

Postmodernity and Mental Illness: A Comparative Analysis of Selected Theorists

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Abstract

Background. As every other historical period, postmodernity has significant impacts on the structure of society which includes material and nonmaterial culture. Thus, postmodern affects the technology but also the thought processes, belief systems, morals, behavior, and health of individuals. **Aim.** The purpose of this study is to analyze the sociological theories of the postmodern period as they relate to mental illness. **Methods.** The perspectives of five sociological theorists (Bauman, Baudrillard, Beck, Bourdieu, and Cohen) were examined and compared. **Results.** The analysis of these theorists revealed that the period of postmodernity is characterized by chaos, confusion, and unpredictability which are associated with the rise of mental illness. **Conclusion.** The study proposes changes in the treatment and care of individuals suffering from mental illness.

Keywords: postmodernity, mental health, mental illness, social theory

1. Introduction

Even though it is difficult to precisely delineate the starting point of the period of postmodernity, it is clear the American society is no longer in the modern era. This transition from the modern epoch to the postmodern era can be observed in the shift of society from the production of goods to information and services (Ferrante, 2008; Henslin, 2008). The shift from modernity to postmodernity is also marked by a swift change in the structure of society with implications on employment, marital status, family relations, and mental illness. Nowadays, people are having a hard time finding jobs (Abaidoo, 2012; Magnus, 2012). Additionally, society is moving away from collectivism toward a greater individualism with a devastating influence on family unity and married couples. The current epoch is also characterized by the rise of mental illness in society (Whitley, 2008; Gallagher III, 2012; Willis, Coombs, Cockerham, & Frison, 2002). This paper has three parts. The first part introduces the period of postmodernity and its influence on mental illness. The second discusses some sociological characteristics common to the selected postmodernity theories mentioned in this paper. The third and last part discusses policy implications.

2. Needs and Purposes

As society is going through changes, so is its culture. Since cultural context affects the conception of mental health (Mirowsky & Ross, 2003; Takeuchi, Uehara, & Maramba, 1999), it is imperative that the sociological frameworks applied to mental disorders take into account these cultural changes in conception, analysis, and approaches to solutions to the problems. Currently, little knowledge appears to exist on sociological theories on mental health which reflect the epoch of postmodernity. The need for this paper leads to its purpose: to document how sociological theories regarding mental illness are changing in response to the transition of society from the epoch of modernity to that of postmodernity. However, the ultimate goal of the paper is not only to investigate the sociological theories of mental illness of the postmodern epoch, but also to generate potential policy derived from these theories.

3. Selected Postmodern Sociological Theories of Mental Illness

One of the significant signs of the influence of postmodernity on the field of sociology and its subfields, especially mental health and illness, is the increasing discontinuation of the traditional way of sociological thinking. Increasing numbers of sociological works reflect this shift away from structural and deterministic views toward frameworks that incorporate the concept of flexibility brought about by the period of postmodernity (Best & Kellner, 1991; Bauman, 1992). For example, Cohen (2003), in his *Our Modern Times*, clearly showed the repercussions of the advent of the computer age on workplace and social arrangements. Even though the title might be misinterpreted as being related to the epoch of modernity, this work of Cohen essentially describes the transformation of society caused by “The new nature of capitalism in the information age” (subtitle on the cover page). Cohen’s analysis centered on Fordism and post-Fordism. He associated the period of Fordism with standardization and its impacts on the workers and the organization of society. According to him, while standardization allowed reaching mass production, it had a disappointing impact on the workers. Workers employed in factories built on “Taylorism” were bored because of the repetitive tasks, strict surveillance, and the consequent loss of autonomy. To this type of work organization corresponds a specific type of health problem: physical fatigue. Regarding mental health, the majority of cases during the period of Fordism were caused by conflict with authority figures, especially fathers and bosses (Cohen, 2003).

While the major health problem associated with Fordism is generally physical, the health problem of post-Fordism is essentially mental. As Cohen distinguished between the major health issues associated with both Fordism and the period that followed, he also differentiated between the causes of the mental health problems related to both periods. Conversely to Fordism, with the majority of cases of mental health problems being associated with conflict with authority figures, most mental health cases in the post-Fordism era are caused by “confusion, uneasiness, powerlessness, stress, and fear” (Cohen, 2003, p. 40). According to Cohen, these factors related to mental health in post-Fordism can be traced to the new work organization which gives more autonomy to the workers. However, this autonomy or freedom comes with two main consequences: polyvalence and burnout. The notion of burnout is referring to work overload. For instance, a manager, in post-Fordism, is taking tasks and responsibilities that were previously assigned to two or three workers. This way of “...pushing as many tasks as possible on one person” (Cohen, 2003, p. 29) requires workers to be polyvalent and then flexible. In other terms, the polyvalence used from this perspective underscores the demand for employment according to which workers are required to master more than one skill.

Bourdieu (1998) also makes similar remarks regarding employment and notices changes within the employment sector. According to Bourdieu, these changes are the derivatives of the phenomena of globalization and neo-liberalism. An example of change within employment is the “flexible working” model (Bourdieu, 1998, p. 34). This “flexible working” or “flexploitation” (Bourdieu, 1998, p. 85) introduces odd schedules into employment. Whereas employees used to work weekdays from 8 am to 5 pm, now they can work night shifts, weekend shifts, and other irregular hours. While this irregularity in work schedules might be good for some workers, it is, in fact, accompanied by negative consequences, one of which is job insecurity (Bourdieu, 1998). The introduction of odd shifts means an increase in the number of employees working on a part-time basis. Consequently, the increase of part-timers results in the decrease of full-timers. Another condition associated with part-time employment is the absence of benefits (health insurance and retirement pensions) because of the short term contracts between employees and employers.

The insecurity within employment is not only commonplace among part-timers but full-timers as well (Bourdieu, 1998). For full-time employees, their security is constantly under threat because of the rise of the unemployment rate and the large number of part-timers who are looking to get full-time positions. Without job security, individuals are left with uncertain futures. This consequent loss of a secure future leads to a loss of hope and a feeling of despair which are major sources of “social disease” in society (Bourdieu, 1998, p. 45), including mental health problems. Clearly, the increasing rate of mental problems (anxiety, stress, depression, delinquency, suicide, and alcoholism) is related to the uncertainty, precariousness, instability, and irregularity resulting from flexibility within the society and the employment sectors in particular. Instability is one example of the concepts used by Bauman (2001a; 2001b) to describe the period of postmodernity. According to Bauman, premodernity and postmodernity constitute two diametrically opposed epochs.

The dominant characteristic of the period of premodernity is stability, whereas postmodernity is full of instability and indeterminacy (Bauman, 1987; 1991; 1992). This notion of instability refers to the unpredictability of events in the modern world. Except in some rare cases, it is very difficult for most individuals to calculate the probabilities of their actions because “there is a fifty-fifty chance of any event happening” (Bauman, 2001a, p. 31). This situation in which it is difficult to predict with precision the occurrences of events is the result of the absence of order which Bauman designates as chaos or randomness (Bauman, 1991; 1992). The chaotic status of the epoch of postmodernity is nothing but a reflection of what is going on at the cultural level. For Bauman, culture plays a regulatory role in society. It is through culture that society is organized. Culture helps in classifying the composing parts of society into similar and dissimilar categories. In other words, culture maintains order in society. If culture determines order, which is necessary to the calculation of the probable consequences of individuals’ actions, then it constitutes a key element of stability in society. As such, the absence of order and stability is an indication of “cultural crisis” (Bauman, 2001a, p. 32).

One of the consequences of the absence of order is “flexibility.” The concept of flexibility from Bauman’s perspective is multidimensional and is related to the notions of deregulation, freedom, and insecurity. Employment in postmodern societies constitutes an excellent illustration of this notion of flexibility. According to Bauman, there are more part-time jobs compared to full-time in the postmodernity period (Beck, 2000; Bourdieu, 1998). This change in employment constitutes a deregulation compared to the period of premodernity. Before, individual workers had a guarantee of being employed by the same company until retirement. However, this practice of a life contract with an employer is relegated to the past. In the present day, the most common practice is the short-term contract (Bauman, 1998). This flexibility in work contracts underscores the freedom of both parties. This means that employers have the freedom to fire workers once they judge them unprofitable. Employees are also free to leave their companies since they do not have a life-long commitment. Even though freedom is highly cherished in postmodern societies, it comes with a string attached. The freedom gained is a trade-off for security (Bauman, 2001a, p. 42). In terms of employment, for example, despite individuals being free from long-term commitment to employers, they are more than ever before faced with job insecurity. Because of the absence of long contracts, employees do not have any guarantee of having work at all times. There is always a “fifty-fifty” chance that they can be terminated from employment at any time and suffer the subsequent economic hardship. Employers can also suffer economically from this freedom, since there is a “fifty-fifty” chance that the employees will quit their jobs. This general insecurity that reigns in postmodernity is also described as a precarious situation (Bauman, 2001a; Beck, 2000; Bourdieu, 1998).

The precariousness of the present time represents the root cause of individuals’ frustration and irritation and ultimately explains the proliferation of mental distress in society. Bauman (2001a) traces the source of the frustration and irritation to the insecurity and confusion that come with postmodernity. The ever-changing nature of realities in present-day societies is vexing for individuals and constitutes a constant threat to their mental health. The elusive character of social realities is distressful for individuals because it is constantly throwing them off balance. The results of this destabilization are present in all sectors of postmodern societies. One of the consequences of the fluidity of social reality is that nothing is sure anymore. As a result, individuals have lost their points of reference along with their identity. “The absence of ideals” (Bauman, 2001a, p. 43) is another concept illustrating the destabilizing nature of postmodernity. Not only have individuals lost their points of reference, ideals, and their identity, but also their routines. The conjugated or the separated effect of these problems inexorably leads to a “malady ... inside the human psyche” or mental problems (Bauman, 2001a, p. 43). In this disorienting condition of societies in postmodernity, it is clear that individuals suffer mentally. In fact, mental distress is considered the most characteristic health problem of postmodernity (Bauman, 2001a; Bourdieu, 1998; Cohen, 2003).

Baudrillard (1994) also documents the disorientating character of the postmodernity epoch. According to Baudrillard, the period of postmodernity brought about the disappearance of history. This vanishing of history means the destabilization of our vision of the concept of time and also of space. Before, in the modern era, “the shortest path between two points is the straight line...” (Baudrillard, 1994, p. 10). This assumption, unfortunately, no longer applies to the realities of the society of “*fin de siècle*” dominated by non-Euclidean systems. In non-Euclidean systems, space and time are not linear but curvilinear. The end of linearity corresponds to the end of stability or order. Simply put, the period of postmodernity is characterized by chaos. The advent of chaos constitutes the end of prediction; consequently, “there is no longer a future” (Baudrillard, 1994, p. 11).

With the absence of the future, there will never be a past or history. The disappearance of the past and the future leads to catastrophic crises in individuals' references and identity as well. The destabilization within the system of references and identity of the individuals explains the proliferation of "psychical madness" (Baudrillard, 1994, p. 109). Among the factors associated with mental health problems of this "*fin de siècle*," the identity syndrome stands alone (Baudrillard, 1994). The identity crisis is related to the schizophrenic nature of the present epoch of postmodernity. Delirium and dizziness associated with the feeling of being lost are other conditions linked to the loss of identity which in turn is due to chaos and "the vertiginous forms of disorder..." of the period of postmodernity (Baudrillard, 1994, p. 113).

4. Discussion and Policy Implications

From the paragraphs above, it appears that the sociological conception of mental health during the period of postmodernity is taking a different orientation compared to that taken in the era of modernity. Most sociological theories related to mental health formulated during the era of modernity reflect the key concepts of this epoch such as order, structure, balance, equilibrium, and universalism (Bessa, 2012; Whitley, 2008). In the same way, theoretical frameworks related to mental health and illness problems of the period of postmodernity mirror the dominant concepts of this epoch like flexibility, insecurity, precariousness, uncertainty, and instability (Baudrillard, 1994; Beck, Giddens, & Lash, 1994; Beck, 2000). That is, the postmodern society is out of order, chaotic, and confusing. A close examination of society indicates the pervasiveness of indeterminacy in all sectors of social life. At the economic level, the stock markets constitute an excellent illustration of this indeterminacy (Whitley, 2008). The confusion is also present in the political arena. For instance, in 2000, George W. Bush was elected president of the United States even though the results clearly indicated that Al Gore had 500,000 more votes than he did (Eitzen, Zinn, & Smith, 2012). These results of the presidential elections in the United States and other parts of the world justify the difficulties encountered by the experts in political science in formulating predictions. Another example of this generalized confusion can be found within academia. A close examination of research studies in almost all the scientific disciplines shows inconsistencies in their results sections. One study might point toward one direction while another study might lead toward the opposite direction. Thus, individuals in the postmodern era are living in a society full of confusing and conflicting information, both of which lead to the feeling of being torn apart and, ultimately, to increases in the prevalence rate of mental illnesses.

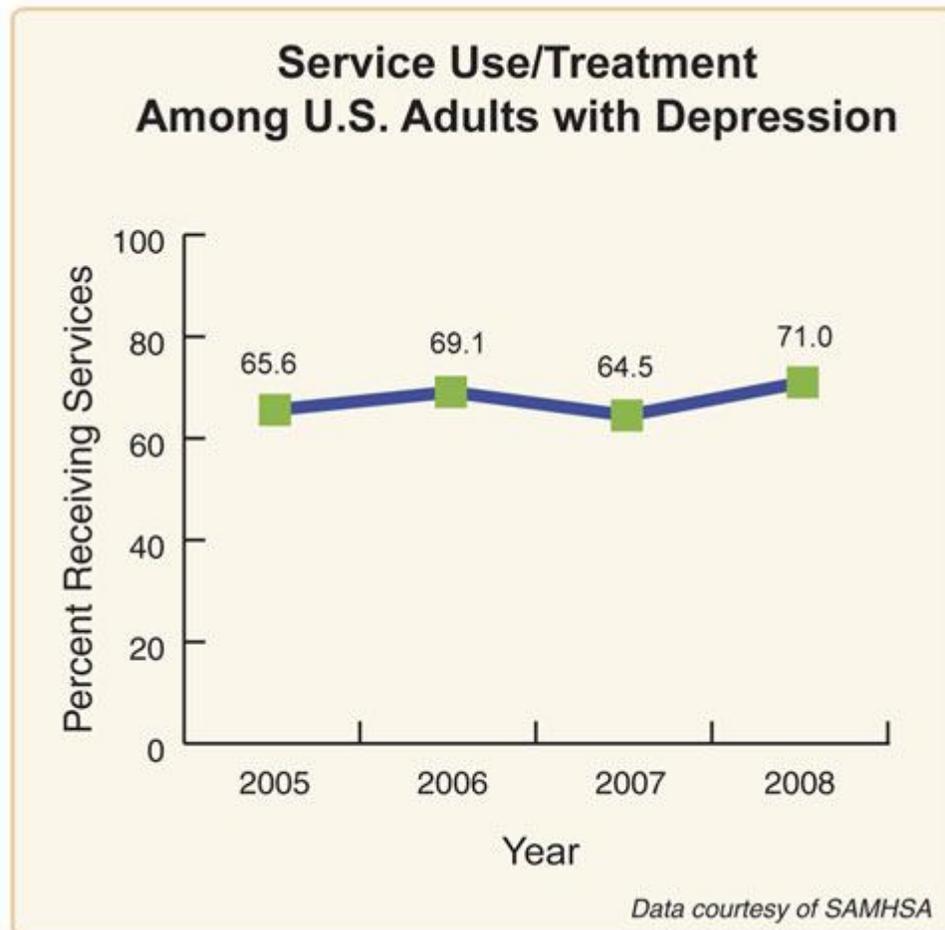
Table 1

Mean Mentally Unhealthy Days

Years	Mean Number of Days	Total Number of Days
1993	2.9	98,619
1994	2.9	102,696
1995	2.9	110,355
1996	2.9	118,309
1997	3.0	128,540
1998	3.0	141,744
1999	3.0	150,957
2000	3.2	172,960
2001	3.4	194,471
2002	3.2	234,736
2003	3.4	246,134
2004	3.5	282,380
2005	3.3	331,517
2006	3.4	334,606
2007	3.4	401,732
2008	3.4	386,066
2009	3.5	402,735
2010	3.5	415,664

Source: Centers for Disease Control and Prevention (CDC) 2013.

This increase of mental health problems contributes to the increased number of unhealthy days associated with mental illness (Table 1). In fact, Table 1 reveals a substantial recrudescence of the mean number of unhealthy days between 1993 ($M = 2.9$) and 2010 ($M = 3.5$). This increase in the number of unhealthy days correlates with the increase in mental health service use or treatment as evidenced by Graph 1. Graph 1 indicates that the percentage of American adults who sought treatment for depressive symptoms increases about 5.4% between 2005 and 2008. The combination of the increase of people seeking treatments as well as the increase mean number of unhealthy days translates into loss of productivity and monetary loss for the American society.



Graph 1. *Service Use/Treatment among U.S. Adults with Depression*
 Source: National Institute of Mental Health (NIMH) 2013.

In addition to supporting the perspectives formulated by the theorists reviewed in this paper, these examples and statistical figures indicate that the postmodernity era affects the prevalence rate of mental illness. Not only does postmodernity influence the number of people suffering from mental illness, but also affects the conception of its etiology. Despite this, the change in the conception of the etiology of mental health problems is not always matched with a corresponding policy (Mechanic, 2008). That is, policies regarding mental health care often lag behind the advances in research on the conception and etiology of mental health problems.

Until recently, the mental health care system in the United States and several European countries was based on the notion of institutionalism, with state hospitals as facilities for the treatment of patients. Nowadays, there is a transition from state psychiatric hospitals to community based facilities, a process called deinstitutionalization (Mechanic, 2008). With the process of deinstitutionalization, patients with mental health problems are less likely to be admitted into hospitals as in the past. Hospital patients are being released for aftercare and rehabilitation services (such as day hospital, night hospital, aftercare clinics, public health nursing service, foster care families, convalescent nursing homes, rehabilitation centers, work service, ex-patient groups, etc.).

This paradigm shift in the care facilities of patients with mental problems is based on the assumption that patients who are living in seclusion, as in mental hospitals, for example, are more likely to be stigmatized than not (Mechanic, 2008; Scheff, 1999). From this perspective, it is understandable that transferring mental health patients from hospitals to community based facilities will result in less stigmatization for these patients (Scheff, 1999). Even though several research projects demonstrated the cost-effectiveness of community based care compared to state hospitals, the former suffers two major problems. One of the problems of the new system based on deinstitutionalization is the lack of solid structure. These community care facilities suffer from ambiguity due to the absence of standard procedures among companies and states (Mechanic, 2008). For example, there are discrepancies in the patient's evaluation process and admission as well as the treatments they receive (Mechanic, 2008). This "chaotic" organization within the current mental health care system can be traced to postmodernity with its influential ideas of flexibility, instability, and disorder. Thus, postmodernity negatively affects the very foundation of the process of deinstitutionalization.

The second vivid problem of the new system is the generalized insecurity. The pervasive presence of insecurity will negatively affect the definition of community and the relationship between neighbors (Bauman, 1997; 1998; 2000). One of the consequences of insecurity is the recrudescence of individualism and increasing isolation, both of which ultimately and inexorably lead to the fact that "neighbors" are becoming "strangers" to one another (Bauman, 1997; 2001b; 2000). In the absence of community in the sense of *gemeinschaft* of Tönnis (1957), the mental health policies built around the notion of deinstitutionalization will be without foundation. From this line of thought, it is reasonable to foresee the coming crisis within the mental health care system if nothing is done. One way to solve the problem related to the lack of standard procedures is through a combination of the dominant ideas of both periods, modernity and postmodernity (Best & Kellner, 1997). Deinstitutionalization, which results in the shift from state hospitals to community based facilities care, mirrors the dominant idea of flexibility of the period of postmodernity. To this element of postmodernity will be combined the one of modernity, whose dominant ideas are structure and order. In clear terms, the community based facilities can be improved by adding to them the standardization model that can be borrowed from state mental hospitals.

Another possible way to add structure and order will be to shift the accent from community based care facilities to focus on family care. Taking such an approach will only be a panacea to the problem because, sooner or later, the problem of ambiguity will become evident. A more effective solution will require, as in the first solution, the incorporation of the modernity aspect of order. Thus, by organizing family based care in such a way that there are fewer discrepancies in the criteria of eligibility of the patients, the treatment provided to them, and the assessment of their progress, this approach can be a cost-effective method of managing the population suffering from mental health problems. The reasoning behind this solution is based on the idea that, with some rare exceptions, people are more likely to provide better care to loved ones or family members than "neighbors strangers" in the community (Bauman, 2001b).

5. Conclusion

As with any other study, the present one has a limitation. The limitation of this study is related to the small number of sociological frameworks analyzed. Given that the analysis is based on selected sociological frameworks of the period of postmodernity, it is worthwhile for readers to exercise some caution in generalizing the result to other theories not presented in this paper. Further research should extend its scope to additional frameworks as they pertain to mental health problems, such as theories of social causation or fundamental causes, social capital theory, political economy of health, and ecosocial theory. Despite this study's limitation, it is still significant. First, it analyzes the perspectives of five sociological theorists such as, Baudrillard, Baumann, Beck, Bourdieu, and Cohen on mental illness. Second, it reveals some similarities in the views of these theories with respect to their conceptions of the descriptions of the postmodern era and its prominent characteristics like flexibility, chaos, confusion, and conflict. Third, not only does this study show the influence of the period of postmodernity on mental illness prevalence rates in society, but also suggests approaches to solving problems related to the treatments and care aspect of those suffering from mental illnesses.

References

- Abaidoo, R. (2012). Corporates profit growth and variability in US unemployment rate. *International Journal of Economics and Finance*, 4, 3-15.
- Baudrillard, J. (1994). *The illusion of the end*. Palo Alto, CA: Stanford University Press.
- Bauman, Z. (1987). *Legislators and interpreters: On modernity, post-modernity and intellectuals*. Ithaca, NY: Cornell University Press.
- Bauman, Z. (1991). *Modernity and ambivalence*. Ithaca, NY: Cornell University Press.
- Bauman, Z. (1992). *Intimations of postmodernity*. New York: Routledge.
- Bauman, Z. (1997). *Postmodernity and its discontents*. New York: New York University Press.
- Bauman, Z. (1998). *Globalization: The human consequences*. New York: Columbia University Press.
- Bauman, Z. (2000). *Liquid modernity*. Cambridge, England: Polity Press.
- Bauman, Z. (2001a). *The individualized society*. Malden, MA: Polity Press.
- Bauman, Z. (2001b). *Community: Seeking safety in an insecure world*. Cambridge, England: Polity Press.
- Beck, U. (2000). *The brave new world of work*. Cambridge, England: Polity Press.
- Beck, U., Giddens, A., & Lash, S. (1994). *Reflexive modernization*. Palo Alto, CA: Stanford University Press.
- Bessa, Y. (2012). Modernity theories and mental illness: A comparative study of selected sociological theorists. *International Journal of Humanities and Social Science*, 2, 31-38.
- Best, S., & Kellner, D. (1991). *Postmodern theory: Critical interrogations*. New York: Guilford Press.
- Best, S., & Kellner, D. (1997). *The postmodern turn*. New York: Guilford Press.
- Bourdieu, P. (1998). *Acts of resistance: Against the tyranny of the market*. New York: The New Press.
- Centers for Disease Control and Prevention. (2013). Mean mentally unhealthy days. Nationwide trend: Overall. Retrieved from <http://apps.nccd.cdc.gov/HRQOL/TrendV.asp?State=1&Category=1&Measure=3>
- Cohen, D. (2003). *Our modern times*. Cambridge, MA: MIT Press.
- Eitzen, D. S., Zinn, M. B., & Smith, K. E. (2012). *Social problems*. (12thed). Boston: Pearson.
- Ferrante, J. (2008). *Sociology: A global perspective*. (7thed). Belmont, CA: Thomson Wadsworth.
- Gallagher III, B. J. (2012). *The sociology of mental illness*. (5thed). Cornwall-on-Hudson, NY: Sloan.
- Henslin, J. M. (2008). *Sociology: A down-to-earth approach*. (9thed). Boston: Allyn and Bacon.
- Magnus, G. (2012). Labor-force participation rates and the informal value of unemployment rate: Evidence from disaggregated US data. *Economics Letters*, 116, 408-410.
- Mechanic, D. (2008). *Mental health and social policy: Beyond managed care*. (5thed). Boston: Allyn and Bacon.
- Mirowsky, J., & Ross, C. E. (2003). *Social causes of psychological distress*. (2nded). Hawthorne, NY: Aldine De Gruyter.
- National Institute of Mental Health. (2013). Use of mental health services and treatment among adults. Retrieved from http://www.nimh.nih.gov/statistics/3USE_MT.ADULT.shtml
- Scheff, T. J. (1999). *Being mentally ill*. (3rded). New York: Aldine de Gruyter.
- Takeuchi, D., Uehara, E., & Maramba, G. (1999). Cultural diversity and mental health treatment. In Horwitz, A., & T. Scheid (Eds.), *A handbook for the study of mental health* (pp. 550-565). Cambridge, England: Cambridge University Press.
- Tönnis, F. (1957). *Community & society: Gemeinschaft und gesellschaft*. Happer NY: Torchbooks.
- Whitley, R. (2008). Postmodernity and mental health. *Harvard Review of Psychiatry*, 16, 352-364.
- Willis, L. A., Coombs, D. W., Cockerham, W. C., & Frison, S. L. (2002). Ready to die: A post-modern interpretation of the increase of African American adolescent male suicide. *Social Science and Medicine*, 55, 907-920.