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"Mental Health" and Subjectivity as Substantive Aspects of Public Health.

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Objectives: To review the factors that lead to the exclusion of the notions of mental health and subjectivity in the processes of public health as a result of the imposition of the neoliberal model.

Methodology: Descriptive analytical.

Results: The author describes the exclusion of mental health from the area of health, issued under the imposition of two aspects of the hegemonic paradigm of health: 1) the influence of the unidirectional disciplinarily, such as the biologism, sociologism, or psychologism; and 2) the inclusion of two restrictive aspects in the mental health definition: the criterion of normality and the concept of statistical adaptation. Both look for reducing the individual to a model of “adapted” subjectivity and value him/her in terms of total well-being or optimal development, which lack implies misbehavior or lack of adaptation.

The author explains that the neoliberal model incites alterations to the individual or collective mental health through the imposition of four values that own this socio-economic model: a) success and satisfaction may occur only at the individual level; b) failure causes a discomfort that is only felt at the individual level, since the person does not have the backing of his/her group, c) lack of satisfaction and feelings of failure cause pathological conditions such as depression, generalized ill-being, feelings of emptiness, loneliness and personal insecurity; and d) the personal crisis provokes so many troubles in the individual level as at in the partnership or familiar spheres. So, the author describes the consequences generated by the neoliberal system in the field of mental health: individual isolation and difficult interpersonal relationships; loss of affection in sexual relationships; skepticism towards society; bodily idealization and cult of youth and consumerism; weakening of family links and increasing of passivity and physical inactivity.

Additionally, the author presents the exclusion of subjectivity in health from the analysis of two restrictions: a) medical practice privileges the measurable, tangible and visible, and b) biological positions on drugs are the best or exclusive solution to the individual discomfort. The biological and psychological positions work toward the same goal but their articulation is not articulated. On the contrary, each is presented as the best option.

Conclusions: For the author, the inclusion of subjectivity and mental health in the process of public health, which is the basis for a more appropriate treatment for individuals and their group, is complicated due the intervention of hegemonic health paradigms and the neoliberal economic model.