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‘Touching something lightly many times’: some thoughts on language and reparation in relation to mental health and social justice

In this way, the psychiatrist can work economically with three kinds of black space at once. An economy is a system of apparently willing but actually involuntary exchanges. A family, for example, is a really a shopfront, a glass plate open to the street. Passers-by might mistake it for a boucherie, splashed as the customer / butcher are with blood. – Bhanu Kapil.

In this chapter we examine the contention that the shaping function of language can limit or expand the articulation and agency of both service users and health care workers. In the book you are reading now the discussion of health and social care is taking place through the medium of language. You are reading these words and it is through these words and your own words that you think about health and social care and how what you are reading relates to your own experiences. Language is the medium which facilitates understanding and generates possibilities of creating new knowledge. This chapter will take a critical look at the role language plays in circumscribing lived experience and how this relates to your understanding of yourself as a professional working in health and social care, as well as everyone’s experiences of receiving care. Drawing broadly on the insights of critical theory as applied to health care (Morgan et al 2016: 71-75), the poetic hybrid writing of Bhanu Kapil and Simone Weil’s philosophical writing, this chapter takes a critical lens to health and social care through examining practices relating to mental health care. The aim is to foreground ways in which a

critical approach to language can contribute to an amelioration of the relationships between people accessing health and social care services and those working within those services.

Drawing inspiration from the sphere of mental health activism I take as my starting point the assertion of survivor/user-led critical mental health that the ‘Recovery’ model of mental health care (Repper and Perkins 2003), ‘continues an onslaught of neoliberalism in mental health, in which people are to be made individually responsible for difficulties which would be better thought of as originating in society’ (Gadsby 2015). Jonathan Gadsby discusses the manifestation of this neoliberalisation of mental health care in the form of the Mental Health Recovery Star, a tool designed in 2007 by Triangle Consulting Social Enterprise to provide outcome measures for progression in mental health recovery. The ten ‘points’ of the star comprise, ‘managing mental health’, ‘self-care’, ‘living skills’, ‘social networks’, ‘work’, ‘relationships’, ‘addictive behaviour’, ‘responsibilities’, ‘identity & self-esteem’, and ‘trust & hope’. Simply through reading these labels it will be clear to the reader that grave difficulties are encountered when attempting measurement in any of these areas, not to mention further difficulties in appending values to the subjective evaluation – whoever completes it, in any capacity – of fundamental areas of life and then extending these ‘measurements’ into an interpretation of effectiveness in the form of whether the desirable targets have been met. It is quite possible to imagine a scenario where the desirable target for the mental health service provider is the throughput of service users who are ‘recovered’ sufficiently to be discharged from the service, and where the service itself retains a metric to demonstrate its own effectiveness. Here ‘recovery’ becomes a project which can be delivered through meeting established targets, a process which in turn also commoditises service users. The transactional basis of the Recovery Star positions actions and other people as means for personal benefit: value is ascribed to transactions which bring about ‘progress’ (towards prescribed targets) for the service users. It is a short step from this to the assumption that actions, ‘transactions’, which

do not 'progress' the service user towards these targets are negligible transactions, even where those transactions may be actions and social relations which the service user deems desirable and do indeed contribute, perhaps significantly, to their health and wellbeing. The immeasurable and the unmeasured become waste, or excess, and the service user non-compliant or deviant. Conversely, one might argue that the Recovery Star serves as a guide for conversation, a tool to assist the carer's or mental health professionals' conversation with their service users, perhaps of particular benefit during instances where encouragement is required to foster conversations characterised by deep listening and empathy. However, without these skills being in place one might question the agility with which the Recovery Star based conversations might be directed.

The purpose of the above gloss of this particular tool as symptomatic of problematic ethics underpinning the measurement of outcomes for people experiencing mental distress is to gesture towards a survivor/user-led counter-argument that foregrounds the neoliberal agenda subtending the Recovery Star. The *Recovery in the Bin* survivors group have designed and presented the UnRecovery Star (Recovery in the Bin 2015). UnRecovery is an emergent term, originating in survivor-activist circles, designed as a political critique of the aforementioned neoliberalisation of mental health care generally and the co-option of 'Recovery' by the State specifically (Recovery in the Bin 2015). The ten 'points' of the UnRecovery Star are, 'unstable housing', 'sexism', 'loss of welfare state', 'loss of rights', 'economic inequality', 'homophobia / transphobia', 'racism', 'discrimination', 'trauma / iatrogenic trauma' and 'poverty'. The labels on the points of this star are clearly very different from those on the Recovery Star. Jonathan Gadsby (2015) notes of this distinction;

Their attack is a political one: far from opening the frames of reference from narrow medical illness to more holistic personal wellbeing, the Recovery Star continues an onslaught of neoliberalism in mental health, in which people are to be made

individually responsible for difficulties which would be better thought of as originating in society. Through this lens, the holism of the Recovery Star becomes a complete colonisation of a person with a set of ideas that appear to be liberating but in fact absolve the powerful from the need to acknowledge and address inequalities of all kinds. For example, widening the conversation to include work and financial skills might seem welcome because loss of role, loss of meaningful activity and financial worries are very significant drivers of distress. However, in so doing, we may be failing to notice with the service-user that they live in an unjust society in which finding one's way and having access to decent housing, meaningful roles, security, having protected rights and simply being allowed to be different seem to be increasingly the domain of the privileged.

Moreover, the service user's ability to overcome these social inequalities are negligible, more likely to emerge from chance of circumstance than design. Laying these limitations at the feet of the service user places an implied responsibility upon the service user which the health care worker themselves would likely be unable to overcome in similar circumstances. Whilst the language of the labels appended to the points of the Recovery Star, the words 'managing mental health', 'self-care', 'living skills', 'social networks', 'work', 'relationships', 'addictive behaviour', 'responsibilities', 'identity & self-esteem', and 'trust & hope', appear perhaps as reasonable approximations of discrete areas of an individual's life, the carving out of subsets in this way emphasises a normative behavioural standard. The words themselves, the language against which the measuring of outcomes will take place are, arguably, not in and of themselves value-laden. The value is imposed in their context, their application as devices against which behaviours will be scored. Switching these labels to the words deployed in the UnRecovery Star uncovers the self-reliance and self-culpability implicit in the original star. Survivor-led critiques, such as the re-appropriation of the Recovery Star, illustrate the power of discursive

formations. The totalising effect of outcome measures denies the service user their own agency over their own lives.

Here we might usefully turn to the work of the French philosopher Michel Foucault and his notion of ‘discursive formations’ which, broadly, posit ‘discourses’ as the controlling systems for the production of knowledge. Foucault’s works examine a range of different discourse formations with *Madness and Civilization* (1961), in particular, examining how Western society came to define what it considers to be ‘madness’ and the idea of incarceration as a ‘solution’ to this perceived ‘problem.’ Foucault’s style of writing forms part of his project of deconstructing metanarratives; refusing definition often seems to support a multiplicity which defies more conventional interpretive gestures towards power. Eliding the attribution of a direct meaning to the term ‘discursive formations’ Foucault comes close to defining his use of the word ‘discourse’ through illustrating his understanding thus; ‘the edges of a book are neither clear nor rigorously delineated. No book exists by itself [...] it is a point in a network’ (Foucault 1998: 304). This is followed by two further elaborations in the same interview: ‘The description of discourse asks a different question: How is it that this statement appeared, rather than some other in its place?’ (Foucault 1998: 307) and,

What permits the individualization of a discourse and gives it an independent existence is the system of points of choice which it offers from a field of given objects, from a determinate enunciative scale; and from a series of concepts defined in their content and use. Therefore, it would be inadequate to look for the general foundations of a discourse [...] a single discourse can give rise to several different options (Foucault 1998: 320).

Without defining his terms, an action which would invite limitations, Foucault indicates a fluidity with which assumptions about the fixity of discourse may be overturned. Previously

‘closed’ discourses are opened up to an ongoing investigation that *never* reaches a final point of closure because to do so would make the discourse static and therefore a form of stasis. Foucault’s ‘discursive formation’ is an ongoing activity, both in terms of the active involvement of the person reviewing how any discourse has been formed, and the inscribed activity of documents / discourses as they relate to other documents / discourses through history. Accepting this Foucaudian proposition has significant implications for the practice of health and social care, broadly, and mental health care specifically. Where a discourse such as that inscribed into the Recovery Star forecloses its own outcomes, outcomes which are implicitly value-laden and ultimately judgemental – implicating the service user in their own ‘failure’ to achieve the outcomes imposed from *without* their own discursive understanding of themselves – an unravelling of the Recovery Star itself as a system of discourse, those neoliberal values of self-reliance and independence as separate from the society in which the individual lives, exposes the Recovery Star as an coercive tool which further estranges the service user from a healthful belonging to society. Integration into society on terms other than those identified by the service user effectively contributes to the further fragmentation of society. This itself is symptomatic of mental health care in the contemporary moment, typified as it is by communicative fragmentation, the substitution of one set of values inscribed into the language of health ‘care’ as against the self-articulations of the service user who, with the required resources, identifies and articulates in their own words the terms (desires) with which they seek to reintegrate into society. If this seems to over emphasise the importance of language and the willingness of individuals to articulate, with words, their own values, we might revisit the UnRecovery Star to contemplate how highly any given individual rates themselves against the ten social oppressors articulated therein. Faced with these outcomes, might one not be further empowered through defining one’s own values rather than being faced with a demand to measure oneself against structural forces one is more or less powerless, at least on an

individual level, to alter? The totalising of closed discourse formations such as the Recovery Star at best side-step and at worst eradicate, the human capacity for creativity, the force which enables the individual to shape their own life rather than the alternative, which is to have life shaped by another.

Staying with the notion of individual capacity for creativity and the agency to shape one's own life we will now look at some alternative takes on how this agency might manifest. Writing in the context of understanding the effects and affects of trauma Sandra Bloom 'make[s] the case that artistic performance, in all its variations, is a primary integrating mechanism in an organism highly susceptible to the protective, but ultimately destructive mechanism we call *dissociation*' (Bloom 2010: 199). Dissociation, as the word itself suggests, is linked to fragmentation and loss of integration. Bloom's argument posits evolutionary purposes for the development of artistic practices, recognising that artistic creativity performs a communicative function enabling integration of the individual (back) into their society. Belonging to the wider society, symptomatic of the essential social nature of the human animal, is core to the integration of the individual whose individuality depends upon a healthful belonging (communicative function within) to the social group. Bloom's attention to the loss of language function which accompanies trauma points towards the communicative schism and the reparative work art is capable of performing (Bloom 2010: 204). Bloom's model here is one of integration, reintegration, based on a social model where rather than an individual isolated from the social culture in which s/he lives, s/he (re)integrates within the cultural terms of that society, which here I place in opposition to the theorised society posited in the Recovery Star. Taking this further, Griselda Pollock argues that,

We are accustomed to think about trauma with the model of cure. Bad things happen to individuals. We should try to get over them. Time will heal. They are in the past. We must move on and let go. Or, if the event is historical, we

build a monument, set up a memorial day, make a movie and leave our burden to them. The problem is that trauma, as we now understand the wounding of the psyche by an extreme event or by accumulated suffering, is not like that. When we borrow trauma as a term for personally affecting psychological shocks or as a metaphor for historical events that exceed existing representational resources, we also confront a problem that will not sort itself out by itself

(Pollock 2013: 1)

Pollock's argument foregrounds an essential social-ness and the social function of the 'symptomologies such as the compulsion to repeat and acting out' (Pollock 2013: 1). Pollock queries the assumption of a cure model as a useful framework for considerations of trauma, cure implying a resolution taking the form of relief from symptoms. One cannot be 'cured' or 'recover' from trauma but one can be relieved from or learn to manage its effects and affects. Such concern with the specificities of trauma drills down through the generalisations demarked through the terms 'health and social care' with its catch-all embrace, through to the immediate concern with 'mental health' of this chapter, to a concern with a specific – and yet still generalised – symptomatic of dissociative 'ill health' and in particular one marked by the loss of language. The accounts written by Bloom and Pollock above participate in their own fields of discursive formations, speaking within, to and beyond their particular disciplinary bases. Their value to health and social care as both academic discipline with its institutionalised forms of educational pedagogies and the institutionalised forms of practising health and social care jobs, careers and professional roles effecting and affecting the lives of other human beings, lies in their advocacy of a politicised holism. Both Bloom and Pollock argue for dynamism, a

continual becoming, rather than representation which, like a star, is fixed, remote, and awarded for 'good' (conforming) behaviour.

On the subject of representation this seems an opportune moment to reflect on the status of textbooks, including this one, and their propensity to be read as textbooks. Once again language betrays the difficulty. Commonplace definitions of the word 'textbook' would have it defined as 'a manual of instruction' 'a work recognised as an authority', approaches which endow the textbook with an authoritative status (OED). Textbooks, read without caution, can also be taken as representative of something far greater than their contents profess.

Discussing trauma and its relation to art Sandra Bloom posits that 'in individual pathology no one else agrees with the view of reality shared by that individual. Instead, the person is called delusional, mad, or at the least eccentric. There is a borderline between these two realities, however. Children, artists, prophets, visionaries spend time there' (Bloom 2010: 202). Allowing acknowledgement of more than one 'reality' steps beyond the usual call of the health and social care domain, a 'discursive formation' where it is commonly carried out as though an acceptable 'reality' is firmly defined. This reality can be found in those descriptors labelling each point of the Recovery Star. The shaping function of language can limit or expand the articulation and agency of both service users and health care workers. The agency of language can be acutely witnessed when it appears in one of its most condensed forms, poetry. In poetry the compressed use of language foregrounds its intricacies, revealing otherwise hidden or forgotten meanings which are revealed through context. Words and language are revealed to be and do considerably more than simply represent.

The epigram at the start of this chapter is taken from *Schizophrene* by the poet-writer Bhanu Kapil. In these few lines Kapil brings together multiple and distinct concepts which combined reveal each as more complex than normative assumptions permit. In this way the

discourses associated with psychiatry as a medical model for understanding how the mind functions or more often with its *dis*function, is analogous with an economy, a discourse usually associated with financial transactions and, in Kapil's gloss, also the *dysfunctional* because 'involuntary', nature of these transactions. Mention of 'A family', in this context meaning any family system, can then be interpreted through this lens of enforced emotional and mental entanglements. Furthermore, these exchanges are merely a (shop) 'front', the shopping speaking back to the transactions of economic exchange, situating the family as a network of economic exchanges, and one vulnerable to the destruction implied by the breakability of the 'glass plate' and its location in a public place, inviting any passer-by to look in, observe, perhaps shatter the glass window. Completing this passage with reference to 'boucherie' (butchers) finalises the impression of slaughter, the bloody mess of family life as the enforced economic unit of the family thrashes against one another, distorting and disturbing one another as the involuntary performance, demanded by the shop window of a consumer-driven, socially-sanctioned family life is enforced through economic blood ties. The conjoining of 'customer / butcher' lets no one escape: the reader, too, us, ourselves, are complicit in this economy of distorted desires. This depiction of the 'family' estranges our understanding of 'the family' as it is constituted in familiar terms where the family is a source of belonging and, by extension, comfort. The refrain 'family and friends' occurs so often in health care literature as the recourse to which service users are urged to turn for support it forms a discursive framework which reinforces a normative standard of the family in particular as a source of support and thus eliding the prospect of the family as a source of damage, as depicted in Kapil's image.

Difficulties between language and notions of healing are addressed through Kapil's foregrounding of a fissure between the two, not least in the title of her book. The third section of *Schizophrene* carries the title 'A Healing Narrative' and offers eight fragments of text. The entire book comprises fragments of text. Kapil writes, 'Sometimes I think it was not an image

at all but a way of conveying information' (Kapil 2011: 40) Kapil also writes, 'I cannot make the map of healing and so this is the map of what happened in a particular country on a particular day' (Kapil 2011: 48). In these statements, and the book itself as a practise, Kapil rejects the representative inherent in the image (metaphor is declined) and rejects the possibility of constructing an authoritative description of steps to be taken for healing to occur (the 'map'). In their place she posits the image as transmitting information, an active process rather than statically representative, and healing as rooted in the particular rather than the general.

The fissure of the book's title manifests as an account of immigration and trauma. In a book which declares a concern with healing it is notable that encounters with healthcare as the reader of this textbook might recognise it are encounters of absence:

What digs into the head? (Kapil 2011: 7)

I went to the Institute of Community Health Sciences in London, to interview Kamaldeep Bhui. Getting as far as his door.

I pressed my forehead to the door, which was cross-hatched. I could see his radio, his books, his clutter (Kapil 2011: 17)

Digging into the head is the role of the psychiatrist. The implication of the scene beyond the cross-hatched door is that the health worker Kapil seeks to interview is absent. She is unable to ask her questions. There is a gap, which she leans into with her forehead, an area of the body traditionally associated with foresight. The action of leaning into, touching, the door, the threshold into the space where healing happens or is understood, signifies a search for healing and an intuitive reaching towards an 'other' in order to facilitate this healing. The

communication of touch is important in this book, where the fissure Kapil describes as Schizophrenia “[...] is rhythmic, touching something lightly many times” (Kapil 2011: 61). In the ‘Quick Notes’ which close *Schizophrene* Kapil writes of “[...] making a book that barely says anything, I hoped to offer: this quality of touch” (Kapil 2011: 71). The ‘touch’ of Kapil’s book is the touch of her writing, her language, which by in her own terms ‘barely saying anything’ ensures a lightness, the opposite of instrumentalist, coercive language.

The family scene appears once again in Kapil’s book. Here it is quoted in its entirety:

The schizophrenic’s work is to make the house schizophrenic: an illuminated yet blackened construction at the centre of the field. All of the lights are on and the curtains are not drawn, exposing the occupants in the rituals of their illnesses. There is the butcher with his hatchet, compulsively chopping the meat. There is the butcher’s wife, washing the table then setting the meat down upon it. There are the butcher’s children sitting down to eat. When the meal is done, they remove their clothing as a family and put it in a bucket to soak. Even this far from the centre of the regional metropolis, their nudity comes as a shock

(Kapil 2011: 54).

‘[...] exposing the occupants in the rituals of their illness [...]’ the poet reveals, through exposure, stripping back and laying bare, unthinking conformity to prescribed social roles as a definition of illness. The ‘work’ of the schizophrenic here is at once symbolic and real, s/he reveals, through schism, through detaching from the ‘shared reality’ described by Bloom (2010: 202) to share a visionary experience of the family unit (dis)functioning upon a tableau scene, ‘illuminated’ by the emphasis placed upon it by a society which reveres one particular social construct of relations over and above others, ‘yet blackened’ too by the enforcement of this ‘construction’ – the placing of it ‘at the centre of the field’, as the centrepiece of life and

by implication de-centring, devaluing, alternatives. The brutality returns, as in the original appearance of this family (the epigraph to this chapter), through butchery. Here family life is a form of butchery. Butchers hack pieces of meat, animal carcasses, to be consumed by humans. The animal nature of humans is made evident through the butchery, killing to survive, but here the distinction between who and what is being killed is blurred, the boundaries between ‘family’ and ‘murder’ are drawn closer together, an association which is recognisable within Western culture through the archetypes found in stories handed down through generations in forms such as fairytales, Shakespeare and Classical Greek plays. In Kapil’s book this ‘visionary’ insight reveals the proximity of family behaviour to the behaviour of (packs of) animals, ‘their nudity’ serving as a final reminder of their meat/animal status. Disguising this insight through the lens of ‘the schizophrenic’ facilitates Kapil’s ‘visionary’ insight, however, the insight is really the exposure or reframing offered through her deft, clear, usage of language, ordering her words in the most powerful arrangement to conjure an arresting scene.

In *The Iliad or The Poem of Force* the writer and visionary Simone Weil writes of the effects of violence on both the perpetrator and the victim. Weil begins with a definition of force:

To define force – it is that *x* that turns anybody who is subjected to it into a *thing*. Exercised to the limit, it turns man into a thing in the most literal sense: it makes a corpse out of him. Somebody was here, and the next minute there is nobody here at all
(Weil 2005: 183).

‘That *x*’ is a violence which dehumanises. In Kapil’s *Schizophrene* butchery becomes the line which distinguishes the human from the animal. Weil goes on to say,

An extraordinary entity this – a thing that has a soul. And as for the soul, what an extraordinary house it finds itself in! Who can say what it costs it, moment by moment, to accommodate itself to this residence, how much writhing and bending, folding and pleating are required of it? It was not made to live inside a thing; if it does so, under pressure of necessity, there is not a single element of its nature to which violence is not done

(Weil 2005: 185).

Here Weil is revealing the harm of violence at an individual level, the private harm which is here figured as the contortions of a soul. In Kapil's writing that private harm extends to the harms revealed in the destructiveness of the family as an institution where conformity to prescribed social roles are enforced and policed by one another and by the onlookers who watch through that glass plated shop window. Force within relationships instrumentalises relationships, turning people into things. In fact Weil is writing about Homer's poem *The Iliad* towards the start of the Second World War and her writing about force concerns the instrumentalisation of human life as it unfolded under Hitlerism and the Nazi regime. In this way Weil links public concerns, the widest social sphere, with the private troubles witnessed in her description of the contortions of the soul attempting to survive in the contorted body. The soul, the individual level, is contorted if society, the body, is instrumentalised, becomes a thing. In our context of thinking about what it means to become a professional working in one of the health and social care professions we need to think about how the discursive formation between the public sphere, society, and the apparently private concerns of an individual's health and wellbeing are circumscribed within the day to day language of practise. Any professional or paraprofessional working in health and social care fields holds a position of power and responsibility in relation to those in their care and this power and responsibility

includes the potential for force. The language of the Recovery Star collapses public and private discourse formations, shifting public concerns such as the workforce marketplace and inequalities in access to housing onto the individual. Force in the form of coercion is exerted when these public concerns are treated as private and operationalised in the form of the Recovery Star's measurement scale. In this way the Recovery Star represents an instrumentalisation of the concept of 'recovery' and what is understood by the term 'mental health'. People in receipt of these instrumentalised forms of 'care' risk harm in the form of dehumanisation. In this chapter the insights of Bhanu Kapil's *Schizophrene* and Simone Weil's *The Iliad or The Poem of Force* help to illuminate the role of language in creating discourse formations which shape our understandings of the world around us and how the coercive force of instrumentalised forms of language can become causes of harm.

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