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I. Is a disease a personal or a social one? – assumptions towards the invention of the Useless Artist Disease[1]

> *"Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members." - Ottawa Charter for Health Promotion.[2]*

Many authors and so-called health experts nowadays proclaim a shift from illness care to health care[3], talk about "king client and partner patient"[4] and of a new health society. The 19th century was the age of health supply, the 20th century that of health protection and the 21th century is put under the umbrella of health promotion[5].

Prof. Dr. Ilona Kickbusch, co-author of the WHO's Ottawa-Charter from 1986 argues that people cannot achieve their fullest health potential unless they are able to take control of the fundamental conditions and resources which determine their health. Theses prerequisites are, according to the Charter, peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity.[6]

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[1] This is the beginning of a broader elaboration on the topic of the *UAD*

[2] WHO, *The Ottawa Charter for Health Promotion, First International Conference on Health Promotion* (Ottawa: 21 November 1986) <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/> [accessed 2 January 2015]

[3] Eberhard Göpel, *Gesundheit Bewegt: Wie Aus Einem Krankheitswesen Ein Gesundheitswesen Entstehen Kann*, 1st ed. (Frankfurt am Main: Mabuse-Verlag GmbH, 2004)

[4] Christoph Kranich, 'König Kunde und Partner Patient. Verbraucherschutz und Patientenunterstützung', in Eberhard Göpel, *Gesundheit Bewegt: Wie Aus Einem Krankheitswesen Ein Gesundheitswesen Entstehen Kann*, 1st ed. (Frankfurt am Main: Mabuse-Verlag GmbH, 2004)

[5] Ilona Kickbusch, *20 Jahre Ottawa: Bilanz und Perspektiven*, (Biel, RADIX, 2006) <http://www.gesundheitsgesellschaft.de/die-gesundheitsgesellschaft/ottawa-charter/20jahre.pdf> [accessed 2 January 2015]

[6] ibidem

<u>If we look at the world as it is now, can anybody be healthy? How can any society in such a world not be sick?</u>

Public opinion on health is slowly changing from being an ascetic, non-fun, non-yum tabooed topic into a desirable commodity that is now available to everyone. Being unhealthy is connoted with laziness, illiteracy, selfishness, sinfulness.[7] Health is now seen as an active source, the individual has become personally responsible for the own well-being. In this, social equality cannot be questioned anymore, political failures and injustices are foisted off on the individual.[8] The so-called "empowerment" in the health sector is yet another neoliberal betrayal. "It is never the system, the schools, the economic system or the structure of government. It's you. You aren't the symptom, you are the cause."[9]

Health care and promotion expenditures consume 10 to 20 percent of the GDP of most developed nations, being one of the world's largest and fastest growing industries.[10] Life-style drugs have a global market share of 23 billion US-Dollar,[11] self-improvement is a 10 billion US-Dollar per year market in the U.S. alone[12]. Pharmaceutical firms have „reinforced people's sense of their own neediness":[13]

> „*And, where necessary, we turn to the magic pills. The pharmaceutical companies have been especially creative in exploiting modern insecurities. Profits are not by*

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[7] cf. Susan Sontag, *Illness and Metaphor*, for a historical overview of convictions about illness

[8] As Trudy Dehue, philosopher and sociologist of science from Rijksuniversiteit Groningen pointed out in her lecture '*From health politics 1.0 to health politics 2.0*', Sandberg Instituut, 10 December 2014, with her coined term „reification of a diagnosis". She showed a Pfizer advertisement for one of their antidepressant in which Pfizer blames the individual of a poor black neighbourhood of feeling miserable because of their diagnosed depression instead of their living conditions.

[9] Martijn Schirp, 'Turning The Problem Around: Mental Health In A Sick Society', in *HighExistence* <http://www.highexistence.com/turning-the-problem-around-mental-health-in-a-sick-society/> [accessed 2 January 2015]

[10] The World Bank, *Health Expenditure, Total (% of GDP)*, (Washington: The World Bank Group, 2014) http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS [accessed 2 January 2015]. Note also: „the world pharmaceutical market was worth an estimated 655,222 million EUR at ex-factory prices in 2013", efpia, *The Pharmaceutical Industry in Figures, Key Data 2014*, (Brussels, 2014) http://www.efpia.eu/uploads/Figures_2014_Final.pdf [accessed 2 January 2015]

[11] Barbara Gunnell, 'The happiness industry', in *New Statesman* (London: 2004) <http://www.newstatesman.com/node/148757> [accessed 2 January 2015]

[12] John LaRosa, *$10.4 Billion Self-Improvement Market Survives Scandals & Recession*, (Tampa: Marketdata Enterprises, Inc., 2013) <http://www.prweb.com/releases/2013/1/prweb10275905.htm> [accessed 2 January 2015]

[13] Gunnell, 2004, quoting Charles Medawar, Anita Hardon, *Medicines Out Of Control?* (Aksant Academic Publishers, 2004)

curing life-threatening diseases[14] (which tend now mainly to persecute the poor) but by catering for the discomforts of the rich. (...) Pharmaceutical companies see the drugs of the future not curing disease but responding to lifestyle concerns. The big research and development money is in finding cures for such "illnesses" as social anxiety or drugs that enhance mental performance or memory. By far the industry's biggest growth sector is in drugs that change behaviour and emotions."[15]

Bringing mind, body and soul to perfect function seems to be the ultimate goal, not only since Jefferson's Pursuit of Happiness. One can argue from two sides: Firstly, trying hard to become more successful, more motivated, more empowered, more positive, more healthy for the instant success and the kick of happiness (recently a more long-lasting approach of becoming "mindful" and "aware" is becoming trend) are the results of notions of modern life's emptiness paired with an overreaching secularized Protestant work ethic which throw the individual back on the self as a coping strategy. Secondly, looking further into history, Western and Eastern philosophy, not to mention religious instructions, often argued that transformation by continuous work on an individual level seems to be key. Be it a life in virtue and excellence that leads to happiness as the ultimate purpose of human existence as in Aristotle's *Nicomachean Ethics* or the Confuzian self-cultivation as a power for transformation.

> Do we need these manuals and guidelines? Are we barbarians when we not follow them, is human nature really evil? Does it not instead put constant pressure on us, leaving us with feelings of guilt, shame, insufficiency, insecurity, alienation because of a constant measurement of us and the other?

Since the anti-psychiatry movement in the 60s, there have always been discussions and different conducts on how to define mental health and normality and how to treat mentally ill in the best way in respect to their rights and freedom. Each new issue of the "Diagnostic and Statistical Manual of Mental Disorders" (current edition: DSM-5), which serves as the standard guideline in mental health care, lists an continuously increasing number of new disorders (from 130 to 886 diagnoses from the first to the current edition[16]). Criticism

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[14] author's note: some of which are invented as well
[15] Gunnell, 2004
[16] Andrew H Kempp, Andre Brunoni, 'Depression, drugs and the DSM: a tale of self-interest and public outrage', in *The Conversation*, UK edition, (London, 2012) <http://theconversation.com/depression-drugs-and-the-dsm-a-tale-of-self-interest-and-public-outrage-9912> [accessed 2 January 2015]

aroused, even from the former chairmen of the DSM-4, Allen Frances, that the tight bonds of the committee to the pharmaceutical industry lead to an over-medicalisation of human nature (80% of young adults match the criteria for a mental disorder)[17] and to pure inventions of diseases that before were considered normal behaviour and emotions. Now they can be treated with new or repurposed pharmaceutical drugs.[18] Thomas Szasz sees mental illness as purely metaphorical as the illness refers to the undesirable thoughts, feelings and behaviours of persons. Classifying these as diseases seems to be a logic and semantic error to him. "Individuals with brain diseases (bad brains) or kidney diseases (bad kidneys) are literally sick. Individuals with mental diseases (bad behaviors), like societies with economic diseases (bad fiscal policies), are metaphorically sick. The classification of (mis)behavior as illness provides an ideological justification for state-sponsored social control as medical treatment."[19]

"Do the characteristics that lead to diagnoses reside in the patients themselves or in the environments and contexts in which observers find them?"[20] asks Dr. Rosenhan and concludes his famous experiment of sane people in a mental hospital not rehabilitated as sane by the hospital's staff (but the patients) with "it is clear that we cannot distinguish the sane from the insane in psychiatric hospitals. The hospital itself imposes a special environment in which the meanings of behaviour can easily be misunderstood. The consequences to patients hospitalized in such an environment – the powerlessness, depersonalization, segregation, mortification, and self-labelling – seem undoubtedly counter-therapeutic." [21]

> Again, the link to modern society is not far to seek. The questions is merely: how can you not go mad in the world we live in? How not to feel anxiety in a society of fear and surveillance? How not to develop an Adult Attention Deficit problem a with a constant bad conscience as a result of our powerlessness, regarding and digesting the

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[17] Jörg Blech, '"Normal" von Allen Frances: Beichte eines Psychiater-Papstes', in *Spiegel Online* (Hamburg: SpiegelNET GmbH 2013),
<http://www.spiegel.de/gesundheit/psychologie/normal-von-allen-frances-beichte-eines-psychiater-papstes-a-893739.html> [accessed 2 January 2015]
[18] Jen Wieczner, 'Drug companies look to profit from DSM-5' in *MarketWatch* (Market Watch Inc, 2013) (http://www.marketwatch.com/story/new-psych-manual-could-create-drug-windfalls-2013-06-05 [accessed 2 January 2015]
[19] Thomas Szasz, *Thomas Szasz's Summary Statement and Manifesto, 1998,* paragraph 1, Thomas S. Szasz Cybercenter for Liberty and Responsibility, http://www.szasz.com/manifesto.html [accessed 2 January 2015]
[20] D. L. Rosenhan, 'On Being Sane in Insane Places', in *Science*, New Series, Vol. 179, No. 4070. (Jan. 19, 1973), pp. 250-258., http://ilearn.totton.ac.uk/pluginfile.php/36993/mod_page/content/3/Rosenhan%20paper.pdf [accessed 2 January 2015]
[21] ibidem

pain of others[22]? How not be depressed as Europeans with the schock of two World Wars in each of our families bloodlines and in other countries with their conflicts and warzones? How not to go schizophrenic by all the knowledge of the exploited planet but still adding to it? The list could go on and on.

Anger is cured on the couch, performance expectations are met with pills, personal comfort is boosted with cosmetic psychopharmacology. In a *sick* society, "the norm is more important than the people it should protect."[23] The norm is established by corporations that see people as means, not as ends. The problem is externalized by implanting it into the individual. This individualizing in the name of empowerment and personal freedom for the sake of better control is one of the aims of neoliberal policies.

An individualistic society in turn is susceptible towards narcissistic disorders. We are disconnected and over-burdened. Technological advancement does not release the work force into more labour-free time and with it reinforcing humanistic or social progress but instead creating more pressure on the individual, competing with an misguided, unbeatable machinery on maximum productivity, maximum capacity, maximum usefulness, maximum self-optimization, fuelling meritocracy.

> *„I am never enough. Never sufficient. There's still more. There is still this discontent. I never fullfil what is expected of me, I never really perform what is expected of me. Discontent always stays. Always the feeling of having failed again, to give everything but never achieve what you had hoped. There is still more, there is still more possible, there's more in there that you can do also, that too, that too. All too much, all too much, hold me tight, hold me tight, don't leave me, don't' leave me, don't leave me, I hate you, don't leave me, I hate you, don't leave me, I hate you, don't leave me, please please stay with me, don't leave me."[24]*

J. Krishnamurti, the Indian philosopher, puts into question if disorder is the nature of the self, if self-centered activity is the origin of all disorder, the functioning from an isolated center

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[22] Susan Sontag, from whom this term is borrowed, also is not able to give an answer in her renowned work *Regarding the Pain of others*
[23] Schirp
[24] translation of an excerpt of Falk Richter, 'Never forever', theatre play (Berlin: Schaubuehne, 2014) original recording in the radio programme *Narzissmus, Neue Erkenntnisse über ein Urphänomen*, Kulturradio RBB, 18 December 2014

which creates the symptom. Western Psychoanalysis speaks of an adequate self, of functioning sufficiently, that only properly organized selves are capable of having sound relationships. The self as something that is defined by all the relations in the outer world not by the inner feelings about those relations.[25] Buddhism in turn uses the term "dependent co-origination" and understands the self as something that "exists at– or really (is)– the ever-changing intersection of a whole universe of events and relations." [26] For both Kierkegaard and Hegel it is the "spiritlessness of the age itself that ends in *madness*."[27]

According to some late writings of Foucault, where he focused on ancient Greek philosophy, the Care of the Self offered conceptual and practical solutions to human problems that involved developing self-understanding, self-management and self-orientation, often transmitted through advice in a friendship or teacher-student situation. Caring for oneself was never prescriptive but voluntary to live a "beautiful life". [28] Diametrically opposed is the modern Californian cult of the self, he states. It is the discovery of the true self with the help of psychoanalysis, to separate the self from that which might obscure or alienate it. In the times in between, the classical concept of the self that should be created as a work of art was overturned by Christianity in which one's self had to be abdicated, as clinging to the self was opposed to God's will.[29]

Maybe also because of that Christian heritage people are afraid to be seen as egocentric (even though worshipping their individuality). Fulfilling duties and functioning as valuable members of all the smaller and bigger systems is always seen to be more important than relaxation, pleasure and the care for the own health. Only when being ill, taking (some) time for cure is normatively accepted.

Inventing the *Useless Artist Disease* is a method, a flight into illness as a way to take time for the own concerns. The term itself is metaphorical, both utopian and contradictory.[30] When the pharma industry can invent diseases for their benefit, artists can invent diseases for theirs.

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[25] Barry Magid, *Ending the Pursuit of Happiness: A Zen Guide*, (Somerville: Wisdom, 2008), Chapter Two
[26] ibidem
[27] Mark C. Taylor, *Journeys to Selfhood: Hegel & Kierkegaard* (New York: Fordham University Press, 2000), p. 60
[28] Grant Watson, *How we behave* (Amsterdam: If I Can't dance I Don't Want To Be Part Of Your Revolution, 2014) Introduction, p.14-16
[29] Michel Foucault, 'How We Behave, Interview with Paul Rabinow and Hubert Dreyfus', *Vanity Fair*, (New York, 1983)
[30] author's note: I will discuss the function of art in a later chapter

In Western academic medicine a label is needed to identify deviance. Once named and in accordance to federal laws and health care regulations, it then can be treated with drugs and treatments, a label as a requirement for cure.[31] Labelling theory asserts that the patient becomes stripped of the old identity and a new one is ascribed with a social status, which both he internalises, „taking on the role ('master status') of the psychiatric patient with all its associated set of role expectations.[32] A label is a mechanism of control, also of self-control, a ground for optimization and productivity. It turns into a function, into a tool. A disease becomes a coping strategy for life, under the potential doom of stigma and self-stigma[33]. A label also puts focus on a problem to a broader audience. It calls for attention as a logo for a product. And as a brand it signals to incorporate certain (consistent) qualities and forms of standardization, in appearance of a mass phenomenon instead of an individual problem.

> Through the new disease a market is created and with it a space for research and experimentation.

Following the logic of Thomas Szasz[34]: if the Useless Artist Disease is a mental illness, and if mental illness is a myth, then it is a moral judgement, not a medical one. If the Useless Artist Disease is a work of art, is it then archival practise or myth-science?[35] Is it fictitious or reality?

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[31] c.f.the term *off-label use*

[32] I Crinson, Concepts of Health and Illness: Section 3. Labelling and Stigma, < http://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4a-concepts-health-illness/section3> [accessed 2 January 2015]

[33] Trudy Dehue, 2014, notes that self-stigma becomes ever more common in the last years (authors note: as a result of the over-psychologization of daily life)

[34] Thomas Szasz, 1989

[35] Simon O'Sullivan, 'Art Practice as Fictioning (or, myth-science)' in *diakron, Issues: Effects of Art* (Copenhagen) <http://www.diakron.dk/issues/effects-of-art/art-practice-as-fictioning-or-myth-science> [accessed 2 January 2015]