

The mental health narrative: do we need a rethink?

Max Shaw

Year 5, Medicine, University of Bristol

Email: max@apwshaw.plus.com



Abstract

This short piece questions the current conversation and rhetoric with regards to mental health. Through inquiring into how aware we are of our mental landscapes, and whether we know where our understanding originates from, our struggle with ‘not knowing’ is highlighted. Additionally, the roles of neuroscience and psychiatric medications are explored by pondering if our tendency to lean too heavily on these tools may be serving to disconnect us from what manifests true wellbeing by playing on our inherent dependence on cure and treatment within medicine. Overall, the piece emphasises that areas of our lives where medicine may seem to fail us may really be traced back to our underlying priorities as a society and individually. It is suggested that the key may lie in asking honest questions in hope of a better future where wellbeing is a priority rather than a policy.

“A mind that is full of conclusions is a dead mind. A living mind is a free mind, learning, never concluding”
- Krishnamurti¹

Over recent years we have seen a positive shift towards destigmatisation of our mental lives and encouragement to be more open with each other about how we feel. However, included within this shift we can observe a tendency to overlook the meaning and cause of our emotions, both on an individual and societal level. Whilst empowering us to care for each other, making mental health an entity in itself may be estranging us from calls for personal change and growth. Metaphorically speaking we may be introducing templates for our psychological lives, which see nuanced emotions through a primarily medical lens. Here lies a fine balance we must be

more aware of if we are to ensure we act with peoples’ best interests at heart.

One major example of this tight-rope is the thin line we walk between empowering people who are suffering—making sure they receive the help and support they need—and leading them away from the connection between these feelings and their life circumstances. Focussing purely on mental health from the viewpoint of there being a ‘problem’ also inadvertently introduces the idea that a ‘fix’ is required by others or a medication. A process of transformation and change may be very different from a fix that returns us to some concept of normal.

Even our decision to label depression as an illness, a disease or otherwise, massively dictates our approach. Labelling in this way has the potential to provide an illusion of control over something that we have taken as separate from ourselves. In reality, this could serve to alienate us from meaningful emotions, encouraging us to go *around* crises when we may be best served in the long run by going *through* them.²

Neuroscience and pharmaceuticals fill the space left by the unknown³—a space we may hugely undervalue and require more than we know—with dazzling promises of cure. Our desire to fix in this way may be turning these valuable tools into entities that can become damaging due to our over-reliance on them. There are many examples of this over-reliance. For instance, we continue to have faith in the chemical imbalance model of mental illness, despite 50 years of research failing to prove it.⁴ Regardless, surely the most thought-provoking point here is that even if the chemical imbalance theory were true, it does little to explain why it has occurred. Attempting to correct this imbalance biologically could therefore be synonymous with ‘trying to carry water in a sieve’.

Medications like anti-depressants may be a useful tool, but thinking of them as a cure perpetuates an illusion that we are powerless victims at the mercy of unassuming mental diseases.

Perhaps, the most important part of the story here is that medicine's approach with regards to mental health is not limited most by itself but by our underlying and often unsaid views in the modern world regarding life's deepest questions. How can a society that prioritises the capitalist imperatives that created it—to earn, to work and to consume—then truly seek to help us live our best lives? When a person lives in a society whose every whisper and shout encourages them to conform and allow their health and wellbeing to become needs that must be met in our 'spare time', is it so surprising that so many of us feel anxious, alone and sad?

True deep-seated introspection of this kind is surely needed. Although it may be uncomfortable to ask these kinds of questions, the answers they will give are undoubtedly what we need most to collectively live our happiest of lives. Avoiding questions like: "what brings us joy and satisfaction in life as well as enriching others?", we will only end up continually 'climbing up the signpost instead of following the road'.⁵

Conclusion

Perhaps, it is not specific actions or concepts that are needed here, but rather an admission of our human fallibility as people and healthcare professionals, giving ourselves the opportunity 'not to know'. What has been discussed are just brief examples of the impact of our assumptions and the danger of forsaking open-mindedness in order to attempt to be correct. The essence of this is what we must take forward.

Our current narrative in society and medicine with regards to mental health is criminally limited. It is a story that accentuates the 'problem' of mental health without seeking to understand cause, a story that encourages us to live with an essence of survival and a story that is being told loudest in a medical voice, which might not necessarily be helping us to live our best lives. If we can become aware of our vulnerability and this narrative in the context of our own lives and also practice medicine with it in mind, then the 'best' way forward will arise spontaneously.

If you would like to read more writing of this kind you can find my website at the following link: www.meditationswithmax.co.uk

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References

1. Krishnamurti (1973). As spoken in Public Talk 3 in Ojai, CA, USA on 14 April 1973.
2. Wells M (2019). *Sitting in the Stillness: Freedom from the Personal Story*. Mantra Books. Alresford.
3. Remen RN (1996). *Kitchen Table Wisdom: Stories That Heal*. Riverhead Books. New York City, NY.
4. Davies J (2013). *CRACKED Why Psychiatry is Doing More Harm Than Good*. Icon Books Ltd. London.
5. Watts A (1989). *The Book: On the Taboo Against Knowing Who You Are*. Reissue Edition. Vintage Books. New York City, NY.