‘Star Wars’ in mental health and welfare.

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Abstract

An account on accountability, mainly in mental health and welfare, is told through the Star Wars frame. Diverse evidence is reviewed showing that when accountability is based upon conformity to prescribed practices, harm is often done. A growing resistance movement is offering an alternative by way of accountability via outcome. This has facilitated the identification of ‘super-shrinks’ in mental health; and parallels are drawn to Foucault’s late work on self-constitution, or enlightenment. Foucault’s *parrhēsiastes* are Jedis fighting the neoliberal Empire, and guiding us in our steps to an ecology of mind.

Key Words: Risk Management, Foucault, Wittgenstein, Lévinas, Indigenous Culture

Star Wars – A Reality

In 2002, nurse Brian Stabb started working for the multinational company McKesson, who were piloting a telephone triage and health advice service in Wellington (as part of the neoliberal agenda to privatise healthcare). Late one night, shortly before Christmas, he took a call from a very agitated man with a gun threatening suicide and homicide. Mr Z (as he was later called in court) had a long forensic history, was well-known to the armed offenders squad and was currently under the Mental Health Act. Nurses from his DHB were meant to monitor him daily for any indications of deterioration, but he was not contacted for 24 hours prior to this call. Moreover, the crisis team from his DHB could not be contacted by either the police or Mr Stabb’s colleagues that night. The on-call McKesson manager was also unavailable. Suspicion was later aroused about them being at a Christmas party together at the time (Stabb, 2015).

Mr Stabb alerted the police as he continued to talk. The police mobilised the armed offenders’ squad to surround Mr Z’s house. After 40 minutes of a largely one-sided tirade, Mr Z threatened to hang up and start shooting. The police were urging Mr Stabb to keep him on the phone. Mr Stabb then responded with a tirade of his own, telling the gunman that if he made one more threat against him or his family he was going to “… come out there and … stick [his gun] so far up his arse he wouldn’t know whether to fart or wind his watch”. Mr Z’s reaction was to start chuckling and say, “Oh sorry mate, there’s no need to get uppity”. He was now calmed, agreeing to talk with a counsellor, and gave Mr Stabb his phone number. The police negotiator then phoned the man, but he refused to speak to them, and he phoned Mr Stabb back. They spoke pleasantly for another hour,

before Mr Z went out and surrendered to the armed offenders' squad. The police sent a complimentary letter to Mr Stabb, thanking him for his help in resolving this crisis.

Despite a number of potential complaint actions against the DHB's crisis service, the DHB's failure to meet the Mental Health Act requirements, McKesson's management failures and reporting requirements, nurses from Mr Z's DHB lodged a complaint against Mr Stabb. Mr Stabb was subsequently fired by McKesson and the Nursing Council struck him off the register of nurses for threatening a psychiatric patient. Justice Wild (2006) upheld the Nursing Council's decision when it was appealed in the High Court, despite Mr Z's psychiatrist, police from the armed offenders' squad, and a lawyer who was also a Duly Authorised Officer under the Mental Health Act all speaking favourably of Mr Stabb's action. Justice Wild claimed that practitioners should be judged on process, not outcome; and professional standards in such situations should be set based on the judgements of one's professional peers. "Natural justice" (the judgement of "reasonable members of the public") is trumped by a "professional standards" claim. Mr Stabb claims that none of the three senior nurses making up the Nursing Council had any psychiatric, let alone forensic psychiatry experience. It appears that both Nursing Council and the High Court relied on the testimonies of the Crisis Team nurses making the complaint (and their colleagues) to set those standards. Mr Stabb was left penniless, and his health severely compromised.

As we shall see, Mr Stabb is not alone in being harmed by 'process myopia'. Many of our C20th intellectual grandparents, such as Ivan Illich, Paulo Freire, Buckminster Fuller, Gregory Bateson, Margaret Mead, and Alan Watts, warned us of the harm a preoccupation with 'means' over 'ends' would cause. In a list of the ten most important influences on his thinking, Wittgenstein found Oswald Spengler's *The Decline of the West* offered an understanding of this; the idea that the West was on a path of degeneration from an organic culture to a mechanical civilization. Foucauldian scholar Mitchell Dean (2008) suggested that the latest extreme version of mechanisation, neoliberal globalization, can be viewed as the great sea serpent Leviathan sweeping across the lands drowning the indigenous Behemoths. Appealing to popular culture, I shall call this mechanistic '*episteme*' 'The Empire'.

The Empire's Protection Racket

Over the past thirty years risk management systems have become the salient organising principle of our mechanical civilization (Beck, 1999; Power, 2007). Foucault's (2008) prescient account of the emergence of neoliberalism showed that by casting everyone as an entrepreneur, global economic competition was increased; but "… if you multiply enterprises, you multiply frictions, and you inevitably multiply judges" (to regulate the frictions) (p. 139). Thus risk management systems accompanied the arrival of neoliberalism with Thatcher, Reagan, and our own 'Rogernomics' in the 1980s, transforming modern society into what many called the 'nanny state'. British nurses have been identified as an early adapter of the shift towards ritualised procedures as a way of re-

distributing responsibility and reducing the anxiety about blame (Lees et al, 2013). By completing a set of procedural tasks for all patients on the ward, and fewer for one, the nurse-patient relationship was transformed. Similarly, most research in health practice focused on efficacy; allowing accountability to be assessed by the practitioner's adherence to empirically supported procedures (or "best practice"). However, despite the considerable lengths these efficacy researchers went to eliminate the practitioner as a variable affecting outcome, the person of the clinician often far exceeded any method. This has been found to be especially true in mental health; and demands by regulators to "excommunicate" practitioners who do not comply with empirically supported treatments (ESTs) are no longer based upon empirical evidence (Duncan et al, 2010; Wampold & Imel, 2015).

Long before the arrival of neoliberal risk management systems with their formalised actuarial check lists and empirically supported procedures that grew out of these assessments, some mental health practitioners were already managing risk successfully. Psychiatric risk, as in Mr Z's case above, had been primarily approached as a therapeutic task where the goal was the engagement of the client in a manner which ameliorated the danger (Mullen, 2000; Drury & Munro, 2008). Such interventions are highly dependent upon the skill of the practitioner, and such "human horse-whispering" cannot easily be codified into a set of rule-based procedures. Most mental health practitioners recognise that the new formalised risk management procedures are primarily a form of defence "… to protect the organisation" (Szmukler & Rose, 2013). Outcomes (ends) have been marginalised in favour of following defensible process (means); and risk management has shifted its focus from first-order risk (the safety of the client and others), to second-order risk, the reputation of the organisation or profession ("did they follow correct procedure?") (Power, 2007).

The Empire as a Machine that Incarnates the Evil it Claims to Fight

A review into the failures of child protection services to prevent the death and abuse of children after 'notification' in London cited excessive ritualised defensive tasks, such as "various layers of assessment before action is decided upon" as a major causal factor (Lees et al, 2013). Here in Aotearoa, Goodyear-Smith (2012) has raised the question of whether health professionals should be mandated to report suspected physical, sexual and emotional abuse of children, and concluded that "the risks outweigh the gains", for similar reasons.

Fischer & Ferlie (2013) describe the closure of Democratic Therapeutic Communities in the UK, which had been running since the 1940s treating "severe personality disorder", following the implementation of rule-based risk management systems. A population at high risk of being 'managed' in prisons, these centres were utilising a collective treatment approach over a twelve month period, where there was a blurring of roles between staff and residents, for everyone was a therapist to everyone else. Crises were an opportunity for remediation, and would be resolved through a community meeting for shared decision-making. Residents and staff might take shifts sitting with someone, night and day if necessary. However with the rise of the risk management

machine, actuarial tables were developed to calculate 'psychopathic risk', detention in secure settings was encouraged, and practitioners were 'named and shamed' should a critical incident occur. After they began turning to the police to handle crises, these centres closed, as the culture of trust had been totally destroyed. The authors conclude that there is just no way to hybridise these two different risk management processes; any attempt just escalates the contradiction and contest.

Prescott (2013) offers another example of means being prioritised over ends in a psychotherapy case in the US. A teen was in treatment for sexually abusing his younger cousin, and the treatment was going well. However the State became involved and demanded that a particular evidence based treatment, which the State had a contract with the 'developer' to supply, be applied. This treatment called on the client to explore past traumas, but the client didn't want to do this. The therapist and her supervisor moved to support the client in his desire not to. However the consultant for this model of treatment insisted the client should be pushed. The State director became involved and the client was pushed. The client became withdrawn and asocial, and as soon as this evidence-based treatment ended the client and his family requested a new therapist from a different agency. This is not a unique case, as practitioners are increasingly becoming more frightened of being blamed for not adhering to policies and procedures, even if they know it is not helpful to their clients. Here in NZ Mental Health, this kind of managerialism is fostering a growth in defensive medicine (Mullen et al, 2008).

The most persuasive evidence of the Empire's evil lies in the massive gaps between efficacy and effectiveness in mental health. An efficacy study shows that a particular treatment is effective in a laboratory trial, but effectiveness studies measure how effective 'real world' clinics actually are. It is generally agreed that the efficacy rate for psychotherapy is over 80%, which is better than many medical treatments. However, 'real world' clinics are achieving effectiveness rates as low as 10% (Kazdin, 2000; Hansen et al, 2002; Lambert, 2010; Wampold, 2015). For the past 30 years, the number of mental health sickness and invalid beneficiaries has also doubled every decade (Whitaker, 2010). Although the Empire has attempted to attribute these poor outcomes to failure by practitioners to comply with empirically supported treatments, a more compelling argument based on empirical evidence indicates that they stem from managerialism (Duncan et al, 2010). The more we attempt to objectify our clients via the various assessments, and force particular treatments on them, the more they sense they are not to be trusted. When this is coupled with the growing sense amongst practitioners that they are not being trusted either, we have "risk colonization" of the clinic (Rothstein et al, 2006).

Another aspect of the growth of formal risk management over the past 30 years, is the growing prominence of regulatory bodies licensing or registering all manner of professionals; ostensibly to separate the "knaves" from the "knights" (Le Grand, 2003). However, there is little scholarly evidence that quality improvement or reduction in 'knavery' has occurred; whilst there is ample evidence for restriction of competition (thereby increasing wages by about 15%)

and practitioner compliance with the local dominant educators' procedures (Kleiner 2006).[1] As we shall see, countering this is a move by some to shift accountability away from competence (compliance with process) and towards outcome measurement. This will allow us to see who the effective and not so effective practitioners are. It will also be possible to test George Bernard Shaw's famous quip, "those that do, do, and those who can't teach". Will this show us that many of the "knaves" moved to the handle end of the punishment stick? Will they be called to account, as we become more accepting of the idea that the Empire's risk management procedures have been harmful to the public they purported to protect?

The Return of the Jedi

Foucault's counter to the Empire and its fabrication of the 'self' lies in a form of enlightenment. Foucault's early work provides the 'back story' to our more current 'Star Wars battle'. In this early work, he traced the development of an *'episteme*' (paradigm) following the introduction of Aristotle to medieval Europe by the Moors. Besides leading to science and the industrial revolution, this Aristotelian *episteme* also lead to the fabrication of the 'self'. In the barracks, the schools and the hospitals drills were developed to install norms. Later, this disciplining of people was engineered more effectively and widely via panopticism; people were encouraged to gaze into the mirror of 'normalizing judgements' (that were circulated in everyday conversation), and discipline themselves accordingly. Incorporating ideas from Descartes, and later Kant, on having an individual and private mind of one's own into these self-disciplining processes, gave birth to the modern socially fabricated subject who believes he or she is an enlightened free-willing subject. Foucault completed this revelation during his middle period by showing how this *episteme* plays out in various political contexts; culminating in a quite prescient analysis of neoliberalism, when it was only just beginning to emerge on the world stage. In the third period, he became focused on reviewing Kant's question "what is enlightenment?", and began to show a way out of being "totally fabricated".

Rather than viewing people as docile passive subjects being fabricated by the subjugating forces of society, he now wanted to tell of a more active people constituting themselves by engaging in various ascetic exercises, so that they might engage their social world as an aesthetic and ethical work of art (Foucault, 2001). He was particularly attracted to the Greco-Roman culture where this self-constituting, as a form of self-mastery, was encouraged. For example, the Greeks saw King Nicocles' marital fidelity as an example of this, at a time when there were no rules or customs prohibiting or frowning upon extramarital relations. Dietetics was involved. Lok Wing Kai (2011) draws our attention to the idea that at the time of Aristotle, the word 'aesthetic' meant 'imitation of life'; so if we are to now constitute ourselves as a work of art, it would mean becoming more 'life-like', or what we might call 'natural', rather than the cultivation of 'dandyism'. Like Kant, Foucault saw enlightenment in a shift from obedience to the authority of another to the use of our own reason; but unlike Kant who advocated obedience at work and free-speech in public; Foucault suggests a collective

expression of our 'truth' at work too (e. g. joining the anti-psychiatry or critical psychology movement).

However, critics of this new direction by Foucault, like Habermas, began asking whether fabrication and self-constitution were no more than two sides on the same coin. (My push is society's pull, and vice-versa). In a sense, we are trapped in history, being both the object and subject of any knowledge about us; and although we might be able to re-write our past (as Narrative Therapists do) or give ourselves new rules (prescriptions and dietetics) as many religions do, have we really escaped the 'fly bottle'? As soon as we put into public circulation new ideas on being, don't they become the new norms we measure ourselves against? Since Foucault's death in 1984 numerous other scholars' ideas on how to find "the art of not being governed quite so much" have joined the conversation; especially in the wake of so many of Foucault-inspired 'critical' groups being reabsorbed back into mainstream. I find myself attracted to scholars who claim that Wittgenstein and Lévinas offer a clearer path to Foucault's sense of enlightenment, as like the Mahayana Buddhists, they want to get everyone across the river, not just individuals.

Enlightenment for Wittgenstein (1958) can be seen as a matter of quite literally coming to our senses or "awakening". Many of us read Wittgenstein (and there are different readings of Wittgenstein) as seeing humans as sensori-motor beings constantly feeling out their relationship with the world (there are more neural paths going to than coming from the senses), much like blind men with their canes. This has led to the science of Radical Embodied Cognition, where we 'think' with our bodies, as we subtly re-position ourselves to ultimately maintain our attunement with the world. 'Mind' is no longer in our heads, but lies in the interactions between ourselves and our world. "I" is a pronoun, and this is similar to the Zen doctrine of no-mind, or Douglas Harding's prescription to move about as if one had no head. Inter-subjectively or socially, there is "an immediacy" in our responsiveness to each other. It is only when we fail to understand the other immediately do we have to engage in the intellectual activity of interpreting other; most of the time, there is no sense of a Cartesian homunculus or Kantian transcendental mind standing apart from other interpreting. There is no need for good psychotherapists to assess other, as conversations will take on a life of their own.

Lévinas (1998) also sees this immediacy in our responsivity to each other; so much so that he calls his philosophy an "ethics first" philosophy, as this immediacy implies that an ethical response is called for prior to any ontological or epistemological considerations. He indicates that we have an ethical reflex to respond to other, especially if there is suffering, and from this, we develop a moral compass. When psychotherapy is viewed as the art of pickpocketing poorly appreciated existing skills (Socrates' maieutics), then, one can bring this reflex to awareness for further development by asking, "You are walking home from school and need to go to the toilet urgently. You are walking funny because of this. You come around the corner, and there lying in the middle of the road is a three year old who has fallen off her tricycle and is bleeding. There is no one else around. What do you do?" Both Lévinas and Wittgenstein find attraction to

Dostoevsky's Father Zossima who says, "everyone of us is responsible for everyone else in every way, and I most of all". For Lévinas, the enlightened self comes from recognising that the call to 'be for others' supersedes the fabricating and self-constituting activities Foucault identified. A self is formed as a result of two or more calls at the same time (the doorbell and the phone ring simultaneously). The Empire has encouraged me to punctuate the flow of events from the viewpoint of autonomous individualism, blinding me to how much I am called into being for others; that at root, we are heteronomous, i.e. centred in other. Paradoxically, there is a liberation (or what Foucault called a 'practice of freedom') in recognizing our responsibility, as the psychotherapist Jenkins (1990) showed when working with abusive men. Being centred in Other and not self is the essential difference between indigenous cultures and the West (Drury, 2011).

Foucault's (2001) contribution to this emerging *episteme* of a relationally responsive culture is in the descriptions he gives to a particular virtue that helps us identify those making this shift. He calls this virtue "*parrhēsia*", a Greek word meaning "fearless speech". Galen had recognised it as important for physicians, as they needed their own ethical authority rather then be subjected to the rules of an external authority. Foucault tells us that "…*parrhēsia* and democracy no longer got on so well together" after the death of Pericles in 429 BC, and the golden age of Greek politics came to an end. Truth gave way to flattery and rhetoric. To become a *Parrhēsiaste,* humility is required, as one needs to learn from Other, not texts, and error is intrinsic to learning. Obviously, risk management systems that punish error and encourage 'cronyism" do not foster the development of *parrhēsia*. Foucault saw the realisation of this virtue as essential for "…the man [sic] who is responsible for directing others, and particularly for directing them in their effort, their attempt to constitute an appropriate relationship with themselves" (2010, p.43). This makes it a highly desirable quality to cultivate in teachers and psychotherapists; and is best developed not through institutional learning, but by being in conversation with someone who has *parrhēsia.* Unlike rhetoricians, *parrhēsiastes* have to open themselves to others, even with the risk of violence to themselves, as many historical religious and scientific "Jedis" have discovered.

Psychotherapists Tools for Conviviality

At the turn of this millennium, a growing number of mental health practitioners began to take back responsibility for their accountability. Acknowledging the adverse events that had led to the development of licensing/registration boards and their quasi-judiciary disciplinary tribunals, these practitioners advocated a shift away from 'best practice' protocols as a measure of accountability to more direct outcome monitoring. They argued that it was a simpler and more elegant way of increasing accountability; to be transparent to clients and others about what our outcomes are. After all, most clients are far more interested in our outcome history than whether we are doing therapy "by the book". Outcome-monitoring tools were first introduced in 1996, and within a decade of their introduction, massive reductions in dropout rates and improved outcomes were being reported (Duncan et al, 2010; Lambert, 2010). It is now evident that large

public mental health services that utilise continuous feedback of "patient-reported outcomes" (without clinician interpretation) can achieve levels of effectiveness that match those of controlled clinical trials (Reese et al, 2014).

A number of these outcome-monitoring tools were computerised, which allowed practitioners to compare their accumulative effectiveness with other clinicians and their own earlier results, or sub-sections of their client database (e.g. "I'm most effective with young adults"). Understandably, this generated interest amongst some practitioners in becoming "supershrinks" (Duncan, 2010). Not only that, but clients became the primary teachers, and the research, texts, and trainers the secondary sources of practice wisdom. A shift from the "banking" form of education (the classroom context where one is anaesthetised and filled with 'facts'), to an active divergent form of learning where experimentation and error is encouraged. The Dreyfus brothers' (2005) guidelines on skill acquisition apply; it is not a matter of learning rules and having them seep deep into your so-called sub-conscious, as much as allowing pattern recognition "reflexes" to develop (embodied cognition). Because of the immediacy or greater directness, many indicated that they had a stronger sense of their accountability to their clients, which kept boundaries on the experimentation and error. As these develop, the shift described by Bakhtin (1986) from monological to dialogical conversations occurs and the other is no longer an object of consciousness, but "a consciousness". We are now both open to learning from each other; we are allowing the conversation to take on a life of its own, carrying both of us wherever it takes us. This dialogicity has been found to be particularly effective in resolving psychosis (Seikkula & Arnkil, 2014).

It would seem then that both Foucault's musings on the path to *parrhēsia* or "not being governed quite as much", and the consequences of the introduction of outcome management systems in mental health (and some welfare practices) are merging on a common path. Amongst the "supershrinks" there will be a number of Jedi (*parrhēsiastes).* Those who find their way to the more indigenous practice of dialogicity through the use of outcome monitoring feedback systems will discover that there are a number of therapists already familiar with that 'language game', who have arrived by other paths (Larner, 2015).

The Return of Indigenous Culture

In the 1930s Wittgenstein once commented that he was writing for a 100 years from then, when culture might be returning. Dialogicity is made up in part by our anticipations, as we have more nerves to the senses than from them, and we are constantly tap-tap-tapping our way forward like the blind-man with his cane. Argyris (2004) has called upon organizations to adopt double-loop learning so they can become more responsive and responsible global citizens (i.e. dialogic). This involves a feedback loop that allows its core values to change so that it has a more organic (living) relationship to its changing world. For example, C19th railway companies could have changed their core values from trains to transport when the C20th arrived and they may have fared better. There are numerous signs that both health and welfare are shifting their core business to outcome monitoring with less emphasis on process adherence (e.g. McDonald & Testa,

2010). Kleiner (2006) has suggested that licensing boards might shift their core values by being taken off the guilds, who have a conflict of interest, and given to lay people, who will naturally be more outcome focused. Perhaps, Mr Stabb might have fared a little better had this occurred.

Conclusion

In the current political climate, health and welfare accountability processes have become process myopic. This has undermined indigenous practices, marginalised natural justice and reduced the potential effectiveness of the services. They have generated some of the very problems they were set up to protect the public from. A reaction to this has been a shift to outcome accountability systems. These have facilitated the development of more indigenous dialogical practices, which in turn, show promise to address wider ecological difficulties. This has also revealed some Jedi who offer leadership in guiding us to a more enlightened future.

Notes:

1. Even Milton Friedman saw that professional regulatory boards are run by and for incumbents who have a vested interest in creating monopolies, and limiting complaints and/or disciplinary procedures to those with opposing political views.

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