses to existential concerns and significant experiences for the individual. Many of these answer factories, such as AOL, may be considered as theodicies, supplying both meaning and meaningful experiences in the face of a perceived tyranny of possibilities where the 'melting power' of modernity (Bauman 2000: 6-7) has dissolved all certainty.

Those theodicies that have a quasi-religious dimension can be classified in terms of what Heelas (1996) has identified as self-spirituality. Self-spirituality can be understood as a form of therapeutics which promotes various techniques that promise the individual a sense of personal fulfillment and wellbeing. Many people, particularly after the romanticisation of Eastern culture by the counter-culture, turned East (see Cox 1979) to find various therapeutics techniques in yoga and meditation, and this led to the proliferation and popularity of Hindu-inspired meditation movements. However it is simplistic to view these movements, as Carrette and King (2005: 87) have suggested as only 'colonising and commodifying Asian wisdom traditions', in order to enable the individual to feel better about themselves physically and/or psychologically. While the quest for liberation and complex metaphysical speculation are often very attenuated in these therapeutically orientated Hindu-inspired meditation movements, individual wellbeing is not the exclusive or necessarily the predominant preoccupation of participants. Movements such as AOL might be classified as engaged spirituality, which perceive that individual wellbeing and global harmony are inherently linked. In AOL, the concepts of *satsang* (community) and *seva* (service to others) evoke a sense of connection and ethical concern for others, not only in the Durkheimian sense of a moral community, but in the global sense encapsulated in the AOL maxim of 'a one world family'.

Two factors contribute to the success of AOL as a theodicy for many seekers of meaning and meaningful experiences. Firstly, AOL operates at both an individual and global level, suggesting solutions to both individual existential needs and global concerns. Secondly, AOL provides these personal and universal solutions without fixing these solutions within a rigid grand narrative. AOL functions as a symbolic resource that enables people to select whatever aspects suit their personal disposition. AOL discourse enables the devotee to be both the pampered individual and altruistic global citizen. You can do this by being a Hindu, a Muslim, a New Ager or even an atheist without compromise as AOL claims to transcend and include all particularities of culture and faith. Consequently, AOL can be perceived as a therapeutic solution that provides a range of practices that can provide a renewed sense of belonging and purpose in the uncertainty of the postmodern context. It creates a sense of belonging through a reinterpretation of the Hindu concept of *satsang*. The notion of *satsang* is not so much a community of believers, but a transnational network of practitioners, who share a vision of a 'stress

free violence free society'. Purpose is provided through a reinterpretation of the concept of *seva*, in which helping others help themselves, ultimately contributes not only to creating a better world, but also to the individual's wellbeing.

Stephen Jacobs is a Senior Lecturer in Media, Religion and Culture at the University of Wolverhampton. His academic background is in Indian Religions, and in particular modern manifestations of Hinduism. He has published a textbook on contemporary Hinduism – *Hinduism Today.* Currently he is interested in the convergence of religion and popular culture, and has published articles on media and religion. His research is primarily ethnographic, and he is currently engaged on a long-term ethnographic study of the important Hindu derived meditation movement – Art of Living. E-mail: s.jacobs@wlv.ac.uk

Notes

[1] There is a problem of determining the best term for people who engage with AOL practices, and indeed there is no consensus in AOL – some people feel that they are devotees, followers, or believers while others suggest that they are members. Rather than trying to coin some obscure neologism, I will simply use the neutral and deliberately vague term 'participant', with the implication that different individuals participate in AOL in quite different ways.

[2] Not to be confused with the famous sitar player Ravi Shankar. There are some anecdotal accounts that suggest that Sri Sri Ravi Shankar uses two honorifics to distinguish himself from the musician.

[3] The property and over 300 acres of land in the Blue Ridge mountains were purchased by AOL in 2011 and was formally inaugurated by Sri Sri Ravi Shankar in 2012.

[4] I have not used the academic convention of using diacriticals for transliterations of Sanskrit terms, but have used the transliteration and spelling adopted by AOL.

[5] My thanks to one of the anonymous reviewers for this suggestion.

[6] For more details about these courses see my forthcoming book *The Art of Living Foundation: Spirituality and Wellbeing in the Global Context*. Ashgate (2014).

[7] At the end of the Art of Silence Course that I attended in August 2011 in Bangalore, the teacher asked participants how many Art of Silence Courses participants had attended – a great cheer went up for an individual person who had participated in more than twenty Art of Silence courses. The teacher then indicated that we should attend an Art of Silence Course every six months.

[8] See for example Fischman, M . (2010) *Stumbling into Infinity*. Gautier, F. (2007) *The Guru of Joy*.

[9] Ojas is a Sanskrit term that roughly translates as spiritual energy – it is particularly used in yoga to refer to the energy created through sexual abstinence.

[10] For a full list of AOL products see the online store at http://www.artoflivingshop.eu/

[11] My emphasis.

[12] See http://www.myspace.com/sowhatproject and http://www.yogarave.org/us/

[13] There is a long tradition of synthesising Eastern devotional music and western popular music. For example *Mustt Mustt*, a CD released in 1990, is a collaboration between the Sufi singer Nusrat Fateh Ali Khan and the Canadian composer and guitarist Michael Brook. World music festivals often have artists who play devotional music as performance. Purna Das Baul, a musician in the Bengali devotional tradition known as the Bauls, is very popular on the world

music circuit at festivals like WOMAD. However musicians like Nusrat Fateh Ali Khan and Purna Das Baul, although they come from devotional traditions, record and play to entertain Western audiences. In other words, the music becomes an aesthetic rather than a religious performance.

14 The statistical data from this survey can be found in The Prison SMART UK 2013 report available at www.iahv.org.uk

References

Art of Living (2013a) 'Overview': http://www.artofliving.org/uk-en/about-us/overview. (accessed 27 March 2013).

Art of Living (2013b) 'The New International Centre for Mediation and Well Being': http://www.artofliving.org/us-en/new-international-center-meditation-well-being. (accessed 27 March 2013).

Art of Living (2013c): 'What is Rudra Puja?': http://www.artofliving.org/in-en/shivratri-rudra-puja (accessed 27 March 2013).

Art of Living (2013d): 'Art of Living Courses': http://www.artofliving.org/fj-en/art-living-courses (accessed 27 March 2013).

Art of Living (2013e): 'The Art of Silence: Part Two Course': http://www.artofliving.org/uk-en/art-silence-part-ii-course-0 (accessed 27 March 2013).

Art of Living (2013f): 'The Art of Meditation Course': http://www.artofliving.org/uk-en/art-meditation-course-sahaj-samadhi (accessed 27 March 2013).

Art of Living (2013g): 'Frequently asked Questions on Meditation': http://www.artofliving.org/faqs-meditation (accessed 27 March 2013).

Art of Living Universe (2010): 'Sudarshan Kriya': http://sudarshankriyaa.blogspot.co.uk/2010/03/what-is-sudarshan-kriya.html (accessed 27 March 2013).

Bauman, Zygmunt (2000): *Liquid Modernity*, Cambridge: Polity Press.

Beck, Ulrich & Elisabeth Beck-Gernsheim (2001): *Individualization: Institutionalized Individualism and its Social and Political Consequences*, London: Sage.

Beckerlegge, Gwilym (2006): *Swami Vivekananda's Legacy of Service: A Study of the Ramakrishna Math and Mission*, New Delhi: Oxford University Press.

------ (2008): 'Sevā', Denise Cush, Catherine Robinson & Michael York (eds): *Encyclopedia of Hinduism*, London: Routledge.

Bruce, Steve (2006): 'Secularization and the Impotence of Individualized Religion', *Hedgehog Review*, 8:1-2, 35-45.

Campbell, Colin (2007): *The Easternization of the West: A Thematic Account of Cultural Change in the Modern Era*, Boulder: Paradigm Publishers.

Carrette, Jeremy & Richard King (2005): *Selling Spirituality: The Silent Takeover of Religion*, London: Routledge.

Cox, Harvey (1979): *Turning East: The Promise and Peril of the New Orientalism*, London: Allen Lane.

Eck, Diana (1985): *Darśan: Seeing the Divine Image in India*, Chambersburg: Anima.

Fischman, Michael (2011): *Stumbling into Infinity*, New York: Morgan and James.

Gautier, François (2007): *The Guru of Joy: Sri Sri Ravi Shankar and The Art of Living*, London: Hay House.

Flanagan, Kieran (2007): 'Introduction', Kieran Flanagan & Peter C. Jupp (eds): *A Sociology of Spirituality*, Aldershot: Ashgate.

Heelas, Paul (1996): *The New Age Movement: The Celebration of the Self and the Sacralization of Modernity*, Oxford: Blackwell.

------ (2008): *Spiritualities of Life: New Age Romanticism and Consumptive Capitalism*, Oxford: Blackwell.

Heelas, Paul & Linda Woodhead (2005): *The Spiritual Revolution: Why Religion is Giving Way To Spirituality*, Oxford: Blackwell.

Illouz, Eva (2008): *Saving the Modern Soul: Therapy, Emotions, and the Culture of Self-Help*, Berkeley: University of California Press.

International Association for Human Values (IAHV) (2012): 'About Us': http://www.iahv.org/about-us (accessed 27 March 2013).

Jacobs, Stephen (2010): *Hinduism Today*, London: Continuum.

Lasch, Christopher (1991): *The Culture of Narcissism: American Life in an Age of Diminishing Expectations*, 2nd Edition. New York: W.W. Norton.

Moskowitz, Eva (2001): *In Therapy We Trust: America's Obsession with Self- Fulfillment*, Baltimore: The John Hopkins University Press.

Nambiar, Rajeev (2011): 'Editorial', *Rishimukh: The Art of Living Magazine*, 12:8, 3.

Network of Engaged Buddhists (2013): http://engagedbuddhists.org.uk (accessed 27 March 2013).

Partridge, Christopher (2004 & 2005): *The Re-Enchantment of the West: Volumes 1 and 2*, London T & T Clarke.

Rieff, Philip (1966): *The Triumph of the Therapeutic*, Harmondsworth: Penguin.

Rose, Nikolas (1998): *Inventing Ourselves: Psychology Power, and Personhood*, Cambridge: Cambridge University Press.

Smart, Ninian (1995): *Worldviews: Crosscultural Explorations of Human Beliefs*, Englewood Cliffs: Prentice Hall.

Sri Sri Ravi Shankar (1999): *Bang on the Door: A Collection of Talks*, Santa Barbara: Art of Living Foundation.

------ (2006): *Celebrating Love*, Bangalore: Vyakti Vikas Kendra Publications.

------ (2012): 'Disaster Relief', *Sri Sri Ravi Shankar Official Website*: http://srisriravishankar.org/social-initiatives/disaster-relief (accessed 27 March 2013).

------ (2013): *Sri Sri on Sudarshan Kriya*: http://www.artofliving.org/es-en/sri-sri-sudarshan-kriya (accessed 27 March 2013).

Warrier, Maya (2005): *Hindu Selves in a Modern World*: *Guru Faith in the Mata Amritanandamayi Mission*, London: Routledge.

Williamson, Lola (2010): *Transcendent America: Hindu-Inspired Meditation Movements as New Religion*, New York: New York University Press.

Yes for Schools (2011): 'What We Do': http://www.youthempowermentseminar.org/what-we-do (accessed 27 March 2013).

Yoga Rave (no date): 'Our Vision': http://www.yogarave.org/us/ (accessed 21 August 2012).

Videos and Music

Jagtiani, Sahil (2009): *Cosmic Trance: Bhajans for the Youth*, Bangalore: Art of Living.

Nusrat Fateh Ali Khan (1990): *Mustt Mustt*, Real World Records.

Sri Sri Yoga: Inspired by H.H. Sri Sri Ravi Shankar, 2009. Bangalore: Art of Living.

Reconceptualising Well-being:
Social Work, Economics and Choice

By Graeme Simpson & Ani Murr

Abstract

In this paper we examine the intersection of well-being, agency and the current political and economic structures which impact on social work with adults and in doing so contribute to 'interpreting and mapping out the force fields of meaning production' (Fornäs, Fredriksson & Johannisson 2011: 7). In it we draw upon Sointu's (2005) work which identified the shift from conceptualising well-being in terms of 'the body politic' to conceptualising it in terms of 'the body personal' and identified parallels with understanding well-being in English social work. There has been a shift in the nature of social work in the United Kingdom in how the question of agency has been addressed. For many years this was through the traditional notion of autonomy and self-determination (Biestek 1961) and later collective approaches to welfare and services (Bailey & Brake 1975). The development of paradigms of mainly personal empowerment in the 1980s and 1990s (Braye & Preston-Shoot 1995) saw social work become less associated with collective engagement in welfare and more concerned with the enhancement of individual well-being (Jordan 2007). Whilst the rhetoric of well-being, in contemporary English social work, continues to include autonomy and self-determination, this is focused primarily upon the narrower concepts of independence and choice (Simpson 2012).

The UK Department of Health's *A Vision for Adult Social Care: Capable Communities and Active Citizens* (DoH 2010) is the template for national social care policy to which all Local Authorities in England had to respond with an implementation plan. This paper draws on a documentary analysis of two such plans drafted in 2012 in the wake of an 'austerity budget' and consequent public expenditure reductions. The analysis considers the effect of economic imperatives on the conceptualisation of individual choices and needs in the context of Local Authorities' responsibilities to people collectively. A concept of 'reasonableness' emerges, which is used to legitimize a re-balancing of the 'body personal' and the 'body politic' in the concept of well-being with the re-emergence of an economic, public construction. Our discussion considers why this is happening and whether or not a new synthesised position between the personal and political is being developed, as economists and policy makers appropriate well-being for their ends.

Keywords: Well-being, wellbeing, social work, choice, neo-liberalism, adult social care, austerity

Introduction: Sointu and her Exploration of a Shift in the Conceptualisation of Well-being

Sointu (2005, 2011) argues that the meaning of well-being is constructed and reconstructed through social practices, which reflect and shape the value given in society to subjective and objective goods; individual and collective agency; and, to responsibility. Sointu (2005) identified a shift in use from 'the body politic' in the mid-1980s, to 'the body personal' in the 1990s.

This 'move towards perceptions of wellbeing as related to personal lives' (Sointu 2005: 261) and away from economic well-being through a strong national economy, is identified through the emergence of newspaper articles which presented personalised, biographical accounts of people (mostly women) enhancing their well-being through the use of therapeutic experiences, which were increasingly commercialised to appeal to subjects constructed as self-responsible consumers. This is related to the rise of the consumer culture and a subject who can be understood as a self-responsible person in search of personal well-being. Importantly she argues that, once self-responsibility has become a norm, it can also become 'the primary means of governing individuals' (ibid.: 262) as the self-responsible individual becomes expected to make 'healthy choices' about their 'personal lifestyle' based on the assumption that 'people want to be healthy, and ... freely seek out ways of living most likely to promote their own health' (ibid.: 263). Thus, socially constructed expectations about the roles, responsibilities, duties and rights of citizens become significant factors in governance.

Drawing upon Sointu's work, we are concerned to examine the contemporary meaning of well-being and the inter-relatedness of agency, consumerism, markets and governance in the context of adult social care in England.

Towards an Understanding of Well-being in Social Work

Much of the research into well-being attempts to quantify and measure it, and different terms are used, often interchangeably. Schalock (2004) prefers the term 'quality of life', whilst Cummins (2005: 335) argues that 'subjective well-being' is now the 'generic descriptor' although a range of terms including 'happiness', 'subjective quality of life' and 'life satisfaction' can be identified. In summary, well-being attempts to hold in tension 'everyday meanings' of 'happiness', 'good health, and 'prosperity' all of which have contested meanings. Thus a 'ubiqitous term' disappears on further examination, 'like a cultural mirage' (Ereaut & Whiting 2008: 5).

Within the debates about well-being and the application to social work, three approaches can be identified. First, whether well-being is rooted in the quality of personal experiences; second, whether it is rooted in peoples' own choices; or,

whether it emerges from identifiable objective criteria such as achievement, understanding and happiness (Benton & Craib 2001).

Social work in its traditional case-work form (Biestek 1961) emphasised helping within a 'therapeutic relationship', developing 'well-being' in relation to 'the body personal'. It has, however, a lengthy history addressing the social, economic and political conditions in which people live (Price and Simpson 2007). Sointu's 'body politic' and its involvement in these conditions is indicative of social work's implicit concern for people's well-being. This concern has frequently taken the form of political engagement and agitation, as Attlee (1920: 27) argued:

> [T]he social worker is one who feels the claims of society upon him more than others, he brings to all his work this conception of his duty as a member of a civilised society to make his contribution to the well being of his fellows.

The 'radical' social work of the 1970s (Bailey & Brake 1975) continued throughout the 1980s often connected to broader social movements. This approach focused upon social structures and a politically engaged social work (Langan 2002). This focus continues with the contemporary concept of anti-oppressive practice (Dalrymple & Burke 1995), premised upon identifying and challenging social structures which have a negative impact upon people's lives.

Historically, social work embraces the different meanings inherent within the concept of well-being. The more recent rise of person-centred approaches may be seen as a turn to what Sointu termed the body personal. Current person-centred approaches are built upon the resources individuals have for self-understanding and for altering their self-concept. By self-directed behaviour individuals could move towards self-regulation and their own enhancement (Howe 2009).

Whilst the focus upon individuals and relationships remains significant, Jordan (2007: vi-vii) sets well-being for social work firmly in the context of 'quality of life' and 'relationships' within social structures:

> People's unhappiness is far more connected to their physical and mental health, and their relationships with others, than to their material circumstances. What hurts about being poor is not so much the absence of comforts and luxuries, but the stigma of official surveillance ... and the damage to personal relations.

Whilst Jordan identifies links between people's unhappiness (poor well-being) to their experience of poverty within social structures, Howe (2009:176) identifies the potential inability of social structures to deliver feelings of well-being to those materially better off:

> The emphasis on being responsible for your own success (or failure) in a climate of aggressive, competitive self-interest increases levels of stress. There is always someone who seems to earn more and possess far more things than you do. This is a recipe for dissatisfaction and reduced happiness.

Thus within social work there remains a close alliance between the body politic and the body personal. Ferguson (2008) has sought to reclaim relationship social work as a radical project because of the links between the socio-political context

of poverty and wealth, and personal well-being. Jordan (2008) argues that social work, being both person-centred and focussed on structures, is one of the originators of the trend towards personalised interventions addressing both the body personal and politic.

We suggest that the provision of health and social welfare through the first decade of the twenty-first century reflects this wider cultural understanding of well-being as a therapeutic commodity. Mirroring Sointu's analysis of the rise of alternative and complementary well-being services, a market economy for the provision of social care services was developed which, valuing consumerism, promoted more choice and greater control for service users culminating in devolving 'purchasing power' to those in need of services through, for example, direct payments and personal budgets (Lymbery 2012). It is to governance and well-being that we now turn.

Well-being in 'Governance'

The earlier discussion about social work sees it as a profession which can promote well-being at all levels. Social work, however, operates within a clearly defined legal and policy framework – in other words it is an element of national and local Governance, or as several commentators have suggested a mechanism for regulation and control (Jones & Novak 1993).

Ereaut and Whiting's analysis (2008) noted that the meaning of well-being follows 'a general cultural move towards the project of the self in which individuals are encouraged (some would say "required") to assume increasing personal responsibility, say for their illness or wellness' (2008:13). In governance documents, it is used interchangeably between one component of well-being and its whole; between referring to individuals and referring to the well-being of society, or groups within society; between well-being as something neutral and something positive; between being static or a journey; between an end in itself or as a means to another end.

In a similar vein, the New Economics Foundation (NEF 2008: 4) breaks well-being down into personal and social. It states that the five main components of personal well-being are emotional well-being, a satisfying life, vitality, resilience & self-esteem, and positive functioning including autonomy, competence, and engagement. The main components of social well-being are supportive relationships, trust and belonging.

Simpson (2012: 624) examined well-being in terms of professional training and the policies within which social work with adults takes place. He argued that well-being is implicitly present, yet subservient to the overriding concept of choice and independence. These dominate the provision of services under the personalisation agenda, premised on neo-liberal policies (Houston 2010). Sointu's (2005: 2011) application of a turn towards the personal can be seen in social work

as it shifts from a general concern with social conditions and economic prosperity to a more personal concept of health and 'feeling good', often characterised in social work provision by having 'choice and control' (Duffy 2010). This is concerned with 'agency', where traditional debates have seen this as either individual or collective. Callinicos (2004) argues that this is a false dichotomy, since to conceive of agency without structure – or even structure without agency – is to miss the point. For our discussion social work is an activity, which embraces the notion of the person and society (Taylor-Gooby 2008). Emphasising individual agency, without an analysis of the social, political and economic framework creates depoliticised practitioners and service-users (Simpson & Connor 2011).

The shift towards personal well-being is situated in neo-liberalism, that is a change in the nature of global capitalism characterised by lower taxation, lower levels of welfare provision and an emphasis upon individualism and profit, which lead to greater disparities between rich and poor (Wilkinson & Pickett 2010). The shift towards personal well-being served as a cultural and political device to mask economic policies, gaining pace in the UK during a time of relative prosperity under New Labour which paradoxically led to higher levels of service provision through public expenditure as well as inequality.

A change in Government in 2010 coupled with the continuing economic downturn, resulted in considerable reductions in public expenditure and alongside this, the Government introduced a 'happiness index'. Duncan-Smith (2011) argued that 'levels of family income are just an approximate … measure of well-being. I do believe that increased income and increased well-being do not always follow the same track'. The UK Office for National Statistics' [ONS] 'happiness index' (ONS 2012: 1) asks four key questions, none of which relate explicitly to people's social and economic situation, focusing instead upon feelings of personal happiness and satisfaction with life. Interestingly, the Cabinet contains a high number of millionaires with an estimated combined wealth, in 2012, of £70m (Hope 2012), and it is easier for those who are in a comfortable financial position to make such comments. This 'distance from necessity' differentiates the working and middle classes (Bourdieu, cited in Cockerham 2005: 56) and is clearly at play in the economic and social factors we discuss.

We therefore suggest that a dialectic is at play. Services are being reduced, as are levels of income and expenditure yet the emphasis in Governance promotes 'well-being', deflecting attention away from the 'economic' basis, and emphasising the depoliticised arena of 'feeling good' as a goal for all citizens, irrespective of income level.

This is the background to our research, which examined emerging policy documents following the public expenditure reductions in the 2012 Budget. We examined the extent of a rebalancing of well-being as an individualistic (personal), and an economic (social or public), state. Whilst this is not a new phenomenon, through examining a potential re-emergence of an economic or public construc-

tion we consider why the time is ripe for shifting well-being back to 'the body politic', whether a new synthesised position between the personal and the politic is in the making.

Rationale and Method of Study

Drawing on the dynamic tensions inherent within 'well-being' and social work, we examined the responses of two Local Councils (both in overall control) to the central government policy, articulated in the UK Department of Health's *A Vision for Adult Social Care: capable communities and active citizens* (DoH 2010), to explore how aspects of well-being are currently being configured.

We analysed the content of documents produced in 2012 by two Councils in the English Midlands, where they set out their strategy for implementing the policy following their public consultation exercises. Although these documents are in the public domain and freely accessible, we have maintained the anonymity of the Councils since, at the time of writing, the policy documents are approaching their final stages prior to implementation. Accordingly we have referred to the Councils as A and B.

We chose a content analysis approach, exploring language through word searches and considering the meaning of the frequency and positioning of words within the text. Analysing language in this way 'connects the micro (specific features of language use) with the macro (cultural and social meaning and action)' (Ereaut & Whiting 2008: 2). We were mindful that content analysis is concerned with 'data reduction' given that much information is thrown away in the search 'to see the wood through the trees' (Robson 2002: 358). Our purpose was scoping the language to explore the use of 'well-being' in the construction of local social problems and solutions in response to a national policy.

We chose words which reflect the ideas and values linked with well-being in recent social policy, including the promotion of autonomy through the allocation of personal budgets, to explore the extent to which these links are still prevalent and whether or not changes are perceptible. In the analysis we consider and make explicit the manifest content – i.e. the content which is 'physically present' – and the latent content – in terms of inferences and interpretation we draw from the positioning and proximity of words (Robson 2002).

Findings

I. Well-being, Independence and Choice

Well-being was used infrequently in the documents, but when it was, both Councils used the term as if the meaning is clear to all. Council A referred to Health and Wellbeing Boards, a corporate coming together of traditional 'Health and

Social Care services'. This use appears underpinned by an operationalized sedimentation of the term in which 'joint health and wellbeing strategies' are drawn up, targets set, and outcomes measured. It also used 'well-being' in the philosophical sense of the ideal conditions for a 'good life' in assertions about 'The *Borough* [our italics] we want for health and well-being'. Thus, it is well-being for all which is sought.

Council B uses the phrase 'independence and well-being' with an unproblematic acceptance that they fit together and extend each other, consistent with a taken-for-granted meaning emergent in social policy in the past decade (Howe 2009; Simpson 2012).

Well-being is frequently associated with independence, and the exercising of choice is often taken as evidence of independence (Simpson & Price 2010). Both Councils positioned 'choice' at the start of the documents and in sections dealing with either 'priorities' (Council A) or 'principles' (Council B). This positioning foregrounds choice, and associates it with what the documents' authors consider important.

A stated priority for Council A is that 'older people and vulnerable adults will maintain their independence for longer and will have greater choice and control over their care, regaining their independence earlier where this can be achieved'. Council B emphasises 'people's rights, choices and inclusion' and the Council values interventions which enable people to have 'more choice and control and flexibility over the services they receive'. Throughout both Councils' documents, as independence is taken for granted as intrinsic to 'well-being', so independence is linked to choice and control. Whilst Council A uses the word 'choice' to refer to the activity of residents or service users who are making decisions about their care, their document also refers to the Council's 'preferences' which are to be used by social workers when involved in decision-making:

> The Cabinet endorses the approach of supporting people within the borough and returning them from out of borough into a community placement in preference to a residential placement, if such a placement meets their needs.

The report is silent on how differences between residents' 'choices' and the Council's 'preferences' would be resolved, with an implicit assumption that 'bringing people home' would be a 'good thing' naturally promoting their 'well-being'.

The use of 'choice' in these documents supports an understanding of 'well-being' premised on independence and individualism. It is not always clear whether this concerns the choices people make or the things from which they can choose. Furthermore, the documents begin to show that people have choice, but what they choose might not be prioritized by those who implement those choices.

Council B's discussion of national eligibility criteria for receipt of services, infers that it meets its responsibility to make provision where independence is threatened. The draft policy document makes the balancing of individual need

against budget constraints transparent stating that 'maximum independence and privacy is achieved with each individual within the financial limits of the resources available'.

Furthermore, the document asserts that Council B might offer 'different ways of meeting need from the *service user's first choice*' (our italics). The economic limitations in determining service provision and resource allocation are particularly stark:

> ... to balance potentially conflicting responsibilities the County Council has decided to establish a usual maximum expenditure. […] In circumstances in which a support plan to meet need and manage risk in the person's home exceeds the usual maximum expenditure alternative care arrangements would be considered. This might include offering different alternative care arrangements from the service user's first choice.

Choice here is not concerned with 'empowering' people to exercise choice and control over the services they receive (Harris 2003) but is more measured, with peoples' preferences reflected, rather than their choices honoured. The potential for tension between service-users and the Council remains, acknowledged by 'a balance between the Council's resources and people's preferred support plans' with individuals having their preferred support if they supplement any shortfall left by insufficient Council funding. This then connects to another cluster of researched terms.

II. Budgets and the Responsible Citizen

Both documents contain frequent references to 'personal budgets', 'individual budgets' and 'budget allocation'. Council A extends the personalisation policy thus: 'entitlements expressed as services have been superseded by entitlements expressed as personal budget amounts'. The document continues to advance 'the body personal' in its presentation of a system of personal budgets developed from the values of independence and autonomy, choice and control shared by 'well-being', and also takes us towards the 'body politic' when setting out its management of resources. Under the heading 'Financial Implications', Council A asserts that the risk of economic failure will be mitigated by the 'strict' controls and 'balance' which will apply to budget management striving for a 'balanced budget'.

Council B's document refers to such considerations in its 'Statement of Purpose':

> Public funding for social care should be allocated in a way that both meets individual eligible need and also takes account of the overall demand for resources and consequent budgetary considerations.

Council B is unambiguous that individual preference must be balanced against Council responsibilities to make effective and efficient use of resources. Furthermore the guidance to social workers notes that the Council takes an approach to arranging services which balances the needs of individuals with the needs of all those for whom it has a responsibility. Therefore, in their professional activities

social workers are to be mindful of their employers' fiscal responsibilities, argua- bly privileging those responsibilities above the needs of individual service-users, reinforced by clear 'principles for decision making … and a framework for identi- fying the *usual maximum* [our italics] expenditure of a care package to support an individual in their home'. These statements would, or at least should, present so- cial workers with ethical dilemmas.

Council B's document clearly presents the dilemma it faces in meeting increas- ing demand in a time of decreasing financial resources. It assumes a utilitarian consensus that it is 'reasonable' and 'common-sense' to weigh the needs of the few against the needs of the many. There is a balance to be maintained:

> *This* [our italics] County Council is committed to supporting people to live full and independent lives within their local communities. Where people are eligible for so- cial care support the aim is to support them in a way that reflects their preferences and the outcomes they wish to achieve. However this needs to be *balanced against this* [our italics] County Council's responsibilities to make best use of available re- sources.

People's preferences, rather than choices about support, are reflected and, crucial- ly, Council B identifies itself as a responsible Council because it seeks to balance effectiveness with efficiency, central elements of neo-liberal policies (le Grand 2007).

Service-users should be central to policy (Beresford & Carr 2012) and for at least one Council their needs are being, at best, balanced against or, at worst, made subservient to economic demands. The language around service-users was analysed to examine the relationship between people and policy.

III. Service User, Client, Resident or Citizen

Council A refers to 'service-users', 'clients', 'residents' and 'citizens' without distinction, whereas Council B only refers to 'clients' and/or 'service users'. Both Councils' policy aim is to reach a position where those who need services can engage with the market, thereby purchasing services that help them achieve their planned care outcomes.

Council A alludes to a philosophical understanding of 'well-being' as an ideal- ised 'good life' and the Aristotelian view of a citizen's journey to self-fulfilment, in accord with social work's contribution to well-being (Jordan 2007). This vision of the citizen's journey as one of self-help includes an allocation of a personal budget 'where needed'. The Council claims that the financial implications of adult social care policy will maintain or improve outcomes for citizens whilst reducing costs. Citizens receiving funding for adult social care provision will receive their monies through an allocation formula, which introduces a distinctly 'economic' conception of citizenship.

Thus for Council A, alongside the philosophical goal of well-being for the Borough there is the economic imperative to balance the books. In the specific

context of services, Council A ceases referring to citizens and prefers 'service users' who choose their 'service providers', thereby establishing a contractual relationship based on a duality between 'users' and 'providers'. The distinction is between 'actual' service users, that is people for whom a budget is needed, in contrast to 'self-helping, self-serving, self-directing' citizens.

Discussion: Well-being, Choice, Balance and Social Work

From our analysis of the documents we make one observation and identify the emergence of two themes which are significant in determining how well-being is undergoing a reconceptualisation.

First, through the study of well-being in these documents it is clear that, on the few occasions the word itself is used, its meaning still ranges across the philosophical, the body personal and, implicitly, the body politic. The more philosophical use of the term is evident in its conjunction with citizenship. The evidence suggests that, whilst well-being remains associated with 'the body personal', conveying an underpinning assumption that self-help, self-directed choice and independence are commonly shared values in society and constitute proper goals for health and social care provision, it has also become increasingly sedimented in the language of governance through 'health and wellbeing' terminology. Overall it appears that 'well-being' is integral to hegemonic structure, providing a linguistic cloak for less benign developments in which well-being begins to acquire what Hall (1988: 44) argues is a 'symbolic power … the horizon of the taken for granted'. To this end, well-being becomes a paradox: politically and culturally important, yet devoid of definition; part of the invisible constructs of everyday speech in that its meaning is never specified, but always assumed. This is deeply significant in understanding the emergent themes.

The documents reveal a significant reconceptualising of choice, in ways which are clearly articulated, representing both a change of policy and a significant challenge to social workers and other social welfare professionals who have come to regard choice as both empowering and liberating. Duffy (2010) is a major proponent of this arguing that social workers need to understand the philosophical underpinning of choice, and suggesting that critics, such as Ferguson (2007) and Houston (2010) are unduly fixated upon the economic aspects of the personalisation agenda. Our findings would suggest that the economic imperatives are now being clearly articulated and that the premise of the economic factors have also changed. It is no longer the appeal to a rational economic being, much vaunted by neo-liberals which dominates, but rather choice is now restricted by economic imperatives and expenditure limits.

It could be argued that empowering people to make choices was never intended to, nor indeed ever did, mean that such choices would then be honoured, although we would suggest this was implied in policy. Our analysis of these documents

detects a trend of Councils becoming transparent in stating that some people's first choices may not be honoured, where a shortfall between the first choice and the council's preferred alternative cannot be made up. In the clash between individual choice and a Council budget, choice is reframed as preference. The personal well-being of an individual (previously constructed in social policy as independence, choice and control) seems to weigh less in the balance with the economic well-being of the Council. Different kinds of ethics underpin different kinds of philosophical well-being and, as stated earlier, well-being is premised on the nature of what is 'good' for people. By focusing upon every residents' well-being, in a utilitarian way, it becomes possible to use the concept of well-being to underscore changing economic realities.

The second theme identified is 'balance'. The context for the shift in offering service-users choice articulated as 'preferences' appears to be an economic one. In the current economic climate of 'austerity measures' and the 'demographic timebomb' of increasing numbers of elderly people with social care needs, some councils appear to find themselves needing to address the desire to balance their responsibilities explicitly.

In the documents, balance became a metaphor upon which to draw. Kirmayer (1988: 57) argues that 'when values are explicit, they may be openly debated but rhetoric uses metaphor to smuggle values into discourse that proclaims itself rational, even-handed and value-free'. Something which is balanced is equally apportioned, fair, and stable, guarding against inequity and instability. The metaphor of balance is called on in the rhetoric of the documents to convey a utilitarian-style value which asserts that, whilst service users are required to be self-responsible, it is taken for granted that people will recognise the common sense approach of councils by which they must ensure that budgets are balanced to fulfilling their responsibilities. Individual independence and autonomy is then limited. In times of relative prosperity well-being can be associated with the individual, with the body personal, but in times of austerity it once more becomes associated with the collective and the body politic, albeit with a different emphasis. Underpinning the metaphor of balance is the notion of a 'responsible council' as one which successfully manages its finances and does not overspend and go over budget. The 'balance' here is not the scales of justice but the book-keeper's ledger. Appeals to well-being in this regard become the tool of the accountant, not the social worker and, most certainly not the service-user.

Conclusion: Implications of the Study

As the Councils' policy documents could be read as instructions for how their professionals are meant to behave, and social workers are likely to be at the forefront of implementing these changes, our initial findings point to social work find-

ing itself once again potentially compromised, in this case by a focus upon individual well-being articulated through a limited conception of choice.

Social work is once more at a cross-roads, faced with choices about how to respond to these developments. Social work needs to reclaim its historical agenda developed around the body politic and engage not only with service-users, but also with the strictures of developing policy. It should be aware of the history of its language being co-opted by others, resulting in it being pushed into actions which do not accord with its socially liberal aims (Scull 1983; Simpson & Price 2010).

A discernible catalyst for the rebalancing between an economic/objective understanding of well-being and a personal/subjective one is the change in economic fortunes in recent years from prosperity to austerity. There is no room for the redemption of a council with debts. Similarly service-users who rely on services are now faced with hostility from other 'residents'. Services are effectively competing with each other and the public for supremacy, and the policy, begun in 2010, of removing ring-fencing has intensified this. Presenting such political arguments as 'reasonable'; 'fair'; balanced; and promoting 'well-being' aims to establish a specific hegemonic structure, embedded within cultural expectations, which reduce complex social and economic debates to taken-for-granted assumptions. This brief study suggests that this is occurring across Councils in the Midlands, and, most likely elsewhere.

It is our conclusion that in England we are experiencing a cultural turn, which is being developed through local policies with social workers likely to be the people who will be implementing such polices. Oppositional groups such as Disabled People Against Cuts (2013) and the Social Work Action Network (2013) are, by definition, small. The 'body politic', comprising of other 'residents' and politicians, is engaged in a more or less coherent set of policies designed to reshape well-being in the form of the fairness of a 'reasonable' council. At present, in England, this reconceptualising of well-being appears to be holding sway.

Graeme Simpson is a Senior Lecturer in Social Work at the University of Wolverhampton. He co-ordinates the MA in Social Work with Ani Murr, and MA practice placements. His research interests include the impact of austerity on social work practice, European and comparative social work, and the use of critical theory. E-mail: g.simpson@wlv.ac.uk

Ani Murr is a Senior Lecturer in Social Work at the University of Wolverhampton. She co-ordinates learning and assessment for students on first and last placements, co-ordinates the practice educator courses and is joint co-ordinator (with Graeme Simpson) of the MA in Social Work. In addition to research interests in

adult social care policy she is interested in the assessment of social work practice and rural mental health. E-mail: a.murr@wlv.ac.uk

References

Attlee, Clement R. (1920): *The Social Worker*, London. G. Bell and Sons: https://archive.org/details/socialworker00attliala (accessed 11 December 2013).

Bailey, Roy & Mike Brake (1975): 'Social Work and the Welfare State', Roy Bailey & Mike Brake (eds): *Radical Social Work*, London: Edward Arnold.

Benton, Ted & Ian Craib (2001): *Philosophy of Social Science*, Basingstoke: Palgrave

Beresford, Peter & Sarah Carr (2012): *Social Care, Service Users and User Involvement (Research Highlights in Social Work Series)*, London: Jessica Kingsley Publishers.

Biestek, Felix P. (1961): *The Casework Relationship*, London: Allen and Unwin.

Braye, Suzy & Michael Preston-Shoot (1995): *Empowering Practice in Social Care*, Buckingham: Open University Press.

Callinicos, Alex (2004): *Making History: Agency, Structure and Change in Social Theory*, 2nd Edition. London: Brill.

Cockerham, William C. (2005): 'Health Lifestyle Theory and the Convergence of Agency and Structure', *Journal of Health and Social Behavior*, 46:1, 51–67.

Cummins, Robert A. (2005): 'Caregivers as Managers of Subjective Wellbeing: A Homeostatic Perspective', *Journal of Applied Research in Intellectual Disabilities*, 18:4, 335–344.

Dalrymple, Jane & Beverley Burke (1995): *Anti-Oppressive Practice*, Buckingham: Open University Press.

Department of Health (2010): *A Vision for Adult Social Care: Capable Communities and Active Citizens*, London: The Stationery Office.

Disabled People Against Cuts (2013): http://dpac.uk.net/ (accessed: 06 July 2013).

Duffy, Simon (2010). *Citizenship & Community*, Sheffield: Centre for Welfare Reform.

Duncan Smith, Iain (2011): *Families and Young People in Troubled Neighbourhoods*, Speech delivered at the London School of Economics, 2nd December, 2011: http://www.dwp.gov.uk/newsroom/ministers-speeches/2011/02-12-11.shtml (accessed 03 July 2012).

Ereaut, Gill & Rebecca Whiting (2008): *What do we Mean by 'Wellbeing'? And why Might it Matter?*, Research Report No DCSF_RW073. Department for Children, Schools and Families.

Ferguson, Iain (2007): 'Increasing User Choice or Privatizing Risk? The Antinomies of Personalization', *British Journal of Social Work*, 37:3, 387–403.

------ (2008): *Reclaiming Social Work*, London. Sage.

Fornäs, Johan, Martin Fredriksson & Jenny Johannisson (2011): 'Editorial', *Culture Unbound*, 3, 5-10.

Hall, Stuart (1988): 'The Toad in the Garden: Thatcherism amongst the Theorists', Cary Nelson & Lawrence Grossberg (eds): *Marxism and the Interpretation of Culture*, Urbana, IL: University of Illinois Press.

Harris, John (2003): *The Social Work Business*, London: Routledge.

Hope, Christopher (2012): 'The Cabinet is worth £70 million', *The Telegraph*, 27 May 2012: http://www.telegraph.co.uk/news/politics/9290520/Exclusive-Cabinet-is-worth-70million.html (accessed 21 May 2014).

Houston, Stan. (2010): 'Beyond Homo Economicus: Recognition, Self-Realization and Social Work', *British Journal of Social Work*, 40:3, 841–857.

Howe, David (2009): *A Brief Introduction to Social Work Theory*, Basingstoke: Palgrave MacMillan.

Jones, Chris & Tony Novak (1993): 'Social Work Today', *British Journal of Social Work*, 23:3, 195-212.

Jordan, Bill (2008): *Welfare and Well-being: Social Value in Public Policy*, Bristol: Policy Press.

------ (2007): *Social Work and Well-being*, Lyme Regis: Russell House Publishing.

Kirmayer, Laurence J. (1988): 'Mind and Body as Metaphors: Hidden Values in Biomedicine', Margaret Lock Deborah Gordon (eds.): *Biomedicine Examined*, Dordrecht: Kluwer.

Langan, Mary (2002): *The Legacy of Radical Social Work*, London: Macmillan.

Le Grand, Julian (2007): *The Other Invisible Hand: Delivering Public Services Through Choice and Competition*, Princeton, NJ: Princeton University Press.

Lymbery, Mark (2012): 'Social Work and Personalisation', *British Journal of Social Work*, 42:4, 783-792.

New Economics Foundation [NEF] (2008): *National Accounts of Well-being*: http://www.nationalaccountsofwellbeing.org/public-data/files/national-accounts-of-well-being-report.pdf (accessed 14 February 2013).

Office for National Statistics (2012): *Measuring Subjective Wellbeing in the UK*: http://www.ons.gov.uk/ons/dcp171766_272294.pdf (accessed 14 February 2103).

Price, Vicky & Graeme Simpson (2007): *Transforming Society? Social Work and Sociology*, Bristol. The Policy Press.

Robson, Colin (2002): *Real World Research*, Oxford: Wiley and Sons.

Schalock, Robert L. (2004): 'The Concept of Quality of Life: What we Know and do not Know', Keynote address: *Journal of Intellectual Disability Research*, 48:3, 203-216.

Scull, Andrew T. (1983): *Decarceration: Community Treatment and the Individual – A Radical View*, New York, NY: Rutgers University Press.

Simpson, Graeme (2012): 'Developing Wellbeing as a Critical Tool in Social Work Education: An Example from the Field of Learning Disability', *Social Work Education*, 31:5, 622–636.

Simpson, Graeme & Stuart Connor (2011): *Social Policy for Social Welfare Professionals: Tools for Understanding, Analysis and Engagement*, Bristol. Policy Press.

Simpson, Graeme & Vicky Price (2010): 'From Inclusion to Exclusion: Some Unintended Consequences of "Valuing People"', *British Journal of Learning Disabilities*, 38:3, 180-187.

Social Work Action Network (2013): http://www.socialworkfuture.org/ (accessed 06 May 2013).

Sointu, Eeva (2005): 'The Rise of an Ideal: Tracing Changing Discourses of Wellbeing', *The Sociological Review*, 53:2, 255-274.

------ (2011): 'Detraditionalisation, Gender and Alternative and Complementary Medicines', *Sociology of Health and Illness*, 33:3, 356-71.

Taylor-Gooby, Peter (2008): 'Assumptive Worlds and Images of Agency: Academic Social Policy in the Twenty-first Century?', *Social Policy and Society*, 7:3, 269-80.

Wilkinson, Richard & Kate Pickett (2010): *The Spirit Level: Why Equality Is Better For Everyone*, London: Penguin Books.