

**RE-ADDRESSING EMOTIONAL ANGUISH:
CRITICAL ANALYSIS OF A UNIVERSITY'S MENTAL HEALTH SERVICES**

by

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Abstract

This thesis works from a disability studies perspective to explore the meaning of 'mental health and illness' in a university setting. I use the concept of 'emotional anguish' as a way to shift the meaning of pain from its taken-for-granted understanding as a medical issue to a more open conception of pain as a category that is always-already an issue of and for interpretation. I use interpretive sociology to show how all conceptions, including conceptions of health, illness, and disability, are socio-historical phenomena, reflecting the culture from which these concepts arise. I draw extensively on the work of Michel Foucault to discuss the limits of conceiving of emotional anguish as only an individual, medical problem. I further draw on the work of Sara Ahmed, particularly for her more social conception of emotions, her phenomenological approach to orientations, and her discussion of ethics in relation to the ways we respond to the pain of others. I conclude with a discussion of how we might open the grounds for thinking about emotional anguish differently than as a 'medical problem.'

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**Introduction: Re-addressing Emotional Anguish:
Critical Analysis of a University's Mental Health Services**

As a student looking for information about the way my university understands and interprets my emotional anguish, particularly for the way I must represent myself in order to access accommodations for my diversity/disability, I have found that much of the textual information about this phenomenon involves learning how to eliminate, rather than live with or alongside it. By the term 'emotional anguish', I mean any embodied feeling, emotion, or affective experience that one would commonly describe as negative, painful, and that is not fleeting and transient, but prolonged and constant. According to one dictionary, mental anguish is defined as a "sustained, dull, painful emotion" (www.dictionary.reference.com). The more common way to name these intense and lingering feelings is as 'anxiety,' 'fear,' 'grief,' or 'depression.' I use the term 'emotional anguish' here, because these feelings that are generally understood in our society to be 'linguistically distinct,' regularly coincide with one another in everyday lived experience, and quite often feel indistinguishable from, or even compounded by, one another as they are experienced. As such, the term 'emotional anguish' holds the intention of encompassing those many characteristically negative affective feelings that we experience, and that we as a society do not want too much of.

To some, experiencing prolonged emotional anguish is a 'sign' of an anxiety or depressive 'disorder.' To others, it is a 'sign' of enduring painfully distressing circumstances. Most describe it as an entirely negative and ruthless experience. Many resources that I have looked at do not write about emotional anguish, its difficulties, its inevitable disruptions of our lives, as one of many possible, even possibly enriching, ways to experience ourselves, others and

the world. Rather, emotional anguish is presented solely in terms of a desire to rid ourselves of it. While anyone who has experienced prolonged emotional anguish would agree that it is accompanied by a desire to be free of its painful precincts, this does not mean that a desire to be free is the only desire that accompanies such an experience. To say that emotional anguish is only meaningful as an experience to avoid or get rid of is to negate the distinctively human potentiality of the experience, as an experience that has social legitimacy, has a place in the world, and has something to offer in the way of understanding the complexity of the human condition. It is important to think about learning to live with, alongside and from experiences of prolonged emotional anguish but not only because it is inescapable. There will always be those among us who have cause for despair or, lacking reason or cause, still feel despair. It is not only the inescapability or inevitability of emotional anguish that makes it a phenomenon that is rich with learning potential, there is also the fact that, as a human experience, it is an experience that is made in/through culture and, as such, has something to teach us about the culture within which we live and experience ourselves and others. Throughout the course of this thesis, one of my foci will be to examine the sociality of emotional anguish as it has the ability to reveal aspects of our culture to us. In particular, I will explore the University of Toronto's *Health and Wellness* and *Psychiatric Service* websites so as to better understand how emotional anguish is made meaningful on these sites, and thus in our culture.

The university Health Service:

offers a wide range of services for University of Toronto students. The health team includes Family Physicians, Registered Nurses, a Community Health Coordinator, a Health Promotion Coordinator, a Dietician, a Lab Technician, Support Staff, and Peer Health Educators. (www.utoronto.ca/health/index.html)

Some of the many subject headings you can click on include: Services Offered, Emergencies, Health Tips, Find a Doctor, Health Promotion and Education Program, Health Tips, and Forms. Under the subject heading ‘Health Tips,’ there exist a number of subtitles, including: Alcohol, Nicotine and Other Drugs, General Health, Men’s Health, Mental Health, Nutrition and Physical Activity, Sexual Health, Skin Health, and Women’s Health. When you click on ‘Mental Health,’ you are given three choices of topics: Cross-cultural Counselling; Counselling and Learning Skills Service (CALSS); and Psychiatric Service. When you click on any of these topics you are brought to the respective websites .

Psychiatric Services, according to the website, “offers University of Toronto students assessment, consultation and treatment for a wide range of emotional and psychological problems...using a wide variety of therapeutic methods, including individual, couple and group psychotherapy and pharmacotherapy” (www.psychiatricservice.utoronto.ca). This site has multiple ‘subject headings’ to click on, some of which include: Mental Health; Therapies; FAQs; Student Rights and Responsibilities; Links; and Emergencies. Under the subject heading ‘Mental Health,’ there is listed a number of ‘mental health issues’ including: anxiety, bipolar disorder, depression, disordered eating and body image, obsessive compulsive disorder, problem gambling, problem with sleep, psychosis, and substance abuse (<http://www.psychiatricservice.utoronto.ca/mentalhealth.htm>). When you select any one of these ‘issues,’ you are brought to the Centre for Addictions and Mental Health (CAMH) website, which provides detailed information about each ‘disorder.’

Under the subject heading ‘Links,’ you are brought to a list of links to other websites, all of which are listed under the headings ‘On-Campus,’ or ‘Off-Campus.’ Some of the off-campus links include: CAMH-Finding Mental Health Resources in Canada (PDF), Canada Health

Network, Collaborative Mental Health Initiative, Dieticians of Canada, Health Canada, and Gerstein Center. Some of the on-campus links include: accessibility services, health services, CALSS, family care, and student crisis response programs (<http://www.psychiatricservice.utoronto.ca/links.htm>).

Of particular significance to my work is the realization that, when searching these sites, ‘emotional anguish’ as a phenomenon is not what I will explicitly find, but *is* what I am ‘looking for.’ This act of ‘looking for’ emotional anguish is grounded in the social milieu from where I have gained knowledge about how, what, when, where and why to look for this phenomenon. Further, the how, what, when, where and why of my look will order what it is that I find. This means that, in attending to what it is that I find on these sites, I must also attend to the characteristics of my ‘looking.’ This thesis is specifically organized around the themes of ‘searching,’ ‘finding,’ and ‘ordering’ the meaning of emotional anguish.

In my first chapter, *Searching: A Reflection on Orientation*, ‘the search’ is understood as a social process that can be reflected on in order to reveal our cultural orientations towards the phenomenon we are searching for, and therefore come to find (or not). I reflect on ‘the search’ as a productive historical process that is intricately bound to what came before, and what comes after. Using Sara Ahmed’s work in *Queer Phenomenology*, I talk about the search as an oriented and orienting process. As Ahmed reminds us, the starting point for orientation is “the ‘here’ of the body and the ‘where’ of its dwelling” (2006:8). This means that the starting point for orientation is not ‘in’ the body, but is in the space between the body and the places it inhabits. The places we inhabit direct us to understand ourselves in certain ways. In this chapter, I reflect on my search as orienting me in particular ways based on my socially positioned background, and I also reflect on the university space as oriented towards bodies, thereby making sense of and

giving meaning to the bodies that dwell in that space. I finish by using W.E.B. DuBois' concept of "double consciousness" to think about how there is a need for alterity in the face of the one-sided view of anguish that the university provides. The sense of "two-ness" that DuBois writes about, this sense of there being more than one way to understand anguish, is presented in this chapter as central to the way I carry out my search for the meaning of emotional anguish at the university.

In my second chapter, *Finding: Emotional Anguish and the University*, I explore various representations of emotional anguish as they appear on the University of Toronto's *Health and Wellness* and *Psychiatric Service* websites. I make use of textual analysis so as to make explicit the taken-for-granted realities that these representations rely on and reproduce as they enact the meaning of emotional anguish. Through the course of this chapter, I show how the current 'mental health' discourse continues to rely on and reproduce a medical, individualized model of emotions therefore allowing the university space to remain unquestioned at the same time as individual students becoming understood as 'questionable' bodies. I also explore the sorts of assumptions about what counts as 'good,' desirable, and valuable lives, as they are implied in these representations, and what these assumptions mean for those who do not live up to these standardized expectations. I use the work of Rod Michalko, in *The Mystery of the Eye and the Shadow of Blindness*, to explore how the assumed inherent disvalue given experiences of emotional anguish are reliant on the taken-for-granted value always-already given to, what is called on the university's websites, 'mental health.' Michalko's work shows us how 'disability' comes to be conceived of as a problem that exists 'in' people, a conception that is continuously reproduced by the medical community.

In the third chapter, *Ordering the Self*, I explore how a medicalized conception of emotions relies on a particular interpretation of the mind-body relationship, which does not fit exclusively into either a ‘materialist’ or ‘dualist’ conception of the mind-body relation. Concomitantly, I explore how the medicalized conception of emotions affects anguished student’s conceptualizations of themselves as subjects. Using Michel Foucault’s work, I go on to explore the power dynamic enacted between the medical professional and the emotional student at the university. I do this as a way to better understand how the student comes to understand him/herself, indeed becomes a particular sort of emotional subject, under the ‘gaze’ of the medical professional.

Chapter 1: Theoretical Orientations and Methodological Strategies

Emotion as a Social Phenomenon

The field of the sociology of emotion helps us to re-think how we commonly orient to our emotions as solely individual and personal, and allows us to consider how emotions are fundamentally social phenomena, enacted in and through socially-interpretive relations. Rather than locating our emotions strictly ‘inside’ us, sociologists of emotion work to reveal how our emotions and feelings are made meaningful according to a particular “emotion culture” (Peterson, 2006:114). Sara Ahmed, in her book, *The Cultural Politics of Emotion* (2004), writes about the familiar ‘inside-out’ model of emotions, saying the following.

The everyday language of emotion is based on the presumption of interiority. If I was thinking about emotions, I would probably assume that I need to look inwards, asking myself, ‘How do I feel?’ Such a model of emotion as interiority is crucial to psychology. Indeed, the emergence of psychology as a discipline had significant consequences for theories of emotion: by becoming an ‘object lesson’ for psychology, emotions have been psychologized. In a psychological model, I have feelings and they are mine...I may express my feelings: I may laugh, cry or shake my head. Once what is inside has got out, when I have expressed my feelings in this way, then my feelings also become yours, and you may respond to them...The logic here is that I have feelings, which *then* move outwards towards objects and others, and which might even return to me. I will call this the ‘inside out’ model of emotions. (8-9)

Ahmed is highlighting the common-sense way that we think about and make sense of our emotions in Western society. Our emotions are thought to ‘come from’ within us, where they can stay if we decide to ‘hold them in,’ or, from where they can emanate if we decide to ‘let them all out,’ or ‘get emotional.’ Furthermore, when we think of our emotions in an academic sense, we first and foremost think that they fall under the jurisdiction of the field of psychology. Ahmed and others have shown that there is much to be learned through the development of the *sociology* of emotions; a field which presents us with the opportunity to begin to explore emotion as not ‘belonging’ to the individual, but as intricately bound to the production of social life. This means that the meanings of our emotions are not static, inherent, or objectively knowable, but are perpetually done and re-done in the ways that we live our lives as emotional beings in a particular sort of world. The meanings of our emotions, their subjective and objective significance, are tied to the production of everyday life, to how we organize ourselves in relation to our emotional experiences, and how our emotional experiences act to organize our relations with each other. In thinking about emotional anguish as a disability experience, I am drawing significantly from Tanya Titchkosky’s work in her book, *Reading and Writing Disability Differently: The Textured Life of Embodiment*, where her project is “to analyze the achieved social significance of disability in everyday life” (2007:11). She writes,

‘Disability,’ for my purposes, is a process of meaning-making that takes place somewhere and is done by somebody. Whenever disability is perceived, spoken, or even thought about, people mean it in some way. The ways that disability comes to have meaning has something to teach us about our life-worlds. Understanding disability as a site where meaning is enacted not only requires conceptualizing disability as a social accomplishment, it also means developing an animated sense of

that which enacts these meanings. Again, disability, made by culture, is a prime location to reread and rewrite culture's makings. (12)

Starting from the understanding, developed in Titchkosky's work, that disability is "made by culture," I will explore the meaning made of emotional anguish as it appears in the cultural space of a university's health service website. In order to do so, I will actively resist 'objectifying' emotions as 'things-*in-us*' that we can positively identify, distinguish between, and hierarchalize, such as has been the practice in the discipline of psychology. Instead, my approach to emotions within this thesis will be to understand them as phenomena that are meaningfully enacted in everyday life through language (talk, text, media) and other social acts such as a look, an avoidance, or an embrace. These everyday social acts work simultaneously to enact the meaning of emotions in our society.

To say that emotions are socially constructed is not to say that emotions are not 'real,' that we do not 'feel' them or that they are 'only' social. Rather, to understand social constructionism as a theory is to understand that what we interpret as the distinction between 'nature' and 'society' is itself a social construction, and we can only understand that which appears natural through our socially achieved languages. The distinction between nature and society is made but it is only through language that we can even make such a conceptual distinction. The University of Toronto's *Counseling and Psychological Services* website presents the experience of emotional anguish in terms of its being a 'sign and symptom' of having the 'illness' depression (www.caps.utoronto.ca/Mental-Health/Depression.htm). Having situated emotional anguish as having its 'origin' in a body (since, as a symptom of an illness, the appearance of anguish is meant to 'point to' something else happening, beneath the surface, in the body), the university goes on to frame anguish in terms of its 'causes.' It says,

Not all the causes of depression are known, but most evidence suggests that there are biological, psychological, and social factors that can all play a vital role in the development of this illness. Recent research also indicates that there is a genetic component, i.e. depression can run in families. (Ibid.)

In this example, emotional anguish is understood as something that has a static, objective meaning. It is something that may be ‘caused’ by social factors, but that ‘exists’ physiologically ‘in’ the body (the body here being a biological organism; a part of nature). Emotional anguish is shown as being rooted in biology (and in genetics), thereby reifying the conception that it is based in ‘nature,’ and as such, is objectively and scientifically identifiable. What is important to consider here, for my purposes, is the way that this conception of anguish as ‘rooted’ in nature neglects the social character of knowledge production. The attribution of something *as* ‘natural’ is a social act. The term ‘natural’ is a social category; its meaning is established socially, through interpretation. Having one or more family members experience emotional anguish is, in the above example, attributed to a ‘genetic code’ of depression. The social context wherein, and according to which, this anguish is experienced is glossed over. Instead, the dominant interpretation of emotional anguish (as illness) coincides with the dominant ideology toward biological families (as having genetic similarities) allowing for the attribution of a “genetic component” of depression to be made. This link that is drawn between “depression as illness” and “families as having a similar genetic code” relies on an understanding of emotions as ‘biological’ or ‘natural,’ but, not only is the drawing of the link between these two conceptions a social act, the interpretations of “depression as illness” and “families as having similar genetic codes” are social acts. These interpretations rely on socially established ideological frameworks (such as medicine, genetics and biology – all of which are grounded in positivist assumptions

about the world). Asserting the ‘purely’ biological origin of emotions or the ‘purely’ social origin of emotions is reductive and unproductive, as is attempting to conflate the tension between the nature/societal relationship. Instead, we may try to understand emotions as ‘natural’ and ‘social,’ at once. To say that emotions are socially constructed is to say that their meaning is made in and through culture; that we only understand our emotions, what they mean to us, even how they feel, through the tools of interpretation that our culture has provided for us, even as these feelings are experienced in our bodies, which are, in scientific discourses, understood to be ‘part of nature.’

Emotional Socialization: Normal vs. Deviant Emotions

According to Gretchen Peterson, in her chapter titled, “Cultural Theory and Emotion,” in Turner and Stets’ book, *The Handbook of the Sociology of Emotions* (2006), we all go through a process of “emotional socialization” in order to learn, not only about the meaning and appropriate display of emotions, but also, to learn what constitutes an emotion in our society, and who we are as emotional beings. From a sociological perspective, being ‘emotionally socialized’ is fundamental to any culture’s development of socially competent members. As Peterson writes,

Emotional socialization is the process whereby individuals come to learn their emotion culture. Given the importance of understanding emotion culture to engaging in daily interactions, emotional socialization is crucial to our development into socially competent actors...Part of our emotional socialization involves learning to effectively manage one’s emotions to fit expectations. This need to engage in emotion management is culturally proscribed and is a crucial interactional skill.

Society expects an emotionally competent actor to fit his or her emotional experiences with the emotion culture. In order to do so, the individual will need to engage in emotion management... When an individual is unable to effectively manage his or her emotions, the result is emotional deviance... Thoits (1985) argued that persistent emotional deviance contributes to a person self-labeling as mentally ill. This self-labeling then contributes to an increased likelihood of voluntary treatment-seeking. (Peterson 122-125)

Peterson discusses the importance of managing one's emotions to fit societal expectations of what counts as 'appropriate' or 'normal' if one does not want to be labeled an emotional 'deviant.' As the 'deviancy' persists and perhaps 'increases,' one's labeling as an emotional deviant can lead to further labeling as 'mentally ill.' This act of self labeling a person 'mentally ill' is a complicated social process that requires further attention, and will be attended to in greater detail in the second chapter of this thesis. For now, I intend to draw attention to Peterson's suggestions that, in order to know how not to appear as 'deviant' or 'ill,' one must be properly socialized or acclimatized to one's surrounding 'emotion culture.' If, as Peterson suggests, the recognition of a societal member as 'mentally ill' is dependent on a society's 'emotion culture' and the ability of a member to fit his/her society's normative expectations, then attending to those sites where members are defined as 'mentally ill' presents us with the opportunity to learn more about our 'emotion culture.' This is the case because deviancy and normativity, as binary oppositions, rely on each other for their emergence and social significance. It is by examining the sites where 'emotional deviance' makes an appearance that we may come to have insight into what constitutes the 'common-sense' and 'taken-for-granted' emotional norms of our society

Enacting the Emotional Subject

Learning about our emotion culture includes learning about how our emotions are made meaningful, what is expected of us emotionally, and how we are being made into emotional subjects. A number of social theorists have written about the enactment of subjectivity and identity through social relations. Those who have influenced me most directly include such social-philosophers as Hannah Arendt, Michel Foucault, and Judith Butler. My interest in their work is particular to their theories on subjectivity (or the accomplishment of subject-hood) as they relate to the social enactment of emotional selves.

As social beings, we cannot exist but in the midst of others and, as such, our activity never belongs only to ourselves but always happens in relation to others. Social and political theorist Hannah Arendt proffered this insight eloquently when she wrote in her book, *The Life of the Mind*, that

Being and Appearing coincide...Nothing and nobody exists in this world whose very being does not presuppose a *spectator*. In other words, nothing that is, insofar as it appears, exists in the singular; everything that is is meant to be perceived by somebody... Living beings, men and animals, are not just in the world, they are of the world, and this precisely because they are subjects and objects – perceiving and being perceived – at the same time. (1971, 19-20).

Arendt is saying that we are not autonomous individuals passing through the world untouched or uninfluenced by others, but instead we exist in dialectical relation with others, others who are also *of* the world. This means that the lines that we *posit* as separating us, lines that are meant to define us as distinct individuals, are themselves murky, nonlinear and ambiguous. We are not

separate from the world within which we play out our lives, but are intricately and intimately related to it in a way that mandates our engagement with it if we wish to persist as beings in this world. This also means that our identities are never our own creation, since we are always involved in the social process of constructing our identities in the midst of others. Our selves are not determined by us or by others, but instead we are in the process of negotiation; of informing and being informed by others, of speaking to and being spoken by others. In relation to the social interpretation of the emotional subject, this means that how we understand ourselves as emotional beings is, at its very foundations, grounded in the social milieu in which our emotions and our selves make their appearance.

French philosopher Michel Foucault further enhances our understanding of the complexity of our relatedness with each other and with society when he introduced the idea that, not only is our subject-hood (self-hood or identity) produced in relation to others, but these relations are always also power relations. According to Foucault, power

applies itself to immediate everyday life, categorizes the individual, marks him by his own individuality, attaches to him his own identity, imposes a law of truth on him which he must recognize and which others have to recognize in him. It is a form of power which makes individuals subjects. There are two meanings of the word *subject*: subject to someone else by control and dependence, and tied to his own identity by a conscience or self-knowledge. Both meanings suggest a form of power which subjugates and makes subject to. (1982: 212)

Foucault suggests that an individual's 'subject-hood,' his/her 'identity' as a self amongst others, is *constituted, made manifest, conceived* in the midst of a social network of power relations to

which the individual *subjects* him/herself ‘in-order-to-be’ as a subject. Thus it follows that, insofar as we consider ourselves human subjects, we must also understand that we are created as such through relations of power and, more than this, we create *ourselves* as such in/through these relations. Foucault’s notion of power is not a ‘top-down’ model where there are those who ‘have’ power and who use it ‘on’ others who are their ‘subjects.’ Rather, the interplay of power relations is much more subtle than this. Power is a process enacted by all parties involved, all are implicated in it, and those who are involved subject themselves (understand themselves, create their identities) in relation to the dominant, power discourses that surround them.

Judith Butler, drawing on Foucault’s formulation of the production of subject-hood through power, explores the paradox that emerges when those very relations of power that have created our subjectivity are also those that suppress and contain our individuality through socially constructed norms to which we cannot or wish not to subscribe. In her book, *Undoing Gender*, Butler writes:

The social norms that constitute our existence carry desires that do not originate with our individual personhood. This matter is made more complex by the fact that the viability of our individual personhood is fundamentally dependent on these social norms.... As a result, the “I” that I am finds itself at once constituted by norms and dependent on them but also endeavours to live in ways that maintain a critical and transformative relation to them. This is not easy because the “I” becomes, to a certain extent unknowable, threatened with unviability, with becoming undone altogether, when it no longer incorporates the norm in such a way that makes this “I” fully recognizable. (2004:2-3)

According to Butler, how we experience ourselves is both constrained and made possible by the normative sense-making techniques that are available to us through our culture. Our very intelligibility is constituted through these cultural norms, and without them, one is threatened with cultural unviability. This means that the way one makes sense of one's own experience and makes sense of oneself through this experience does not come "from" oneself, but "from" one's relationship with one's culture. One looks to one's culture (i.e., language) in order to make sense of experience. There may be a multitude of availabilities in one's culture for how one can make sense of one's experience, but, invariably, there will be those that dominate and thus appear more prevalently and have more cultural legitimacy than others.

As Butler has said, a fundamental problem arises when those meanings that are culturally available and that hold power in society "carry desires that do not originate with one's own individual personhood" and as such "will only do me in from another direction" (3). Of this she writes of the need for critique and critical engagement with cultural norms, as they have the power to both produce and destroy us as viable human beings. As Butler has written,

There is a certain departure from the human that takes place in order to start the process of remaking the human. I may feel that without some recognisability I cannot live. But I may also feel that the terms by which I am recognized make life unlivable. This is the juncture from which critique emerges, where critique is understood as an interrogation of the terms by which life is constrained in order to open up the possibility for different modes of living. (3-4)

Butler would say that it is imperative that we interrogate with critical thought those meanings that culturally bind us if we wish to open up the possibility for new definitions and meanings of

our personhood. This is the major task of my thesis, which seeks to understand how the mentally anguished subject is being constructed through the Student Service websites at the University of Toronto that have an investment in the discourse of Mental Health.

Foucauldian Discourse as Critical Theory and Method

In the Appendix to his book *The Archaeology of Knowledge and the Discourse on Language* (1972), Michel Foucault proceeds to elucidates what it is that he means by discourse, what its relevancy is for his work, and how we should go about analyzing it. Foucault is not known for his directness, nor is he known for his tendency to provide comprehensive theories on the topics that interest him, and he is similarly enigmatic in the way that he goes about writing on the topic of discourse in his appendix chapter, titled ‘The Discourse on Language,’ Foucault wrote the following.

I am supposing that in every society the production of discourse is at once controlled, selected, organized, and redistributed according to a certain number of procedures, whose role is to avert its powers and its dangers, to cope with chance events, to evade its ponderous, awesome materiality. (216)

The reader is made to stop and consider, to think about, what Foucault is saying about discourse through his hypothesis. Through his very style of writing, Foucault encourages us to think about what it is we are encountering – to work at figuring out what is behind the appearance of things. By ‘thinking,’ here, I mean to signify more than the ability to form thoughts that are in accordance with the text. Instead, I mean this term in the way that Hannah Arendt expressed it in her book *The Life of the Mind*, where she distinguishes the act of thinking from the act of producing knowledge, writing the following.

The questions raised by the desire to know are in principle all answerable by common-sense reasoning; they are exposed to corrigible error and illusion in the same way as sense perceptions and experiences. Even the relentlessness of modern science's Progress...does not contradict science's basic goal – to see and to know the world as it is given to the senses – and its concept of truth is derived from the common sense experience of irrefutable evidence, which dispels error and illusion. But the questions raised by thinking and which it is in reason's very nature to raise – questions of meaning – are all unanswerable by common sense and the refinement of it we call science. The quest for meaning is “meaningless” to common sense and common-sense reasoning because it is the sixth sense's function to fit us into the world of appearances and make us at home in the world given by our five senses; there we are and no questions asked. (1971:58-59)

In relation to the above statement by Foucault about his hypothesis, this means that we are called, in reading his words, to forego thinking in the strictly scientific sense of being able to align our thought with what appears to be common-sensical and reasonable. Instead, we are called to use our ‘sixth sense,’ that of raising questions about meaning, in order to be able to look beyond (or between the gaps in) the world of appearances so as to better understand the meaning that has been given it (and that we participate in giving). In attending to the way Foucault's hypothesis is written, I can surmise that he *means* (gives meaning to) discourse as something that is socially produced, that has a certain arrangement or manner of appearance that is particular to it, and that is nestled in and occupied by power relations. Foucault means for us to understand discourse as more than this, though, and goes on to show us how that is.

Foucault goes on to write about how discourse operates through practices of exclusion, and outlines three such forms that this exclusion takes in the governance of discourses: the prohibition of words, the division between reason and madness, and the division between truth and falsehood or ‘the will to truth’ (216-219). These are the ‘external rules’ that Foucault outlines as contributing to the governance of discourses. I am more interested right now in what Foucault calls the “internal rules, according to which discourses exercise their own control; rules concerned with the principles of classification, ordering and distribution” (220). These rules are those of commentary, the author, and disciplines. Commentary is the process of re-telling a society’s major narratives over and over. As Foucault writes,

[W]hatever the techniques employed, commentary’s only role is to say *finally*, what has silently been articulated *deep down*. It must – and the paradox is ever-changing yet inescapable – say, for the first time, what has already been said, and repeat tirelessly what was, nevertheless, never said...Commentary averts the chance element of discourse by giving it its due: it gives us the opportunity to say something other than the text itself, but on the condition that it is the text itself which is uttered and, in some ways, finalized. The open multiplicity, the fortuitousness, is transferred, but the principle of commentary, from what is liable to be said to the number, the form, the masks and the circumstances of repetition. The novelty lies no longer in what is said, but in its reappearance. (221)

Commentary is an internal method of controlling what knowledge gets distributed and what truths get told through a society’s major narrative (discourse). This element of controlling what is said about a subject through repetitive acts of story-telling is one method through which discourse proliferate and are maintained as coherent narratives. The discourse, ‘depression as

illness,' is re-told over and over again in various representations that appear in different places (such as the doctor's office, the school guidance counsellor's office, the bus terminal) and take different forms (such as pamphlets, websites, television advertisements). In the end, these narratives are always reiterating the same thing: that our 'sad' emotions can and should be understood as 'signs and symptoms' of an illness.

Another internal rule of controlling discourses, according to Foucault, is that of the author: "the unifying principle in a particular group of writings or statements, lying at the origins of their significance, as the seat of their coherence" (221). We look to the author as a way to gauge the truthfulness of a given work; the author lends his/her status to the work and thereby validates it. This, according to Foucault, is the 'author-function' (222). This idea that there is an individual author who creates pieces of work allows various discourses to proliferate because we assign the author a special status that does not require our reflecting on how the author's work is influenced by or reflects the dominant discourse of his/her time.

A third internal rule of discourses, and the last that Foucault mentions, is that of disciplines. Disciplines, he writes, "are defined by groups of objects, methods, their corpus of propositions considered to be true, the interplay of rules and definitions, of techniques and tools" (222). Disciplines are a method of organizing and classifying different types of knowledge according to particular rules, patterns and techniques. Also, according to Foucault,

In order to belong to a discipline, a proposition must fit into a certain type of theoretical field....Within its own limits, every discipline recognizes true and false propositions, but it repulses a whole teratology of learning... In short, a proposition must fulfill some onerous and complex conditions before it can be admitted within a

discipline; before it can be pronounced true or false, it must be, as Monsieur Canguilhem might say, ‘within the true.’ (223-224)

The erection of disciplines (such a psychology, sociology, biology) has allowed for the proliferation of discourses to be a controlled process so that there has been established particular ways of coming to know the truth about a phenomenon based on the discipline in which the author is situated. These disciplines have been established over time so that certain epistemologies have become dominant over others, and before something can be pronounced as ‘true,’ the author’s work must first satisfy the epistemological conditions of the discipline. The author’s statement will not be accepted as true unless they are first ‘within the true’ of the discipline.

There is a last grouping of rules that Foucault outlines as governing discourse, besides external and internal ones, which concern “imposing a certain number of rules upon those who employ it [discourse], thus denying access to everyone else” (224). One must be qualified to speak on certain subjects for one’s speech to carry the sanctity of truth. Not only must one satisfy the criteria of the discipline within which one carries out his/her research, but one must first be qualified as a member of that discipline, and cannot speak on behalf of a discipline unless one has officially been granted access to a certain disciplinary realm. These qualifications today come in the form of certificates, diplomas and degrees, the acquisition of which are meant to show that one is qualified to speak about a particular topic with authority, and to create ‘true’ knowledge about a phenomenon. The university is a powerful promoter of discourses, and indeed, as Foucault writes, “every educational system is a political means of maintaining or of modifying the appropriation of discourse, with the knowledge and the powers it carries with it” (227). It is important to examine the discourse being promoted by the university, as this

discourse is powerfully tied to the politics of life; that is, of how we understand ourselves, how we express ourselves, and how we configure ourselves in relationship with others. It is because of the university's role as a powerful knowledge-producer that I have chosen to analyze the discourse circulated therein about emotional anguish and the emotionally anguished student.

Data Collection

The university environment is a place where academic stress, social pressure, worries about the future, loneliness and isolation are said to coincide. Late adolescence and early adulthood are also periods in a person's life when fundamental questions of identity and meaning are likely to re-arise. As a transient life stage that is sated with choices, experimentation, decisions, and people trying to 'find their way,' this is a period during which many may feel in need of guidance, understanding and support. I am interested in exploring the sort of support and guidance being offered to those who, during this period, are finding themselves living with intense and prolonged mental anguish, and how the support being offered acts to accomplish the meaning of the subject being supported.

In this thesis, I begin, as Tanya Titchkosky (2007) writes, "with the here and now," by examining how mental anguish is textually accomplished in the university environment. Specifically, I gather my data and complete an analysis within the context of the University of Toronto, St. George Campus, Toronto, Ontario, Canada. I begin my inquiry by using methods of interpretive sociology to reveal how the University of Toronto's *Health and Wellness* and *Psychiatric Services* accomplish the meaning of emotional anguish and the emotionally anguished student.

I have chosen to look at these service centers' online websites because the internet is the most usual way for people to access information about these service centers. With the internet's incessant use by universities worldwide, students have become accustomed to searching the web for virtual information before going to a "physical" site such as where these centers are housed on campus. The internet is quite often students' first access point to finding out, not only what services are available to them at the university, but also where these services are located, and what sort of information and benefit they can find through these services. As such, the information provided on these sites is crucial to the centers' development of the meaning of mental anguish.

I treat the 'texts' that I find on the service centers' websites as social action, as accomplishing the meaning of and constructing a particular version of the world. Max Weber is a sociologist who is considered one of the founders of interpretive sociology. In his book, *Economy and Society: An Outline of Interpretive Sociology*, Weber wrote that "action is 'social' insofar as its subjective meaning takes account of the behavior of others, and is thereby oriented in its course" (1978:4). Insofar as the online text is directed towards an audience, that is, it takes into account the behavior of others (i.e. that others are seeking a particular kind of information, which the site seeks to provide), then it is considered, by Weber, to be social action. In examining these service sites I analyze how the text acts on the reader in order to bring about (intentionally or not) a particular view of mental anguish and the mentally anguished subject.

I began my search for data at the main University of Toronto website, to see how I would be directed to find representations of mental anguish at the university from its 'home' address. In scanning the website, I found that there were a number of 'headings' across the top of the page that could be clicked on and would bring me further into the university's cyber space,

providing more detailed information about the particular aspect of the university that I am interested in. The titles of these headings (or subjects) include: *Admissions, Academic Life, Campuses, Libraries, Alumni, Giving, About U of T, and President's Welcome*. When I hovered my mouse over each of these subjects, I was shown a listing of the information that would be available to me were I to click on the subjects I was hovering over. For example, when hovering over the header *Academic Life*, the following list appears: *Academic Units, Departments, Colleges, Centres and Institutes, Undergraduate Programs, Graduate and Postdoctoral Programs, Continuing Studies, and Professional Programs*. Taking a scroll down the home page further revealed more subjects that offered further elaboration on what one could expect to find on the university's website. These lower headings were organized as follows: *Academic Life, Campus Life, Resources, Calendars, Financial Matters, and The University Experience*. Of these subjects, the one titled *Campus Life* was the only one that implied the university's recognition of the significance of emotional life, and in particular emotional anguish. Under the heading, *Campus Life*, were included such subtitles as: *Athletics and Recreation, Clubs, Health and Wellness, Housing and Residence, Arts and Culture, Campus Safety, and More Services*. Of interest to me on this page was the listing *Health and Wellness*, under which is written: "*Being in good physical and mental health is critical...*" This is where I began my analysis of the *Health and Wellness* website (which, in this work, appears in Chapter 2: Finding). This website directed me further to the *Psychiatric Service* website, which I proceed to explore in the manner that a student would when looking for information about his/her emotional anguish, particularly as it relates to the university experience.

Methods of Analyzing Discourse

In an interview titled “Questions of Method” in the book *The Foucault Effect: Studies in Governmentality*, Foucault provides an explanation of what he means by “eventalization” as a useful procedure of analyzing discourses. First, he says, eventalization is:

a breach of self-evidence. It means making visible a singularity at times where there is a temptation to invoke a historical constant, an immediate anthropological trait, or an obviousness which imposes itself uniformly on all... Secondly, eventalization means re-discovering the connections, encounters, supports, blockages, plays of forces, strategies and so on which at a given moment establish what subsequently counts as being self-evident, universal and necessary. In this sense one is indeed effecting a sort of multiplication or pluralisation of causes...This procedure of causal multiplication means analyzing an event according to the multiple processes which constitute it. (76)

In adopting Foucault’s method and proceeding to analyze the representation of mental anguish on the university websites as an event, it is necessary to question that which is taken-for-granted or which appears as ‘self-evident’ on these websites. This means exposing or “re-discovering” the matrix of forces that have established the taken-for-granted *as* ‘taken-for-grant-able’ in the first place. In my research, this could be referred to as the return of the question of the nature/society divide: how is nature taken-for-granted as ‘always/already there,’ as ‘pre-social?’ This ‘exposition’ of the ‘matrix of forces’ establishing the ‘taken-for-grantable’ can be done by suspending the belief that events appear ‘as they should’ because of an intrinsic ‘order-of-things,’ and instead questioning the ‘order-of-things’ as they appear such that one comes to understand the apparent ‘order-of-things’ as constituted within and made possible by a certain history of events and/or processes that have legitimated the present ‘truth’ to the exclusion of

alternate possible, currently subjugated, truths. This ‘eventalization’ procedure requires the assumption of a critical perspective toward established, dominant, knowledge (which always appears as self-evident by virtue of its dominance), and through this critical perspective, making visible those ‘subjugated knowledges’ that, according to Foucault, have been swallowed up by the dominating discourse. Subjugated knowledges, Foucault explains, are those

blocks of historical knowledge which were present but disguised within the body of functionalist and systematizing theory and which criticism – which obviously draws upon scholarship – has been able to reveal. [One should also understand subjugated knowledge as]...a whole set of knowledges that have been disqualified as inadequate to their task or insufficiently elaborated...[and] it is through the re-appearance of this knowledge, of these local popular knowledges, these disqualified knowledges, that criticism performs its work. (Foucault 1980/1972: 80-81).

In this thesis it will be my work to make apparent the dominant discourse surrounding mental anguish at the university, and to show how this discourse works to make the mentally anguished subject meaningful in a particular way (to the exclusion of alternative, subjugated knowledges about the mentally anguished subject.) Alongside Foucault’s method of eventalization, I will also use methods of interpretive social analysis and textual analysis to reveal the discursive ‘truths’ about mental anguish and the mentally anguished subject that are being produced through these university websites. Much of my knowledge about interpretive methods of social research and textual analysis has been gained through the work of Tanya Titchkosky, a Canadian sociologist in the field of disability studies. In particular, I draw from her book *Reading and Writing Disability Differently: The Textured Life of Embodiment* as I move forward with my own analysis of the social accomplishment

of discourses surrounding mental anguish, and the simultaneous production of the meaning of the mentally anguished subject in a Canadian university environment.

Chapter 2: Searching: A Reflection on Orientation

As I begin my search for the meaning of emotional anguish (re)presented by one Canadian university, I am drawn to reflecting on the significance of ‘the search’ as a social process, as embedded in culture, and therefore as worthy of sociological study. The search, in this chapter, is understood as a social process that can be reflected on in order to reveal our cultural orientations towards the phenomena we are searching for, and therefore come to find (or not).

In this chapter I will attend to ‘the search’ as a productive historical process that is intricately bound to what came before, and what comes after. That which comes before and that which comes after the search are not distinct from one another, but rely on and reconstitute one another, together contributing to the meaning made of what is found. As a historical process, the search draws on the past and projects into the future. The search is, and must be, oriented in its course (Weber,). In her book *Queer Phenomenology*, Sara Ahmed writes,

‘Orientations’ are about how we begin; how we proceed from “here,” which affects how what is “there” appears, how it presents itself... The starting point for orientation is the point from which the world unfolds: the “here” of the body and the “where” of its dwelling... Bodies do not dwell in spaces that are exterior but rather are shaped by their dwellings and take shape by dwelling. (2006:8-9)

The searcher’s *orientation* (which unfolds from ‘where’ her/his body is in space) structures her/his *gaze*, or way of looking at a phenomenon ‘there’. Where I look from, ‘here,’ affects what I find, ‘there.’ Ahmed situates the starting point of orientations from the position of the

body. However, this does not mean that orientations are *in*, or *come from*, the body. She also positions the body in space, and blurs the line that is commonly drawn between bodies and the spaces they inhabit. How we orient to phenomena is shaped by the spaces we inhabit, and how they orient to our bodies, or how they direct us. The way our bodies are made meaningful, the meaning-making process, transpires in the relationship between our orientations to the spaces we inhabit, and the way these spaces orient our bodies. In the university space, there is a vast diversity of bodies dwelling in the same proximate space, and the meaning of these bodies take shape in and through this space. The university orients to its student-body in a particular way, and student bodies must take this into account in how they orient to the university, to themselves, and to each other. As I perform my search, I am interested in understanding how my emotionally anguished body takes shape in and through the university space.

Ahmed expands on the connection between our orientations (here) and what we find (there) by using the metaphor of ‘lines.’ She writes,

‘Orientations’ depend on taking points of view as given. The gift of this point is concealed in the moment of being received as given. Such a point accumulates as a line that both divides things and creates spaces that we imagine we can be ‘in.’

(2006:14)

Our orientations are what allow us to imagine particular spaces, and also to imagine what could be ‘in’ those spaces. So, as I perform my search, I must already have imagined what I might find in the spaces I am searching. My imagining comes from my background knowledge of the Canadian university environment, from how this environment directs me to think about the body, the mind, emotions and their place in the university-space.

Imagining what could be in a particular space also involves knowledge of what will not be included in such a space. According to Ahmed, we do not need to necessarily attend to who or what is being excluded from our imaginings of space. She writes,

When we follow specific lines, some things become reachable and others remain or even become out of reach. Such exclusions – the constitution of a field of unreachable objects – are the indirect consequences of following lines that are before us: we do not have to consciously exclude those things that are not “on the line.” The direction we take excludes things for us, before we even get there. (2006:14)

Ahmed reminds us that there is a taken for granted character to orientations: we begin from an unexamined place (here and now) and are directed from this place along certain lines that (seem to) automatically unfold from here. Depending on our orientations, we will inevitably make various distinctions, divisions and exclusions about the phenomena we encounter as we perform our search. Depending on the meanings we take for granted as true, depending on our orientation or point of departure, there will be paths already drawn out for us ahead of time that we will follow (without having to notice alternative paths that could have been chosen had we different orientations). For example, as I perform my search for the meaning of mental anguish, I must already have a preconceived idea of what mental anguish ‘looks like’ in/for our society, and also what it might ‘look like’ on a website. It is this idea that will determine where I look, and what I look for: what I include or exclude as significant findings of my search. Where I look and what I look for depends on my orientation, and my orientation is grounded in the social space wherein I undertake my search. According to Ahmed, we cannot escape the exclusionary practices of our orientations since our point of view only directs us to some ‘lines’ and excludes others. The websites I am viewing in my search are also oriented in a particular way, and part of

what I am looking for as I search these sites is how these websites are orient me, an emotionally anguished student.

What are the lines that the university follows, that allow it to include some versions of the human and exclude others, without having to think about this process? How do some lines become taken-for-granted while other lines remain outside of ‘the imaginable’ in a university space? These questions will be explored in greater depth in the following chapters. I will begin now by turning my gaze reflexively on my own orientation towards the websites I encounter.

An Oriented Self

The purpose of reflecting on my orientation is not to get to know myself better, nor is it to locate my orientation as ‘coming from within’ me as an autonomous individual. Instead, I use the reflexive turn to my orientation as an occasion to also reflect on my culture, through which my orientation has necessarily been framed and developed. While my individual experiences help to construct the perspective from where I view the world, this perspective never develops in a vacuum, but is cultivated always in the midst of a social landscape. In my development as a self, I construct myself/am constructed within a culture that is embedded in power relations that allow some interpretations of my self to exceed others. It is in my navigation of these cultural concepts/meanings/interpretations that reflects and develops my perspective. Indeed, how I have come to carry out this search, how I ‘already know’ where to look and what to look for, is indicative of the particular culture in which I perform my search and the meanings of mental anguish I have already become familiar with through ‘living with’ them.

As Ahmed reminds us, the starting point for orientation is “the ‘here’ of the body and the ‘where’ of its dwelling” (8). My body is the starting point of my orientation, and is also the

place that others ‘look to’ when they are orienting towards me. It is in the space between myself and others, others and myself, that the meaning of ‘me’ arises. I am positioned, between others and myself, in a multitude of ways. Some of the ways I am regularly positioned are as a white, middle-class, straight, (sometimes) disabled, woman. These identifications (I use this word to signify identity as process rather than a static ‘thing’) have been given to me (and taken up by me) in a society that created these characters as significant and meaningful in particular ways. Each of these identifications can be questioned, deconstructed, destabilized, by asking: ‘What does it mean to be white; middle-class; straight; disabled; a woman? The meaning of my disability is interlaced with the meaning of my whiteness, my straightness, my womanhood, and my socio-economic position. These social identifications have become common themes of study in sociological literature, yet they do not exhaust the list of characters I identify with. I am also a daughter, a friend, a member of a community, a partner, a student. I have likes, dislikes, desires, fears, strengths, weaknesses. My various identifications cannot be separated from each other, nor can they define me entirely. I am many things, and no-thing, at once. Judith Butler, in her book, *Giving an Account of Oneself*, writes about the impossibility of knowing oneself entirely, saying:

If the identity we say we are cannot possibly capture us and marks immediately an excess and opacity that falls outside the categories of identity, then an effort “to give an account of oneself” will have to fail in order to approach being true. (2005:42)

We are always more and less than the categories of identity that we use to describe, or define, ourselves, and we can never succeed in definitively saying “who we are” as individuals. However, while it is true that we cannot know ourselves, or others, entirely, we *can* work towards understanding the “schemes of recognition” to which each of us are subject, and through which we emerge as subjects (Butler, 2004:2). Butler writes,

There is no “I” that can fully stand apart from the social conditions of its emergence, no “I” that is not implicated in a set of conditioning moral norms, which, being norms, have a social character that exceeds a purely personal or idiosyncratic meaning. (2005:7)

Another way of understanding my task in this thesis is to reveal the “set of conditioning moral norms” or the “schemes of recognition” in which we as social members are implicated and which exceed our “purely personal” meanings. It is imperative that we work to understand the normative order through which we recognize ourselves and others, since this order can, and does, have a violent, damaging, effect on those whom it does not recognize, or whom it misrecognizes (and, as Ahmed shows, spaces perform exclusions, and therefore can fail to recognize certain bodies). In *Undoing Gender*, Butler writes,

But if the schemes of recognition that are available to us are those that “undo” the person by conferring recognition, or “undo” the person by withholding recognition, then recognition becomes a site of power by which the human is differentially produced. This means that to the extent that desire is implicated in social norms, it is bound up with the question of power and with the problem of who qualifies as the recognizably human and who does not? (2004:2)

Connect Butler to your upcoming example sooner As an undergraduate and graduate student I have experienced significant emotional anguish and have needed to seek accommodations from my university community as I have negotiated how to perform the role of a ‘good’ university student as an emotionally anguished person. An integral part of how to maintain one’s status as a ‘good student’ while striving to live with emotional anguish is to obtain a ‘doctor’s note’ so as

to be able to receive needed accommodations, such as time extensions. This doctor's note not only signifies that my emotional anguish is a 'legitimate disability,' but it also signifies that I am 'dealing with' my anguish in the proper way – that is, medically. As I was made subject to the medicalized meanings of anguish already given by my culture, and even benefited from these meanings as they helped me to gain needed accommodations, I also began to feel myself as undone, misrecognized, and violated by a medical community who claimed to 'know' me and the meaning of my anguish in a reductive way, a way that required me to turn away from my anguish, to work to rid myself of anguish, rather than think and live *in* it in new and imaginative ways. It is through my experiences of mental anguish as a university student, and my desire to think about (and in) emotional anguish differently, that I have come to pose the questions I do in my search. That is, how is emotional anguish made meaningful (what are the "schemes of recognition?"), and how is the mentally anguished subject *recognized* or *misrecognized* by the university environment?

The Search as Double Sided

I began my search by looking at the main University of Toronto website. I wanted to analyze a space that could be easily found and frequented by students who are experiencing emotional anguish, and I decided that the internet would be the most likely place for students to begin their search for the services available to them through the university. Many students in their late teens and early twenties have been brought up in the age of digital technology, and have become accustomed to using the internet as a source of quick and easy information-finding. We expect information to be "at our fingertips" at any time of day, and from any place that we can find a "WiFi" connection. We use 'search engines' like Google or Yahoo to insert keywords and have them do the work of finding information for us. The age of book-bound

encyclopaedias and dictionaries seems to be receding, as countless online versions of these resources become available for free or for a small subscription fee. We can search libraries from our living rooms, access journals and even read books online. We can purchase textbooks from our laptops and have them sent to our doors within days. We register for our classes online, take classes online, manage our financial accounts online, email our professors and colleagues online, participate in discussion forums online, apply for conferences online, etc. Many of us have foregone landlines and instead rely on our cell phones and Skype or MSN Messenger to keep in contact with family and friends. Our world, as students, revolves around our computers. We expect the institutions, businesses and organizations that we interact with to provide important information about their services on websites, and as an institution, business *and* an organization, we expect our universities to do the same. As such, the university website is a very likely place for students to begin searching for information about their community's understanding of mental anguish. As I perform my search from a social researcher's standpoint, I am also performing my search from a student's standpoint, and in particular, from a mentally anguished student's standpoint, as it is this student to whom (I imagine) these sites are directed, and oriented.

I perform my search from the double perspective of a researcher and a student. But, there is another sense of 'double-ness' that informs my research: my interest in representations of emotional anguish at the university is animated by my sense of the conflict between the way I (try to) understand and identify with my anguish, and the way I am identified and understood by the wider community of which I am a part. It has been well established through sociological literature that we come to understand ourselves not only from our own perspective, but through the perspectives of others. Part of how I orient to the world is in knowing that others are also orienting toward me, that even as I am a subject in the world, I am also an object to others and to

myself. This is sometimes called a symbolic interactionist perspective, and has been demonstrated by such sociologists as George Herbert Mead, Herbert Blumer, and Erving Goffman (1934; 1969; 1959, respectively). Phenomenologist Jean-Paul Sartre also wrote about being an object-for-others in his book, *Being and Nothingness*, where he writes about the significance of ‘the look’ for our becoming present to our own consciousness. He writes about how a person becomes conscious of oneself as an object-in-the-world when seen, or looked at, by an Other.

I see myself because somebody sees me... the person is presented to consciousness in so far as the person is an object for the Other. This means that all of a sudden I am conscious of myself as escaping myself, not in that I am the foundation of my own nothingness but in that I have my foundation outside of myself. I am for myself only as I am a pure reference to the Other. (1956:349)

We rely on the Other in order to be able to ‘see’ ourselves as objects in the world. Without the experience of ‘being-looked-at’ by others, we would not have a perspective. We understand our own perspective as the central point of reference from where the world unfolds in relation to other perspectives. We would only ever experience the world as for-me, and would not come to experience our selves as for-others. This being-for-others is central to who I am as a person. There is not first me, and then others. I am always with and for others, as others are with and for me, so that who I am to others matters for who I am to myself. However, as Butler has discussed, and as I have referenced above, who I am for others, how I am recognized by others, can do damage and violence to my personhood; others can even deny my personhood and likewise my basic human rights.

It is interesting to note that, while Sartre's study shows how each of us become objects to ourselves through 'the look' (or perception) it is those who are marginalized by society, those who do not at once live up to the normal or expected body in a particular space, who most often feel 'looked at' by others, and feel this look as a violation to one's personhood. W.E.B. Dubois wrote about the "double-consciousness" that is ever felt by black people in a white supremacist society with a history of slavery, murder and oppression, in his book *The Souls of Black Folk*.

It is a peculiar sensation, this double-consciousness, this sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity. One ever feels his two-ness, - an American, a Negro; two souls, two thoughts, two unrecognized strivings; two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder. (1903:2)

Dubois is writing about his sense that there is a divide or conflict between what it means to be 'an American,' and what it means to be 'a Negro.' Dubois wishes not to be an 'American' in the sense that it is normatively understood, since his society's interpretation of what it means to be an American is based on what it means to be a white American. Dubois also does not wish to separate himself from the American society in which he lives so as to try to maintain the meaning that his blackness had in Africa, before being brought to America through the slave trade. As he writes,

The history of the American Negro is the history of this strife,--this longing to attain self-conscious manhood, to merge his double self into a better and truer self. In this merging he wishes neither of the older selves to be lost. He would not Africanize

America, for America has too much to teach the world and Africa. He would not bleach his Negro soul in a flood of white Americanism, for he knows that Negro blood has a message for the world. He simply wishes to make it possible for a man to be both a Negro and an American, without being cursed and spit upon by his fellows, without having the doors of Opportunity closed roughly in his face. (2)

Dubois' wish is to see himself reflected in the American society that he contributes to. He wishes to be recognized as an American Negro, where this means that he is considered worthy of the privileges that accompany 'being an American,' and where his blackness is included in the definition of 'an American.' In thinking about how Dubois describes the "double consciousness" through which the American Negro interacts with the world, I began thinking about my own sense of a double consciousness as I interact with others as an emotionally anguished person. Without wishing to conflate Dubois' experiences with my own, I do find his conception of the double consciousness useful for thinking about how I interact with the world as an emotionally anguished person, and how I am exploring the websites I am re-searching.

When *feeling* emotional anguish, my experience of being-in-the-world and of knowing (interpreting) the world is through a different lens than when I am not feeling emotional anguish. To *be* emotionally anguished is to feel myself as separate, distanced, withdrawn, from the world around me. I feel as though I am looking in on the world as an outsider, and am hyper-aware of the fact that who I am in the world depends on more than how I feel and how I present myself, but is absolutely fundamentally dependent upon how I appear to/for others, which is also fundamentally dependent on the discourses that are available to others in the way they can interpret me. *Being* emotionally anguished is a very complicated social positioning given the emphasis that societal discourses place on emotional anguish as something that you 'have'

instead of something that you ‘are.’ The complexity of these competing interpretations is related to the way that emotional anguish and the emotionally anguished person make an appearance in society; that is, through social interaction. Who I am arises in the midst of others. I am a social being, and become a subject through social interaction. How I come to understand myself as emotionally anguished arises through my interactions with others. As I behave with and through my anguish, I become an anguished person. This is who I am; this is how I experience myself in society. I am no longer who I was before anguish, but interpret myself always through my anguished lens and what it means to be anguished in my society. As an anguished person, I know what it is to experience oneself as divided, as double, as ‘two.’ Further, as a person who is identified by my community as ‘mentally ill,’ I know that I am a potentially stigmatized, marginalized, person.

As a marginalized being, one “ever feels his[her] twoness.” What is Dubois getting at with this statement? What does it mean to always experience one’s “twoness?” How does the experience of “twoness” inform my search? One of the intentions or ‘directions’ of my search is to find representations of emotional anguish on these student service websites and to analyze the norms of recognizing emotional anguish that are embedded in these representations. Having a sense of “twoness,” a sense of there being another side, that there is more than one way to understand mental anguish, is critical to how I carry out my search. Even as I search for representations of mental anguish on these sites, I know that it is not ‘emotional anguish’ that I will explicitly find on these sites, but will instead find representations of ‘mental illness,’ ‘depression,’ ‘sadness,’ and ‘anxiety.’ I ‘know’ this because I have encountered these definitions in my daily interactions with society and I know that these are the prevalent terms used to talk about emotional anguish in our society. It is not so much the terms themselves I am

interested in, however, but the way they are employed and the way they make the emotional student meaningful. Like Dubois, I do not wish to negate the value of engaging with emotional anguish in a medicalized way, as there is value in this framework. Nor do I wish, however, to negate my own lived experience of mental anguish as an experience that has value in and of itself and as an experience that is of interest for more reasons than pursuing its elimination.

Having outlined my own orientation as I perform my search, I turn, in the next chapter, to analyzing how the university orients to emotional anguish via their student service websites. Before doing so, I would like to re-emphasize the interconnectedness of searching and finding. In dividing these processes into two chapters, I do not wish to say that searching and finding are different activities, but each relies on and reconstitutes the other. In the following chapter on ‘finding,’ I will necessarily include the narrative of my searching, as there is no way for me to talk about my finding without relating it back to my search, which itself has directed me in particular ways toward particular ‘findings.’

Chapter 3: Finding: Emotional Anguish and the University

In this chapter I will explore representations of emotional anguish as they appear on the University of Toronto's health/wellness and psychiatric service websites. I will make use of textual analysis so as to make explicit the taken-for-granted realities that these websites rely on and reproduce as they enact the meaning of emotional anguish. What I find on these sites has been made possible, been directed, oriented, by the process of searching that I reflected on and developed in the previous chapter. My findings here are intricately bound to my searching, and what I provide herein by way of my socially situated interpretation is yet another representation of emotional anguish. It is my hope that this representation opens us to thinking about emotional anguish differently than it is dominantly conceived of in our society. Emotional anguish is already interpreted as a questionable space, and emotionally anguished bodies as questionable bodies. By 'questionable bodies,' I mean to imply that emotionally anguished bodies are interpreted as suspicious bodies, with the very legitimacy of these bodies being held in question. This is a meaning reflected in one definition provided by the Merriam-Webster dictionary, that the term "questionable" is "attended by well-grounded suspicions of being immoral, crude, false or unsound" (<http://www.merriam-webster.com/dictionary/questionable>). I am interested in opening up the meaning of emotional anguish as a different space of questions, as a space that needs to be considered with interest, and not immediately turned away from or eradicated, as is the demand when encountering a "questionable body" as defined above. I would like to call attention to a definition of the word "questionable" that is now considered obsolete but that has credence here: as a word that means "inviting inquiry" (ibid). Those bodies who occupy the space of emotional anguish should not be taken up as questionable 'types,' with their humanity,

legitimacy, and integrity held in question, but instead as people who occupy a human social space, a unique space from where insight can be gained and social life understood. Emotional anguish, in this thesis, is understood as a space that can never be closed, or known entirely, because it is and always will be a social space, and thus its meaning will forever fluctuate according to the people and the social scene wherein it is interpreted.

Through the course of this chapter, I show how the current ‘mental health’ discourse continues to rely on and reproduce a medical, individualized model of emotions. This allows the university space to remain unquestioned at the same time as individual students becoming understood as ‘questionable’ bodies. I also explore the sorts of assumptions about what counts as ‘good,’ desirable, and valuable lives, as they are implied in these representations, and what these assumptions mean for those who do not live up to these standardized expectations.

First Findings: A Medicalized Approach

I began my search at the main University of Toronto website, where the icon *Campus Life* directed me to a webpage titled *U of T Life*, which listed the university’s student services. This page included a list of a range of services available to students, from *Athletics and Recreation*, to *International Student Resources*, to *T-shirts and Stuff*. Of interest to me was the service-listing *Health and Wellness*, under which was written: “*Being in good physical and mental health is critical...*” Wanting to know the remainder of this sentence, I clicked on the title *Health and Wellness*, and was immediately brought to a webpage that outlined the different *Health and Wellness* services that are available to students. These include Health and Wellness Service, Psychiatric Service, Sport Medicine Clinic, Dentistry Patient Clinic, Personal Counselling, and Student Crisis Response Programs. The completed above sentence read, “*Being in good physical*

and mental health is critical to maintaining good academic standing as well as quality of life”
(http://www.students.utoronto.ca/U_of_T_Life/Health_and_Well_Being.htm).

As the first sentence on the *Health and Wellness* website, and the first direct mention of mental life that I found in my search, this sentence does the work of setting the grounds for how mental/emotional life will be taken as meaningful in the university setting. There is much to be gleaned about the meaning of bodies, minds, emotions, students, life, and what counts as ‘quality of life’ in this sentence. I will begin by thinking through what it means to frame mental/emotional life in terms of a discourse of ‘health.’

First, I am reminded of the relationship between health and illness, as terms that have the potential to operate in a binary relationship, where their meanings mutually constitute one another. In framing mental/emotional life in terms of a discourse of ‘health,’ this sentence also implies that mental/emotional life can likewise be understood in terms of ‘illnesses,’ ‘diseases’ and ‘disorders.’

The definitions of ‘illness’ in our society are multiple and contested, some of which range from “a disease of the body or mind; poor health; sickness,” to “an unhealthy condition,” to “sickness or disorder,” to “a subjective state in a human marked by feelings of deviation from the normal healthy state” (<http://medical-dictionary.thefreedictionary.com/illness>). Each of these definitions, however, draws upon a common theme: that illness can be understood as the opposite of good health. As a student who has experienced chronic emotional anguish, I am intimately aware that ‘emotional life’ would be understood through the discourse of ‘health,’ and that the employment of a mental health discourse implies the existence of mental illnesses. Indeed, it was my socially established knowledge, mediated through personal experiences, that allow me to recognize the presence or absence of representations of emotional anguish on the

university's website in the way that I do. It is my familiarity with the 'mental health' discourse that allows me to interpret the words 'mental health' on the *Health and Wellness* website as at the same time speaking to the presence of 'mental illness' (and emotional anguish, which is normatively understood as a 'type' of mental illness)

(www.psychiatricservice.utoronto.ca/depression).

While the terms 'mental health' and 'mental illness' are indubitably related, while their meanings do speak to and constitute one another, the university also draws on and re-presents the burgeoning idea that having 'good mental health' has to do with more than being free of 'mental illness.' There has been a shift in recent years from talking about mental/emotional 'health' solely in terms of 'illness and disorders,' to focusing on and emphasizing the importance of 'maintaining' one's 'mental health' so as to be able to 'prevent' the onset of 'illness.' Reflecting this understanding, U of T's *Psychiatric Services* provides the following on their website.

Mental health refers to more than just the absence of mental illness. While there are many definitions, most experts suggest that mental health refers to the capacity to enjoy everyday life while effectively coping with the many demands, changes, and challenges that most people face from day to day as well as in times of adversity and tragedy. (www.psychiatricservice.utoronto.ca/mentalhealth.htm)

Mental health, understood as more than just the opposite of having a mental illness, is presented as having to do with being able to cope, manage, respond positively to life's challenges, adversities, and tragedies. But, it is not only coping, managing, and responding well that is considered important; the emphasis is also on enjoying everyday life in the process of coping with such tragedies and adversities. This moral imperative to 'enjoy' life despite its pain holds many pre-suppositions about the ways that different people in different social positions

experience life, and medicalizes experiences of life as unbearably bleak, difficult, cruel and hopeless, turning these experiences into symptoms of illness. This imposition of the imperative to enjoy life in the face of tragedy is a violence done unto those who are (perceived as) unable to experience joy in the face of their suffering. Placing this homogenizing demand on people's emotional pain, this demand to experience and respond to pain in a particular way, is a violence done unto one's personhood and one's experiences, it is a way of limiting certain kinds of growth through pain, and limiting an exploration of the meaning of one's pain that may fall outside of the medical framework.

Related to this demand to respond to pain in a particular way is the fact that 'mental health' is also shown to be about, not only handling life's challenges 'well,' but handling them in the way that 'most people' handle them. Therefore, mental health is caught up in the demands of conforming to a normative behavioural standard, a norm that requires us to 'keep ourselves together' even in the midst of a world that quite often makes little sense and may very well feel as though it is falling apart. With mental health being framed in terms of one's conformity with norms of behaviour in the face of tragedy, mental illness appears here as a way of marking behavioural deviance and abnormality. As Horacio Fabrega writes,

Insofar as conventions of diagnosis rest on social and personal norms, and diagnostic indicators on deviations from them, psychiatric diagnosis entails social and psychological (i.e., self) deviance marking. (1993:167).

Fabrega calls our attention here to the normative character of psychiatric diagnoses, so that the social act of behavioural deviance marking is a pre-requisite of the social act of making a psychiatric diagnosis, and this act is the official confirmation of this initial marking of a person as behaviourally deviant. There is even more to it than this. The appearance (or diagnosis) of

mental illness marks more than the appearance of behavioural deviance. It also marks the mismanaged life. It marks the inability to cope as well as others do (since, says the university, we all deal with the same demands, changes, and challenges). The perceived inability to respond well (i.e. positively) to our personal tragedies marks the diagnosis of Mental Illness. Herein lies a moral demand that is incessantly felt by the person who is experiencing chronic, unrelenting, anguish. “We all experience hardship, pain, tragedy: we just handle it better than you. You should have been taking better care of your health. If you had watched for the ‘symptoms,’ you could have prevented this. You are weak and irresponsible for allowing this to happen.” There is a preventive action implied in defining mental health in the way that the university does. There is a built-in promise (based on the cultural demand) that, if we better manage and care for our mental health, we need not experience what we now understand as mental illness.

At the same time, this logic assumes that any and all of us may experience mental illness if we do not ‘watch ourselves,’ or, better attend to, and manage, our mental/emotional lives. There is here, then, also the implication of an individual’s *responsibility* to take care of his/her own health and to ensure that one is taking the ‘right’ steps towards maintaining good mental health. In a section of the university’s *Psychiatric Service* website titled *Positive Mental Health*, there are listed “Ten steps to positive mental health,” according to the by the Canadian Mental Health Association (CMHA) that students are recommended to strive to achieve (in the pursuit of positive mental health. They are as follows.

Ten steps to positive mental health:

1. Learn to manage stress effectively.
2. Create a reasonable budget and live within your means.

3. Eat a well-balanced, nutritious diet and get regular exercise and adequate sleep.
4. Get involved with your community.
5. Create strategies to cope with change.
6. Try to develop positive relationships, whether they be family, friends or intimate.
7. Give and accept help.
8. Acknowledge and learn how to deal with your emotions/moods.
9. Build a healthy self-esteem.
10. Remember to reward yourself along the way.

www.psychiatricservice.utoronto.ca/enhancementalhealth1.htm

These ‘steps’ appear as a sort of ‘mantra,’ containing mystical potentialities to discovering the good life. If you can follow these 10 simple rules, you will find ‘happiness, health, and wealth.’

The onus here is on the individual to make the ‘right’ choices in life, to self-manage and direct, to “learn, create, develop, build” strategies to “manage stress, live within your means, have a nutritious diet, get regular exercise and sleep, get involved in your community, have positive relationships, give and accept help, learn to deal with your emotions/moods, have a ‘healthy’ self-esteem, and remember to reward yourself.” Each one of these ‘steps’, is directed entirely at the individual, and effectively removes the social scene wherein individual’s lives are situated.

These ‘rules’ also set up and reflect the idea that ‘mental health’ is an objectively achievable goal that, if you just ‘set your mind to it,’ you can ‘have,’ as one has any object or commodity. It appears as though ‘mental health’ needs to be understood under these conditions, as an objective commodity, in order to become known as something that is an individual’s responsibility, something to be ‘watched out for’ or ‘taken care of.’ I am interested in this notion of

responsibility in the face of anguish as it relates to the medical model of approaching anguish, where anguish is framed as an objectively given phenomena, located in the individual.

Emotional Anguish as an Individualized Problem

On the main U of T *Psychiatric Service* webpage, or as it has recently been re-named, *Counselling and Psychological Services (CAPS)*, we find--

The St. George Psychiatric Service assists students with a variety of psychological and emotional problems including depression, anxiety, disordered eating, attention and concentration difficulties, phobias and problems with sleep through various individual therapies. Pharmacotherapy, the use of medication, is also available.

(www.students.utoronto.ca/UofT Life/HealthandWellBeing.htm)

In this introduction to the Psychiatric Services, there is the overwhelming sense of our emotions as belonging to the individual, and of the university as taking a particular interest in students' emotions only insofar as they appear as 'problems.' These 'problem' emotions are situated 'in' the individual student, and there is also a sense that those students who feel 'problem' emotions are themselves positioned as 'problems' to the university. These students are understood as having something 'wrong' with their minds/emotions that caused them to have to come to *Psychiatric Services* in the first place, for help. This primary identification of the student as 'having an individual problem' is fundamental to the way emotions are understood in this space, as objectively given, as originating from within, and as belonging to the individual.

This understanding of emotions is reminiscent of the "inside-out" model of emotions that Sara Ahmed describes as "the everyday language of emotions...based on the presumption of interiority" (2004:8). This "everyday language of emotions" is based on psychological theories of emotions, which express and give meaning to emotions as 'objects' that we can have personal

ownership of and must take personal responsibility for. A sociological perspective on emotions presents us with the opportunity to begin to explore emotions as not 'belonging' to the individual, but as fundamentally social phenomena, and as such, as intricately bound to the production of social life. This means that the meanings of our emotions are not static, inherent, or objectively knowable, but are perpetually done and re-done in the ways that we live our lives as emotional beings in a particular sort of world. The meanings of our emotions, their significance, are tied to the production of everyday life, to how we organize ourselves in relation to our emotional experiences, and how our emotional experiences act to organize our relations with each other. Thinking about emotions this way can bring us to questioning how an understanding of emotions as objects 'belonging' to individuals participates in constructing some individuals *as* 'problems.' If we understand that the meanings we give to emotions are tied to our social relations, then we can come to understand how people who are considered to individually *have* 'problem' emotions are also understood as inherently problematic people. This is because people's 'problem' is conceptualized as entirely 'in' them, so that it is not society's conceptions about difference that may be problematic, but it is the 'problems' in people that need the solutions.

This notion of the individual as having an objectively identifiable 'problem' is further illustrated in another representation on the Psychiatric Service's website, under the subtitle *Mental Health*.

The individual who is struggling with a mental health problem may or may not be ready to accept the existence of this problem and/or to seek professional help.

Information in this section of the website is intended to assist the student who is concerned about changes they have experienced in their behaviour, thinking patterns

and/or tolerance of stress or uncertainty and may be considering whether they should be seeking professional help. The information, likewise, is intended to be of help to those who may be concerned about someone they know.

www.psychiatricservice.utoronto.ca/mentalhealth.htm

It is made apparent that certain emotions are always-already identifiable as a problem. The discussion of individuals 'with' the problem as being possibly "not ready to accept the existence of this problem and/or to seek professional help" firmly establishes this 'problem' as objectively given, unquestionable, and only understandable by experts – professional helpers -- in terms of the definitions provided by the medical profession. This always-already framing of emotional anguish as an objective, medical, problem is tied to the inherent disvalue that we assume, and place on, the experience of emotional anguish in particular and on disability in general.

In his book, *The Mystery of the Eye and the Shadow of Blindness*, Rod Michalko writes about the assumed disvalue of disability when he theorizes social conceptions of blindness and their reliance on the assumed value of sight.

That sight is considered valuable is shown in how we speak about its absence. The conception of blindness as a problem turns on the value of sight, and, as a problem, blindness finds its very possibility in the way that sight and blindness interact to produce the meaning of both. The interaction of sight and blindness is the interaction between that which is valued and that which is not. We value sight, and when we lose something valuable, or if we never had it in the first place, we have a problem.

(1998: 25)

Michalko's work shows how conceptions of blindness interact with, and rely on, conceptions of sight, and vice versa. Furthermore, he shows how sightedness is the taken-for-granted reality

that means that blindness appears to us as an absence (of sight), and as a problem. Michalko shows how the appearance of blindness as an absence and as a problem relies on the always-already assumed value of sight. I am interested in calling attention to the assumed and inherent value given ‘mental health,’ as it at the same time gives an inherent disvalue to experiences that become named “mental illness,” at the university, and in our society. In terms of the medicalization of emotional life, Fabrega writes, “Since intrinsic to the idea of illness is its disvalue and the need to act to correct it, we can fully appreciate how psychiatric diagnosis and treatment is controlling if not actually coercive and potentially stigmatizing” (1993:167). In order to bring our attention to the way the university places inherent disvalue on the ‘unhealthy,’ ‘ill,’ ‘diseased,’ and ‘disabled’ body, I return to the initial sentence on U of T’s *Health and Wellness* website: “*Being in good physical and mental health is critical to maintaining good academic standing as well as quality of life.*”

There is more to be understood from this sentence than simply its framing of emotional life in terms of health and illness. There is also a value-laden, moral, demand implied by this sentence, a demand which is embedded in the mental health discourse, as referenced above. This sentence provides an initial characterization of ‘who’ is considered, by the university, to be the ‘good student,’ what is considered to be the ‘good body,’ what is considered the ‘good,’ or quality life, and how these three ‘goods’ are expected to co-exist in a particular way. This idea of what counts as good, desirable, valuable, and worthy is tied to this notion (already established by the medical standpoint) of a standardized, normalized, conception of the human life. To be a good student (have good academic standing), and to have a good quality life, one must have good physical and mental health. It is “critical,” necessary, imperative, that students embody certain bodily and mental standards if they are to succeed in the academic environment, and

likewise, to succeed in life. The thing I find most troubling about this sentence is the direct link between having “good physical and mental health,” and having “good academic standing as well as quality of life.” There is no imagination, here, of alternate bodies/minds traversing the university landscape. No imagination of people who are also able to do ‘well’ in school (whatever their subjective interpretation of well is), or do ‘well’ in life, even if this life takes a different form than that normally expected by the university. The individualized model of understanding mental/emotional life, the individualized model of understanding deviance and disability, is prevalent in the understanding of emotional life represented on the *Health and Wellness* website. This individualized model does not permit the university to take responsibility for thinking about, affirming the lives of, and including in their policies and frameworks, those who they understand as being in ‘poor physical or mental health.’ The individualized model allows people at the university to refrain from imagining different ways of ‘doing’ student, and academic, life based on the existence of the diversity of their students.

Michalko writes about the ‘taken-for-granted’ ways of looking and seeing the world, and how blindness presents itself as an adverse disruption of this reality. “Blindness is often experienced as an adverse imposition onto a life that has always been relied upon even though this reliance has been assumed and presupposed to be ‘just there’ for us to count on and unthoughtfully know.” (1998: 27). He then goes on to write, however, that “the problem with adversity conceived as trouble is that it does not change things” (ibid). Michalko brings us to the realization that, so long as adversity is conceived of as trouble (or as a problem), and as an individual one, there is no need to question the taken-for-granted reality that allowed for this adversity to appear as trouble in the first place. Insofar as blindness, emotional anguish, disability, always-already appears as an individual trouble/problem, and nothing else, there is no

need for us to question what we understand to be the “natural order-of-things,” and no need to explore other parts of the story of blindness, emotional anguish, or disability. Instead, with disability conceived of always as a problem, we need only to think of solutions, of ways to remedy, fix, and normalize the person experiencing an emotionally anguished, blind, or disabled life. Tanya Titchkosky writes about this incessant need to find solutions for the problem that disability appears to embody in her book, *Reading and Writing Disability Differently: The Textured Life of Embodiment* (2007).

The taken-for-granted sense that disability is a problem orients the reader to the immediate need to find a solution. Solution-seeking occurs to the point of repressing any consideration of how disability-as-problem is being made to appear in the here and now and, moreover, made to appear as a particular type of problem. (52)

The medical construction of disability as an individual problem is only one part to the story of disability, and only one part to the story of emotional anguish. There is no doubt that adversity is part of the picture, and disruptions and problems are part of the experience of disability.

However, the meaning of this adversity, of these disruptions, of these problems, should not turn on the assumed disvalue of these experiences in a way that denies, or turns away from, the richness and complexity of what it means to live an emotionally anguished life. Indeed, far from lacking any value, the experience of anguish can be read as having the potential to teach us about our taken-for-granted assumptions about social life and, as an experience that has been tied to feelings of profound meaninglessness, can actually be a fertile place from where questions of meaning are made most alive.

In the next chapter, I will explore the complicated relationship that the subject experiencing anguish must develop to the medical interpretation of their existence, paying

particular attention to the relationship between the mind, body, and emotions as a way to problematize the taken-for-granted understanding of disability (emotional anguish) as an inherently individual problem. I will then go on to explore the power dynamic that is established between the medical practitioner and the anguished student by making use of Foucault's concepts of power/knowledge and bio-power. I will use these concepts to explore how the construction of all bodies as 'at-risk' of becoming 'ill' is a method of governance and social control that is employed to maintain a particular social order.

Chapter 4: Ordering the Self

It is clear by looking at the organization of its health services that the university orients to emotional life as framed by the discourse of ‘health,’ and more precisely the discourse of ‘medicine.’ Indeed, the only place on the university’s website where emotional life is discussed or explicitly represented is on the *Health and Wellness* website. Emotions are understood, there, as chemical processes in the brain that *can* and *should* be regulated using medical pharmacotherapy. However, even as emotional life is understood as amenable to medical treatment, there is a separation between psychiatric services and other health services on campus, which signals a recognition of the need or desire to orient to emotions as somehow qualitatively different than, what are commonly called, ‘physical illnesses.’ This difference is usually understood as related to the qualitative difference between the mind and the body. However, even though there is a desire to orient towards emotions as different from physical illnesses, the continuing effort to ‘treat’ emotions medically and through the use of pharmacotherapy firmly situates emotions ‘in’ the physical body. This desire to orient to emotional life as different from physical life, requiring different ‘professional’ attention, and yet to still orient to the mind and emotions as objects that should be conceptualized medically (biologically, chemically, physically) has interesting ramifications for the way the emotional self is constructed/conceived within a ‘mental health’ discourse.

In this chapter, I will explore how a medicalized conception of emotions relies on a particular interpretation of the mind-body relationship, and will explore how this interpretation affects conceptualizations of the emotional self. I continue to use the Psychiatric Service website as data for my analysis. I go on to use Michel Foucault’s theoretical work to explore the power

dynamic enacted between the medical professional and the emotional student. I do this as a way to better understand how the student comes to understand him/herself, indeed becomes a particular sort of emotional subject, under the ‘gaze’ of this medical professional.

Medicalization and the Emotional Self

The information on the university’s websites distinguishes between ‘bodily’ illnesses and ‘mental’ illnesses, but they do so always within a medical, materialist framework, where the ‘mind’ is considered to be reducible to physical, chemical, biological processes that occur in the brain, a ‘natural’ entity. Materialism in health and illness discussions, according to David Armstrong, is the view that “mental states are nothing but physical states in the brain” (1993: xi). So, in being placed under the jurisdiction of ‘mental health,’ emotional anguish appears as something that occurs because of an ‘illness or disease’ that afflicts the mind/brain (understood as a single entity, because the material is all that ‘matters’), causing the mind/brain to lose control of the body (and its emotions, urges, feelings). This materialist framework (where everything is understood to be reducible to physical matter, so that our minds are understood to operate mechanically) is in competition with another framework, dualism, where our minds are understood as being separate from our bodies, and where our minds are understood as having deeper roots in our understanding of our ‘selves’ than do our ‘physical’ bodies. According to Elizabeth Grosz, “dualism is the assumption that there are two distinct, mutually exclusive and mutually exhaustive substances, mind and body, each of which inhabits its own self-contained sphere” (2005:48). As mutually exclusive substances, this conception of the mind/body relation is set up as a binary, and Grosz goes on to write that “dualism is responsible for the modern forms of elevation of consciousness (a specifically modern version of the notion of soul, introduced by Descartes) above corporality” (49). This dualist understanding of the mind/body

relation, where the mind is separate and ‘above’ the body, is echoed by Horacio Fabrega when he writes about the difference between qualifying our bodies medically and qualifying our minds and emotions medically, in the following statement.

Whereas disease accounting in general medicine and surgery is a commentary *about* the body and *indirectly about the self*, disease accounting in psychiatry is a direct commentary *on* the self and *of* the self. Furthermore, to the extent that psychological experience and social behaviour together compose the self, and putative psychiatric disease mechanisms directly alter such a composite in a compelling way, to diagnose psychiatric disease is of necessity to qualify the self medically. Psychiatric diagnosis, then, necessarily entails a medicalization of social and psychological behaviour in a way medical and surgical illnesses do not. (1993:167)

According to Fabrega, the composition of the psyche more directly affects the composition of the self than does the body. He holds that commentaries about the body are only indirectly about the self, since the self (read: mind) is distinct, separate from the body. By contrast, he suggests, commentaries about the mind (read: self) are directly about the self, so that to qualify the mind medically is also to qualify the self medically. This direct connection between the mind and the self is founded on the dualist perspective articulated by Descartes which linked the mind and the soul, and separated them from nature, or the body (Grosz 2005:48).

Fabrega goes on to write about the “social conflicts” involved in qualifying minds/selves medically through the impersonal language of psychiatry, and in the process reifies a dualist perspective that our minds/selves are separate from our bodies. In its “special focus on the self,” he considers psychiatry to be a practice that gives rise to specific social conflicts and

controversies. Its “institutional/corporate function,” he writes, “can become a potential source of conflict and controversy” (170). He briefly illustrates this conflict in the following excerpt.

In carrying out its institutional/corporate functions and in medicalizing the behaviours of actors, [psychiatry] can overlook the individual’s needs, exculpate or depoliticize their actions, and stigmatize them or otherwise label them in ways that undermine their social credibility as well as responsibilities as citizens. Conversely, persons labelled psychiatrically ill can appear to have their individual (and at times deviant) actions medicalized and thereby rescinded or seemingly excused, and in this sense it is the society and its remaining institutions that are burdened. In either instance, to the extent that an individual’s needs are overlooked or full citizenship questioned and suspended, the individual’s long-term credibility is injured regardless of any medical and/or social advantages that may accrue in the short run as a result of medicalization. (169)

The conflict Fabrega is referring to here arises through the act of determining the agency of the social actors. In medicalizing the behaviours of actors, he suggests, the actor’s actions are at risk of becoming de-politicized, since, from a medical standpoint, these behaviours are not understood as reflective of the agentive ‘self,’ but are instead reflective of the asocial, apolitical, chemical processes in the brain which the individual has no control over. By attributing an actor’s behaviour to chemical processes that he/she cannot control, the actor loses his/her credibility; his/her behaviour loses its political meaning, and his/her behaviour is reduced to involuntary impulses in the brain. Conversely, he argues, the actor whose behaviours are medicalized may have his/her “deviant” actions excused, and in this case there is the sense that society and its institutions thereby become burdened, while the actor his/herself is “off the

hook.” Either way, the actor’s credibility is damaged through the process of medicalization. Fabrega is exhibiting one of the conflicts/tensions that arises between the materialist and dualist perspectives as they relate to the medicalization of emotional life. If we adopt the materialist perspective, our feelings lose their social and personal significance, they are unrelated to ‘who’ we are and appear rather as ‘functions’ of an ill body over which we do not have dominion. If we adopt the dualist perspective, then the exhibition of ‘deviant’ emotions takes on an immoral character, since we, in dualism, think that we ‘should’ be able to control our emotions and behaviours.

But, the discourses surrounding emotional anguish do not adhere to either a strictly materialist or dualist perspective, and indeed, there is the potential for disrupting the materialist/dualist (nature/culture) debate when we take into account how our emotions are conceptualized according to these frameworks. In the discourse of mental health, emotions are considered to be related to both the ‘mind’ and the ‘body,’ at once. Some even describe emotions as the ‘bridge’ between the mind and the body (Greenspan, 2003:114). Emotional ‘well-being’ is understood to be related to mental ‘well-being,’ but only insofar as the mind is understood to have the ability to manage and control our emotions, and, if the mind (read: brain) is ‘ill,’ it is understood as not doing its ‘job.’ So, our emotions are understood, from a medical perspective, as connected to both our minds and our bodies, but only insofar as our minds (read: brains) are the control centres of our emotions, and our emotions are grounded in bodily sensations. The medical perspective tells us that, if we take medication to regulate the chemical processes that occur in our brains, then the mind can regulate the emotions that we feel, thereby ‘curing’ our ‘illness.’ However, the physical materiality of our brains does not remove the social nature of our emotions. The ‘physical’ presence of our emotions, as appearing to science in the

form of chemical processes, does not eliminate their sociality, rather, it is part of their sociality. Emotions are reduced to chemical processes by medicine, and this medical reduction is a social act. Indeed, the attribution or interpretation of chemicals as ‘signalling’ certain emotions, as well as the interpretation of some chemicals as ‘imbalanced,’ are themselves social acts. Judith Butler, in her book *Bodies that Matter*, writes about the way our bodies are taken-for-granted as entities that defy interpretation, that exist prior to interpretation, and she shows how this positing of the body as prior to interpretation is itself a social signification.

The body posited as prior to the sign, is always *posited* or *signified as prior*. This signification produces as an *effect* of its own procedure the very body that it nevertheless and simultaneously claims to discover as that which *precedes* its action. If the body signified as prior to signification is an effect of signification, then the mimetic or representational status of language, which claims that signs follow bodies as their necessary mirrors, is not mimetic at all. On the contrary, it is productive, constitutive, one might even argue *performative*, inasmuch as this signifying act delimits and contours the body that it then claims to find prior to any and all signification. (Butler, 1993: 30)

Language, according to Butler, is how physical matter materializes to us. We cannot come to know something as matter without the language that, at the same time, brings it to us. She puts it this way:

To be material means to materialize, where the principle of that materialization is precisely what “matters” about that body, its very intelligibility. In this sense, to know the significance of something is to know how and why it matters, where “to matter” means at once “to materialize” and “to mean.” (32)

So, we perceive things as materially present, but *how* this ‘material presence’ materializes to us, how it comes to ‘matter’ to us, is reliant on socially interpretive processes, the language and discourses that surround us (and are us), and that ‘make sensible’ what we perceive.

The *Psychiatric Service* looks at emotional life in terms of diagnosis and treatment. To orient to our bodies as medically ‘treatable’ is to first infer that there is a biological/chemical/physical aspect of our bodies that has been injured, diseased, or basically ‘gone wrong,’ and that this ‘biomedical problem’ can and should be remedied, fixed, ‘treated’ by biomedical means. But what does this mean on a personal level? What does it mean to interpret people’s emotions and behaviours as ‘symptoms’ of an illness? What does this interpretation do to the concept of the person whose feelings and behaviours are understood to signify illness, to be the result of a disease, an abnormality in one’s brain? In the medical interpretation of anguish, there exists the notion that one’s emotions and behaviours can be objectively understood, indeed must be objectively understood, so that a doctor is able to make a diagnosis, and the appropriate ‘course of treatment’ can then follow. In this schema, a person’s emotions are understood as objectively quantifiable, in terms of their intensity and their duration, as discrete entities that can be ‘added up’ to ‘equal’ a diagnosis of depression.

The production of emotions as objectively quantifiable is evident in the prevalent use of generic questionnaires where, the more ‘symptoms’ one appears to embody, the more likely it is presumed that one ‘has’ a mental illness. This process of objectifying and quantifying a person’s feelings and behaviours, and turning them into ‘symptoms’ of anguish, is both divisive and impersonal. Indeed, as Grosz writes, “scientific discourse aspires to impersonality, which it takes to be equivalent to objectivity” (2005:48). This process of making our feelings into impersonal objects creates the effect of displacing the agency of interpreting and negotiating the

meaning of one's feelings and behaviours from the person experiencing them, and instead attributes these feelings and behaviours to an 'original illness' that is understood to 'make' one behave and feel in a certain way. This transferral of agency constructs a version of the human as separable from his/her behaviour and feelings, as separable from his/her appearance in the world, because emotions are in this way treated as objects 'in' us with pre-given value and meaning. The human is produced as someone who exists somewhere 'beneath the surface,' 'inside and under' his/her appearance. His/her appearance (how he/she behaves in the world) is read as symptomatic of an illness (or of health) affecting (or infecting) one's 'true' self. When diagnosed with anguish, one is being told that one's feelings have not been cared for, and belong to an illness in one's brain (which, in a materialist perspective, is not considered to be reflective of one's identity). One's view of the world is considered to be distorted, and not 'real.' After a diagnosis, one is 'a person with an illness,' instead of 'a person who doesn't find meaning and whose experiences are filtered through this over-arching sense of meaninglessness,' or whatever other sort of definition outside of 'ill,' a person gives his/her experiences. As interpretive sociology has taught us, however, 'who' one is, how we come to understand our identities, is a social achievement and 'who' we are cannot so easily be separated from how, where and to whom we appear.

One's identity cannot so easily be wrapped up in the statement "I am an anguished person." If how I appear to others is how I get a sense of who I am, and if anguish affects every aspect of my being including my feelings, my thoughts and my behaviour, and if it is through an anguished orientation that I interact with and appear to others, and, according to the medical interpretation, anguish is not 'me' but is an illness 'in' me, then, who do I understand myself to be when I am anguished? Are my experiences of the world legitimate, or are they 'symptoms' of

my 'illness?' Can I trust my own feelings, or are they not 'real,' i.e., do they not qualify as 'within the true,' (citation need) according to my society's "feeling rules." How can I understand anguish as a 'part' of me when I cannot escape it and it influences my every way of being and knowing in the world? Who am I if I am not my anguish? What is the meaning of my anguish? The label 'emotionally anguished' does not (cannot) represent the depth and richness of the experience of pain and meaninglessness. At the same time that the appropriation of the label lends a sense of validity to the experience (as a perception that is distinct from 'ordinary' sadness), it also glosses over, flattens, and narrows the experience into a 'known' category of experience with a prescribed way of living with it and making it meaningful (understand depression as "not you" and take medication to "return yourself to normal").

This medicalization of one's experience works to standardize experiences, and excludes the possibility of different orientations to these experiences, and different ways of making these experiences meaningful. As Titchkosky writes, "medicalization is a way of defining the body that is both totalizing and reductive... [and it is a] process that proceeds from the unquestioned assumption of disability as a problem" (2007:46). The only way that anguish can be meaningfully understood by the medical perspective is as a 'psychiatric illness' and a 'significant mental health problem' that needs to be 'treated, fixed, eradicated, solved.' Framed as such, the experience of anguish is being recognized as something that is not *of* the person who experiences it. Anguish is not the 'who' of the person, it is the 'what.' This notion of people as physically vulnerable to getting the 'illness' 'emotional anguish' constructs a version of the human subject as objectively distinct from the 'illness'; 'illness' implies the presence of something that 'happens to humans,' and that can and should be prevented and/or treated so as to return people to their 'natural human state.' The person with anguish, then, has something that is not

“normal,” and as such, their experience is only interesting or significant in terms of the eradication or prevention of their illness. Furthermore, in removing the ‘itness’ of depression from the ‘self,’ this biological interpretation of the experience effectively re-moves its significance from the subjective and inter-personal realm of the human to the ‘objective,’ ‘authoritative,’ and ‘knowledge’ realm of science and medicine. As such, it is considered ‘normal,’ justified, right, and good to conceive of anguish as falling under the jurisdiction of the medical community, who is thereby granted the ability to speak on behalf of that ‘aspect’ of a person. Thus it is possible to say, as is written on the University of Toronto’s *Psychiatric Service* website, and that I analyzed in the previous chapter, that “The individual who is struggling with a mental health problem may or may not be ready to accept the existence of this problem and/or to seek professional help”

(www.psychiatricservice.utoronto.ca/mentalhealth.htm). This statement effectively takes onus away from the individual in defining his/her experience outside of the medical framework, making the ‘problem’ knowable only in medical terms, and making the ‘solution’ to this ‘problem’ only to be found in the seeking of professional medical help. This creates a dangerous power dynamic that allows the medical community to have the final word on the story of emotional anguish or mental illness.

In the next section of this chapter, I will explore this power dynamic that is established between the medical practitioner and the anguished student by making use of Foucault’s concepts of power/knowledge and bio-power. I will also explore how the construction of bodies as ‘at-risk’ of becoming ‘ill’ is a method of governance and social control that is employed to maintain order in a society that otherwise is quite disorder, disruptive, and complex.

Foucault and the Medicalized Self

Michel Foucault's work is useful in helping me think about the *Health and Wellness* and *Psychiatric Services* sites as relying on and re-presenting a particular discourse about human emotional life. Much of Foucault's work focuses on the relationship between power and knowledge, and in particular the way the production of knowledge operates through power relationships. Foucault's theory of power differs from 'top-down' models of power as oppressive in that Foucault stresses that power is also necessarily positive and productive even as it operates in negative and limiting ways. Indeed, according to Foucault, it is the positive and productive characteristics of power that allows people to support and continually reconstitute dominant discourses in their everyday lives, even when these discourses also have negative implications. Discourse, as defined by Foucault, and interpreted by Weedon, refers to:

ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledges and relations between them. Discourses are more than ways of thinking and producing meaning. They constitute the 'nature' of the body, unconscious and conscious mind and emotional life of the subjects they seek to govern. (Weedon, 1987, p. 108)

As ways of thinking and producing meaning, but also, and more fundamentally, as ways of constituting the bodily, mental and emotional life of subjects, discourses are absolutely necessary to our understandings of ourselves, and indeed, to the constitution of ourselves as social beings. Foucault's work, in analyzing discourses, was not intended to dissolve discourses, but to better understand those taken-for-granted forms of knowledge that fundamentally effect and constitute who we are as beings-in-the-world. The medical community is one powerful purveyor of particular discourses about the body, mind and emotions to which we are all subject and according to which we all become subjects.

Foucault focuses in some of his work on the power that the medical community has in our society, but he points out that the model of power he is presenting is not one that implies that doctors are the ‘holders’ of power, who administer this power ‘over’ their colleagues and patients. Instead, Foucault writes about power as existing like a web, and it is the network of contributors in the medical system (including patients, nurses, administrators, governments, organizations) that grants medicine its dominant role in our society. He writes,

But of course, the doctor’s power is not the only power exercised, for in the asylum, as everywhere else, power is never something that someone possesses, any more than it is something that emanates from someone. Power does not belong to anyone or even to a group; there is only power because there is a dispersion, relays, networks, reciprocal supports, differences of potential, discrepancies, etcetera. It is in this system of differences, which have to be analyzed, that power can start to function.

(Foucault, 2003:4)

Power, according to Foucault, does not belong to anyone in particular, but functions through a “system of differences,” which means that power is always circulating (dispersing, relaying, networking) through different mediums (such as nurses, administrators, doctors, governments, companies etc). It is this ‘web’ that allows power to function as it does. The kind of power that Foucault was interested in is the kind that we as a society take for granted, that is upheld through the construction of norms, and that we ourselves are so involved in proliferating that we do not often think about how the knowledge produced through these dominating discourses affects various aspects of our lives.

Discourses, maintained through power relations, are productive, and they produce limits which can be (and are) oppressive. The ‘mental health’ discourse has been able to grow roots

partly because of its productive character, and because of the knowledge it has produced about an aspect of the human condition that both perplexes and frightens many of us. Aspects of the human condition that get called “mental illness,” “madness,” “insanity,” “craziness,” etc, are aspects that are understood in and through fear by common-sense reasoning. Indeed, behaviours get labelled “mad” or “insane” precisely because they fall outside of the socially established realm of what is considered ‘rational.’ This ‘unknown’ region frightens us, not only because of a fear of the ‘unknown’ per se, but also because of the cultural framing of ‘mentally ill’ people as ‘dangerous, unpredictable, and potentially harmful.’ Society wants those who appear to exist outside of ‘reason’ to begin to ‘make sense,’ and therefore be able to be brought back in to mainstream society. The concept of “mental illness” is one way to make sense of people. The medical professional is one who, it is believed, has the power to do so.

The medical ‘professional’ is held as an objective observer who can ‘see’ what is happening with the individual and ‘know’ what the individual’s experiences mean, over and above what the individual says, or ‘knows,’ about his/her experiences. This establishment of the medical ‘professional’ as the one with the ‘knowledge’ about the ‘medical subject’ makes it possible for the University of Toronto’s Psychiatric Services to write the following on their website.

The individual who is struggling with a mental health problem may or may not be ready to accept the existence of this problem and/or to seek professional help.

www.psychiatricservice.utoronto.ca/mentalhealth.htm

There is a powerful dynamic constructed between the professionals as ‘knowers’ and the emotional student as ‘not knowing,’ and furthermore as ‘needing to be known’ in a specific way, that is, medically. The ‘problem,’ in the above statement, is already presumed to exist in a particular way, that is, as a ‘mental health’ problem, even if the individual him/herself does not

‘see’ it that way. This is, in Foucaudian terms, known as the power of the ‘medical gaze’ to interpret life, and he writes about this in his book, *The Birth of the Clinic* (1975).

The clinical gaze is a gaze that burns things to their furthest truth. The attention with which it observes and the movement by which it states are in the last resort taken up again in this paradoxical act of consuming. The reality, whose language it spontaneously reads in order to restore it as it is, is not as adequate to itself as might be supposed: its truth is given in a decomposition that is much more than a reading since it involves the freeing of an implicit structure. One can now see that the clinic no longer has simply to read the visible; it has to discover its secrets. (120)

Foucault is writing about the logic that lies behind the clinician’s status as a “seer” and “knower” of bodily illnesses. With the ‘objectivity’ of science at its side, the clinical gaze is not encumbered by subjective interpretation. The clinical gaze is not wrapped in the social web of meaning, a web that keeps the layman’s eye from discovering the “truth” of the body. Instead, the clinician, by way of his/her training, is able to “read” the “truth” of the body in the “symptoms” that the body portrays. Indeed, as Foucault writes,

The formation of the clinical method was bound up with the emergence of the doctor’s gaze into the field of signs and symptoms. The recognition of its constituent rights involved the effacement of their absolute distinction and the postulate that henceforth the signifier (sign and symptom) would be entirely transparent for the signified, which would appear, without concealment or residue, in its most pristine reality, and that the essence of the signified – the heart of the disease – would be entirely exhausted in the intelligible syntax of the signifier. (91)

The clinician learns to understand certain bodily expressions as signifiers of an illness. Furthermore, it is by gathering together different symptoms that the clinician is able to make a diagnosis. The more ‘symptoms’ a patient is seen to display, the more accurate the clinician will be in discovering the ‘true nature of the illness.’ The clinician “reads” various combinations of “symptoms,” the signs of which are “seen” on/in the body, as signifying a particular illness. The University of Toronto’s Psychiatric Service’s web site describes ‘depression’ in the following way.

Signs and Symptoms:

- Persistent feelings of sadness, emptiness
- Reduced feelings of pleasure in activities that were once considered enjoyable
- Intense irritability
- Loss of appetite, often accompanied by weight loss
- Increased appetite, and weight gain
- Changes in sleep patterns
- Feeling profoundly tired, lacking energy, feeling a loss of motivation
- Feeling agitated and restless, nervousness, feeling anxious or panicky
- Excessive worrying
- Headaches
- Constipation
- General aches and pains
- Persistent negative thoughts
- Feelings of hopelessness, guilt, pessimism, and helplessness
- Low self-esteem and self-confidence
- Difficulty concentrating
- Thoughts of death and suicide

(<http://www.caps.utoronto.ca/Mental-Health/Depression.htm>).

A clinician’s “reading” or interpretation of these bodily expressions are such that, if a person ‘exhibits’ enough of them, they are understood as signaling the existence of an underlying illness in the brain. The clinician holds a tremendous credence in our society for defining bodily phenomena (and, from a medical perspective, the mind is ‘in’ the brain, which is part of the body). The mind is something that we cannot ‘see’ except through behavior, and since the mind

is, medically, understood as ‘in’ the brain, these behaviours are read by the clinician as ‘signaling’ biological processes in the brain. As deviant behaviours, they signal deviant biology, or, illness. There are many different meanings that could be given the behaviours described above, but the clinician holds so much credence in our society that alternative interpretations (Foucault’s “subjugated knowledges”) of the experience of ‘emotional anguish’ have difficulty gaining legitimate grounds.

However, it is important to understand that it is not the clinician alone that ‘holds’ the power to define embodied experiences in a particular way to which the rest of us *must* submit. As Foucault writes in his work titled “Two Lectures,”

Power is not to be taken to be a phenomenon of one individual’s consolidated and homogenous domination over others, or that of one group or class over others. What, by contrast, should always be kept in mind is that power, if we do not take too distant a view of it, is not that which makes the difference between those who do not have it and submit to it. Power must be analyzed as something which circulates, or rather as something which only functions in the form of a chain. It is never localized here or there, never in anybody’s hands, never appropriated as a commodity or piece of wealth. Power is employed and exercised through a net-like organization. And not only do individuals circulate between its threads; they are always in the position of simultaneously undergoing and exercising this power. They are not only its inert or consenting target; they are always also its elements of articulation. In other words, individuals are the vehicle of power, not its points of application. (98)

Medicalization gains its power, then, not because individual doctors hold, in their hands, a power that is applied to those whom they wish to frame as under their jurisdiction. Instead, the power of the medical field comes from, or is maintained by, all of us who enact the power of medicine when we turn to doctors for help in ever increasing aspects of our lives, in turn coming to understand ourselves in terms of a medical discourse of ‘healthy’ or ‘ill’ people. Again from Foucault,

The individual is not to be conceived as a sort of elementary nucleus, a primitive atom, a multiple and inert material on which power comes to fasten or against which it happens to strike, and in so doing subdues or crushes individuals. In fact, it is already one of the prime effects of power that certain bodies, certain gestures, certain discourses, certain desires, come to be identified and constituted as individuals. The individual, that is, is not the vis-à-vis of power; it is, I believe, one of its prime effects. The individual is an effect of power, and at the same time, or precisely to the extent to which it is an effect, it is the element of its articulation. The individual which power has constituted is at the same time its vehicle. (98)

Individuals come to understand themselves in terms of the medical discourse, because we have come to trust in the accuracy of medicine and the ‘truth’ of the medical gaze. This ‘trusting’ subject is the effect of power, but it is also its agent. Even as we become subjects through power, we also become power’s “vehicle,” so that we actively “place” our trust in the medical community as we come to understand ourselves in and through medical discourses. We have come to turn the medical gaze on ourselves and interpret many facets of our (and other’s) lives as amenable to a medical interpretation. It has become normal, and expected, that we turn to, and trust in, the medical community when faced with the experience of emotional anguish. As we

come to increasingly understand ourselves under the rubric of medicine (emotions as chemical processes, ‘excessive’ sadness as illness), as we become ‘medical subjects,’ we in turn place our trust in medicine, as providing solutions to our experiences of pain (physical and emotional).

But, what is at stake when we place our trust in the medical community, when we allow medicine to have the entire knowhow for defining and ‘treating’ our anguish? Does this trust not allow us to remain unquestioning, uncritical subjects in the way our bodies, our lives, are managed and made meaningful? What is at stake in giving the power to define my experiences of sadness, emptiness, meaninglessness, pain, to medicine which would have these experiences be interpreted as an underlying biological condition in my brain that needs to be fixed through biomedical means? What is missing from this interpretation? Are there not alternative ways to make my experiences meaningful that are not entirely understandable through a medical lens? Are my experiences not tied to other processes besides those that are deemed, by scientists, as biological? Recall Tanya Titchkosky’s statement which I also quoted near the beginning of this thesis:

‘Disability,’ for my purposes, is a process of meaning-making that takes place somewhere and is done by somebody. Whenever disability is perceived, spoken, or even thought about, people mean it in some way. The ways that disability comes to have meaning have something to teach us about our life-worlds. Understanding disability as a site where meaning is enacted not only requires conceptualizing disability as a social accomplishment, it also means developing an animated sense of that which enacts these meanings. Again, disability, made by culture, is a prime location to reread and rewrite culture’s makings. (2007: 12)

Made by culture, disability has more to teach us than simply that some differences we experience in and about our bodies are abnormal and therefore ‘wrong.’ Rather, we can learn that what counts as abnormal is socially achieved, and that what counts as ‘wrong’ is based on an unexamined value-system about ‘good’ and ‘productive’ lives. We need, when placing our trust in the medical system, to examine and question some of the things that have motivated, and continue to motivate, this “system of differences” through which power flows so seamlessly. Indeed, this critical stance toward the medical system can open us up to engaging with, and experiencing, anguish differently. In the concluding chapter to this thesis, I will explore how we might open the ground for thinking about anguish in new ways. If disability, or anguish, is made by culture, and therefore has something to teach us about culture, what might anguish teach?

Conclusion

Sara Ahmed, in her book, *The Cultural Politics of Emotion* (2004), writes about the significance of pain and the potential for us to learn something from it, and even to develop a collective politics on the basis of it. She writes,

Pain is evoked as that which even our most intimate others cannot feel. The impossibility of “fellow-feeling” is itself the confirmation of injury. The call of such pain, as a pain that cannot be shared through empathy, is a call not just for an attentive hearing, but for a different kind of inhabitation. It is a call for action, and a demand for collective politics, as a politics based not on the possibility that we might be reconciled, but on learning to live with the impossibility of reconciliation, or learning that we live with and beside each other, and yet we are not as one. (39)

As Ahmed puts it, we need a collective politics that responds to the pain of others, not on the presumption that we can know another’s pain, nor on the notion that we can empathize with one another in pain; instead we need to respond to another’s pain with the acknowledgement that it is something that we cannot feel, it is an experience that is different from our own experiences of pain. This way of responding to pain is very different from the medical response, and constructs a very different version of the subject as well. The subject and his/her pain, rather than being reduced entirely to biological processes, are given a level of depth and richness that are not provided for through medical reduction. Rather than the medical method of recognizing the ‘symptoms’ of pain so as to be able to make a ‘diagnosis’ and thereby ‘treat’ pain with medicine, Ahmed uses the concept of ‘witnessing’ when writing about the importance of recognizing the

pain of others even though we cannot feel their pain. This notion of ‘witnessing’ creates a very different relationship of power between the witness and the witnessed than is experienced between the doctor and the patient. Ahmed uses the example of ‘living with’ her mother’s pain, as a ‘witness.’ She writes about what this meant for her mother, who was diagnosed with multiple sclerosis when Ahmed was a child, in particular for what it did for her pain.

The experience of living with my mother was an experience of living with her pain, as pain was such a significant part of her life. I would look at her and see her pain. I was the witness towards whom her pleas would be addressed, although her pleas would not simply be a call for action (sometimes there would be nothing for me to do). Her pleas would sometimes just be for me to bear witness, to recognize her pain. Through such witnessing, I would grant her pain the status of an event, a happening in the world, rather than just the ‘something’ she felt, the ‘something’ that would come and go with her coming and going. Through witnessing, I would give her pain a life outside the fragile borders of her vulnerable and much loved body.

(29-30)

By witnessing her mother’s pain, Ahmed makes her pain meaningful in a way that differs from the meaning given to her mother’s pain by medical professionals. Through witnessing, Ahmed acknowledges the significance of this pain to her mother’s life, and gives the pain the dignity and respect that it deserves as an integral part of how her mother experiences the world, and how Ahmed experiences her mother. The power in this relationship circulates more through the hands of the witnessed than it does in the medical correlative: the patient. In ‘witnessing’ her mother’s pain, Ahmed is acknowledging that there is a knowledge of that pain that comes with the experience of it, a knowledge that she is not, nor can she be, privy to, a knowledge that does

not come in the form of scientific data or fact, but that comes rather in ‘knowing’ that the pain exists *contrary to reason*, and in *this* knowledge there is much to learn. One significant point to ponder in relation to this notion of an other’s pain existing *contrary to reason* is about the ethical relations involved in responding to an other’s pain, in *imposing* reason on such another’s ‘unreasonable’ experience. Ahmed situates this ‘ethical demand’ of responding to pain on a collective politics of pain that is based on the boundedness of our bodies, the wholeness of our individual experiences, and the recognition of the impossibility of knowing another’s pain.

This ethical demand is that I must act about that which I cannot know, rather than act insofar as I know. I am moved by what does not belong to me. If I acted on her behalf only insofar as I knew how she felt, then I would act only insofar as I would appropriate her pain as my pain, that is, appropriate that which I cannot feel. (30-31)

Part of the difficulty people have with experiences of emotional anguish is the difficulty translating these intense feelings using the language of our culture in a way that allows others to understand the significance of what one is feeling. Furthermore, this difficulty (impossibility) in translating allows for others to deny one’s experience of anguish because others have not experienced it, cannot ‘see’ it, and do not understand it. Much of the appeal of a medical interpretation of depression is that it lends legitimacy to the claim that there is a significant difference between the pain of anguish and the pain of sadness, and that there is a different sort of vulnerability that is tied to the experience of anguish. However, in ‘trusting’ the medical community completely, as ‘knowing’ what our pain ‘is,’ we are also losing something in the process. We are presuming that the ‘right’ way to ‘live with’ pain is by orienting to it as something that, first of all, *is* objectively knowable, even though, one of the features of emotional anguish (for me) is that it can’t be ‘known’ or ‘understood’ by those who haven’t

experienced its depths. Furthermore, the way medical professionals make their diagnoses of ‘anguish as illness’ comes to me in the form of an insult: that the clinician would claim to know what my anguish ‘is’ and would also proceed to tell me how I should respond to it: not by exploring its significance, but by ridding myself of it, as one acts to rid one’s body of a disease. There are different ‘kinds’ of knowledges at work here: scientific, objective knowledge (data, fact, statistics) about the ‘prevalence’ of anguish, about the ‘causes,’ and the ‘biological origins.’ Then, there is a more, experiential knowledge, a knowledge grounded in bodily experiences, a knowledge that flows from the body and from experience rather than from the ‘reason’ of the mind. It is this aspect of knowledge that is left out of the medical interpretation of anguish. There are different ways of ‘knowing’ something, and the experience of anguish brings this awareness of different kinds of knowledges to the fore.

Back to the question of ethics, there is more to be learned through the experience of anguish, alongside the different ways of knowing. There are also the ways that we can express these knowledges legitimately in society, and the experience of trying to narrate one’s anguish to another also brings to the fore the question of ‘trust’ and of ‘truth.’ How do we *know* that someone’s experience is ‘legitimate’ without the doctor’s authority telling us that it is? Who can we trust, if not necessarily the individual or the doctor? How can we know what is ‘truthful?’ The experience of emotional anguish brings us to these questions, indeed, but it also has the potential to bring us to another set of questions, such as: what are the grounds through which trust is gained, and what does it mean to call something ‘the truth?’ Might there be multiple truths in a situation, and might these truths even conflict? These are the sorts of questions that can be raised when, as Michalko reminds us, the experience of disability is the status of teacher. As was quoted already in the second chapter of this thesis, Michalko wrote

that, “blindness is often experienced as an adverse imposition onto a life that has always been relied upon even though this reliance has been assumed and presupposed to be ‘just there’ for us to count on and unthoughtfully know” (1998: 27). But he goes on to explain how this conception of blindness as adverse imposition, as individual problem, *relies* on our ‘unthoughtfully knowing’ this, and in order to begin to understand disability differently, we need to grant disability a different status, teacher being one of them. This is not a guaranteed status, but it is one that relies on a certain understand of disability, as a social phenomenon with value.

Returning to the question of ‘trust’ and ‘truth’ (or, authority and legitimacy), Ahmed’s interpretation of the body, pain, and our collective responsibility towards other’s bodies in pain brings forward a different interpretation of pain, one that is not reliant on the authority of medicine to legitimate its claim. Instead, she offers an ethics of responding to another’s pain based on the knowledge that we cannot know how another person feels, yet we respond anyway, even if this response is only to watch, listen and bear witness to the pain. Here, Ahmed gives pain significance beyond that given by medicine, which understands pain only as symptom, to which there is only one response: find the cause so as to eliminate the pain. Instead, Ahmed gives rise to a new norm of recognition of the vulnerability in making the claim of/for depression; as an experience that is at risk of appropriation based on an ethics of empathy. Her interpretation comes as a sort of warning about the claims we make to ‘know’ something about an other, and her analysis draws to our attention the need to maintain a critical eye towards the ‘benevolent social actor’ who presumes to act on the basis of empathy (such as does the medical professional), and yet this empathetic viewpoint is not necessarily grounded in an understanding of the ethics involved in claiming knowledge about an other. One does not immediately know the viewpoint in which one’s empathy is grounded, nor does one know the version of the human

that this person is, empathetically, envisioning. This is why it is important to analyze the way the subject is being constructed and made meaningful in particular situations, such as in university life. It is my hope that this critique of the medical interpretation of anguish that is predominantly displayed through the university's 'student service' websites demonstrates the need to open ourselves up to alternate interpretations of anguish rather than limiting ourselves to one, reductionist, view of the body, the mind and our emotions.

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