


2016

A Cultural Approach to Emotional Disorders: Introduction

E. Deidre Pribram Ph.D.
Molloy College, dpribram@molloy.edu

Follow this and additional works at: https://digitalcommons.molloy.edu/com_fac

 Part of the [Critical and Cultural Studies Commons](#), [Gender, Race, Sexuality, and Ethnicity in Communication Commons](#), and the [Other Communication Commons](#)
[DigitalCommons@Molloy Feedback](#)

Recommended Citation

Pribram, E. Deidre Ph.D., "A Cultural Approach to Emotional Disorders: Introduction" (2016). *Faculty Works: Communications*. 16.
https://digitalcommons.molloy.edu/com_fac/16

This Book Chapter is brought to you for free and open access by the Communications at DigitalCommons@Molloy. It has been accepted for inclusion in Faculty Works: Communications by an authorized administrator of DigitalCommons@Molloy. For more information, please contact tochter@molloy.edu, thasin@molloy.edu.

A Cultural Approach to Emotional Disorders

In her latest contribution to the growing field of emotion studies, Deidre Pribram makes a compelling argument for why culturalist approaches to the study of emotional “disorders” continue to be eschewed, even as the socio-cultural and historical study of mental illness flourishes. The author ties this phenomenon to a tension between two fundamentally different approaches to emotion: an individualist approach, which regards emotions as the property of the individual, whether biologically or psychologically, and a culturalist approach, which regards emotions as collective, social processes with distinctive histories and meanings that work to produce particularized subjects. While she links a strong preference for the individualist construct in Western culture to the rise of the psychological and psychiatric disciplines in the late nineteenth and twentieth centuries, Pribram also engages with a diverse set of case studies tied to psychological and aesthetic discourses on emotions. These range from Van Gogh’s status as emotionally disordered to the public, emotional aesthetics of nineteenth century melodrama to the diagnostic categories of the *DSMs* and the fear of “globalizing” emotional disorders in the twenty-first century. This genuinely interdisciplinary approach makes for a text with potential application in a wide range of disciplines within cultural studies, including sociocultural and historical analysis of psychiatry and psychology, gender theory, subject and identity theory, popular culture studies, and history and theory of the arts.

E. Deidre Pribram is, most recently, the author of *A Cultural Approach to Emotional Disorders: Psychological and Aesthetic Interpretations* and *Emotions, Genre, Justice in Film and Television: Detecting Feeling*, as well as co-editor of *Emotions: A Cultural Studies Reader*. She writes on cultural emotion studies, media studies, gender, and popular culture. She is a professor in the communications department of Molloy College, Long Island, New York.

A Cultural Approach to Emotional Disorders

Psychological and Aesthetic
Interpretations

E. Deidre Pribram

First published 2016
by Routledge
711 Third Avenue, New York, NY 10017

and by Routledge
2 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

Routledge is an imprint of the Taylor & Francis Group, an informa business

© 2016 Taylor & Francis

The right of E. Deidre Pribram to be identified as author of this work has been asserted by her in accordance with sections 77 and 78 of the Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

Trademark notice: Product or corporate names may be trademarks or registered trademarks, and are used only for identification and explanation without intent to infringe.

Library of Congress Cataloging-in-Publication Data

Names: Pribram, E. Deidre.

Title: A cultural approach to emotional disorders: psychological and aesthetic interpretations / by E. Deidre Pribram.

Description: 1 Edition. | New York: Routledge, 2016. | Series: Routledge research in cultural and media studies; 79 | Includes bibliographical references and index.

Identifiers: LCCN 2015027165

Subjects: LCSH: Emotions—Cross-cultural studies. | Personality disorders.

Classification: LCC BF511 .P75 2016 | DDC 152.4—dc23

LC record available at <http://lcn.loc.gov/2015027165>

ISBN: 978-1-138-01829-7 (hbk)

ISBN: 978-1-315-77983-6 (ebk)

Typeset in Sabon
by codeMantra

Introduction

The Global Epidemic

In recent years, a great deal of alarm has been expressed over the current phenomenon of a global epidemic of mental illness. Distress concerning the rampant rise in numbers worldwide focuses primarily on emotional disorders, which represent “a public health problem of vast proportions” (Horwitz 101). In the United States, projections exist that “nearly one hundred million people, 25 to 30 percent of the US population, have a mental illness during any one year, and half of the population will have a mental illness during their lifetime” (Kirk vii). Almost identical prevalence rates have been estimated for Europe: 27 percent of the population over the course of any single calendar year, and 50 percent at lifetime risk (Rose, “Disorders” 469).

Repeatedly cited statistics, extending the mental health pandemic to global proportions, originate with the World Health Organization (WHO). In a pivotal study published in 2001, and a major source for much of the current alarm, WHO maintained that over 25 percent of the world’s population would suffer from a mental disorder over the course of their lives and that depression, alone, takes a toll on 340 million people across the globe at any one time (Rose, *Ibid.* 467).

In its classification of mental and behavioral disorders, WHO incorporates a wide range of mental dysfunctions, from the organic (dementia, as in Alzheimer’s disease) and the psychotic (schizophrenia), to mood and anxiety disorders (depression, bipolar disorder, PTSD, OCD), as well as behaviors such as alcohol or drug abuse. Inclusively, mental illness is “present at any point in time in about 10% of the adult population” worldwide (WHO, *New Understanding* 20). Yet those citing WHO statistics accurately hold emotional disorders responsible for a disproportionate share of the mental health problem. In 2014, WHO provided figures of 400 million people who suffer from depression and 60 million with bipolar affective disorder globally, in comparison to 35 million with dementia and 21 million facing schizophrenia (“Fact Sheet,” np).

That the unfolding mental illness epidemic has become a worldwide crisis is often blamed on the widespread dissemination of Western forms of psychological knowledge, including its psychopathologies. Such knowledge transfer occurs in a number of ways, for example, through humanitarian

2 Introduction

relief efforts in the wake of war, natural disaster, atrocity, or sociopolitical upheaval all of which, from Western perspectives, create conditions leading to psychic trauma that demand various forms of psychotherapeutic amelioration (Summerfield, "Effects of War;" Fernando; Watters). The means through which global dominance by Western forms of psy constitutes a form of psychological "imperialism" is indeed a pressing matter; however, it is not the main trajectory of this book (Summerfield, "Scientifically Valid" 992). The principal concern for this project is to explore some of the ways we conceptualize emotionality which, in turn, unveils how we configure its assumed disorders, aberrations, and pathologies. Doing so, requires scrutinizing psy explanatory systems on emotions. It also necessitates imagining emotionality, its pleasures and suffering, in alternative ways.

WHO arrives at its statistics on mental disorder by a methodology called the Global Burden of Disease (GBD). This formula calculates the burden of a specific illness by factoring in rates for mortality and morbidity, in order to arrive at what it calls disability-adjusted life years (DALYs) (WHO, *New Understanding* 25). Issues of mortality or premature death mark relatively clear criteria. WHO estimates that "persons with major depression and schizophrenia have a 40% to 60% greater chance of dying prematurely than the general population" and, for example, "15–20% of depressive patients end their lives by suicide" (WHO, *Action Plan 7; New Understanding* 30). In terms of morbidity, however, DALYS prove more complex and controversial. Disability-adjusted life years attempt to also factor in the costs of "disability and other non-fatal health outcomes," so that a single DALY "can be thought of as one lost year of 'healthy' life" (*New Understanding* 25). Through this method, WHO reaches its projections that, in 2000, unipolar depression was the fourth leading global cause of lost disability-adjusted life years and, in perhaps the most frequently repeated estimate, by 2020 it will become the second leading cause of sacrificed DALYs internationally and the number one disease burden in the developed world (*New Understanding* 27, 30).

WHO's predictions for the future, pointing to the startling, ongoing growth of mental illness, have sparked the most disquiet, given their delineation of prevalence rates "in the stratosphere" (Greenberg, *The Book of Woe* 171). Numerous explanations have been offered for the stratospheric figures, several of which this book explores. However, the most frequently tendered arguments indict the psychologizing and medicalizing of vast expanses of 'normal,' everyday life.

For many, both within professional psy fields and beyond, a false epidemic has been created, generated by fault lines in psy itself. As touched upon in Chapters Two, Four, and Five from varying perspectives, the extensive psychomedicalizing of phenomena currently classed as emotional disorders involves erroneously transforming what accounts depict, instead, as simple unhappiness, minor troubles, malaise, life's vicissitudes, reasonable responses to stressful conditions, troublesome problems in living, normal

misery, or the suffering of ordinary people. Such accounts offer a critique of both international and domestic applications of prevailing psychiatric paradigms which, their authors believe, simply should not conceptualize so much of the everyday as psychopathology.

Since the nineteenth century, emotions have been understood as belonging primarily to the psy sciences. Historians such as Fay Alberti have begun asking and tracking, “how and when emotions became the province of science in general and the [individual] mind in particular” (“Introduction” xviii). Here, Alberti frames two historically parallel, pivotal events. The first concerns the movement of emotionality to the realm of science and medicine; the second involves the relocation of emotions within a highly personalized, internalized self. Both of these events depended upon the nineteenth and twentieth century development of psychology and psychiatry as distinct disciplines with their own bodies of theoretical knowledge, empirical study, and professional/clinical practice.

A Cultural Approach to Emotional Disorders is not a historical investigation of emotionality, work currently being undertaken by scholars like Alberti, Dixon, and others. Rather, I am concerned with exploring some of the contemporary cultural implications and repercussions of these historical transformations. This necessitates examining both how we arrived at conceptualizing emotions as we currently do, and ways we might imagine living them alternatively. On the one hand, if psy disciplines have overwhelmingly determined how we currently experience emotionality, in part resulting in the widely perceived global epidemic of emotional disorders, a nuanced cultural analysis scrutinizing how the psy sciences and social sciences have positioned emotions and their disorders becomes essential. On the other hand, I believe emotional disorders ought not to be so easily dismissed as the tribulations of the extensive but inescapable ordinary, relegating vast numbers of people to their own coping devices. Making such an argument is to suggest that emotional dysfunctions are most suitably experienced in individual silence, despite the extraordinary population involved, because those persons would render themselves, as well as society overall, better off by just getting on with their lives. Both circumstances, the powerfully influential presence of psy in the modern world and, conversely, frequent views on the negligibility of emotions because ordinary, warrant a more thorough comprehension of the cultural operations and purposes of emotionality.

Referring to the nineteenth and early twentieth centuries, Gauchet and Swain contend that if asylums failed to treat the insane, nevertheless, “they *changed* insanity” (100; italics in original). Similarly, current widespread awareness of a global epidemic hasn’t managed to arrive at plausible remedies but the prevalence rates have changed mental illness, perhaps going so far, through the sheer number of people encompassed, to undermine ‘mental illness’ as a sustainable concept. Certainly, the global crisis has sealed the centrality of emotional disorders within the category of mental illness, an adjustment that has been underway since early in the twentieth century

4 Introduction

(Chapters One and Two). Mental illness has been transformed by its focus on emotional disorders, in the process raising a new set of questions: What ‘kinds’ of mental illness do emotional disorders actually represent? Why are they so prevalent? Could they, and should they, be treated through psychopharmacology and/or psychotherapy, given the magnitude of the populations involved? Or should they be disregarded because they are symptomatic only of the excessive medicalization of the trials and tribulations of ordinary life?

Emotional Disorders

By ‘emotional disorders,’ I refer to the classes of mental illness currently encompassed by mood and anxiety disorders, collectively, as defined by the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders (DSMs)*.¹ I also include personality disorders (PDs) in this grouping because, as covered in Chapter Four, PDs are identified in most significant measure by their emotional characteristics.

While sometimes difficult to separate in practice, emotional disorders are non-psychotic forms of what we regard, today, as ‘mental illness.’ Their lack of psychosis distinguishes them, first, as *emotional* disorders and, second, as *minor* forms of mental illness (Chapter Two). When psychotic symptoms also are present, treatment tends to focus on the psychosis, returning to the more psychiatrically familiar terrain of irrationality (in contrast to emotionality) as represented by hallucinations and delusions. My interest focuses on the depressed, the anxious, the manic – in total, all those who populate the various contemporary classes of emotional disorders.

Collectively, the mood and anxiety disorders are referred to as affective disorders in the *DSMs* and elsewhere. However, throughout this book, I consistently employ ‘emotional’ rather than ‘affective’ for several reasons crucial to the aims of this project. Affective disorders – or moral insanity and neuroses in previous eras – reference an array of psychological, psychiatric, and psychoanalytical configurations of emotions, in their functions and malfunctions. Affective disorders, therefore, delineate particularly psy renderings of emotionality. My intent, in utilizing emotional disorders, is not to exclude psy’s theoretical, scientific, or clinical formulations. As mentioned, the psy fields have been one of, if not *the*, principal locations of emotions since the nineteenth century. Certainly, *A Cultural Approach to Emotional Disorders* considers psy’s importance to, and recent historical preeminence over, emotionality, devoting attention to a variety of psy conceptualizations on emotionality, albeit often critically. Indeed, in the contemporary moment, it remains impossible to talk about ‘disorders’ or ‘mental illness’ without referencing psy, the wellspring of these notions. But utilizing the phrase emotional disorders is intended to also acknowledge and explore other meanings and practices of emotionality beyond psy endeavors. Employing emotion rather than affect, except when affect is specifically being used by the author or work under discussion, signals my desire to investigate

emotions both within and beyond their psychological manifestations. The alternative conceptualizations I turn to are principally aesthetic ones but, also, in briefer measure, nonverbal communicative and biographical configurations of emotionality (Chapter Five). The arts serve as one of few cultural arenas in which emotions are admitted and sometimes valorized. However, close examination shows that emotionality and emotional disorders often surface as sites of contention in artistic practices and theory (Chapters Two and Three).

Another motive surrounding my usage of emotional rather than affective disorders involves the current prominence of affect theories across the sciences, social sciences, and humanities. While representing a diverse range of work that cannot be characterized in a singular manner, contemporary affect theories tend to foreground the biological, the material, the embodied. In cultural theory, certain influential strands draw a sharp distinction between affect and emotion. Affect occurs as intensity, vitality, and force in ways that are “irreducibly bodily and autonomic” (Massumi 28). It manifests as “noncognitive, nonconscious, nonlinguistic, and nonrational” states that remain “relatively autonomous from the sociocultural” (Gould 25, 31). In contrast, emotions transpire as part of the sociocultural world, which “squeezes” affect “into the realm of cultural meanings and normativity” (Gould 27). In this view, emotions come into being as the product of “two planes: signification ... and affect” (Grossberg, *Gotta* 82).

Although long a proponent of the need to devote theoretical attention to affect, more recently Grossberg cautions that the work of “parsing out everything that is collapsed into the general notion of affect” has not been undertaken, but such investigations remain necessary in order to understand how affect functions alongside other human and cultural modes of organization, including emotional economies (“Affect’s Future” 316). I would go further, to suggest that in some branches of affect theory emotions have been quite purposefully rejected. As Greco and Stenner observe, in recent approaches as diverse as philosophy and psychoanalysis, affect tends to represent “all things sophisticated and good” while emotions have come to stand for that which is “superficial and bad” (11). Which is to say, a rather romanticized, idealized notion of affect has gained predominance. Yet, as Hemmings notes, “affects do not only draw us together,” providing solely freeing, productive effects; “they also force us apart” or make certain kinds of connections more rather than less difficult (152). Like thought or emotions, affect comes into existence in a variety of ways, creating a multiplicity of outcomes. One consequence of recent affect theory has been the radical alignment of affect with body/brain, while assigning emotions to what I believe is erroneous overdetermination as cognition. If affect appears as noncognitive, nonconscious, nonlinguistic, and nonrational states of being, then emotions, as affect’s socialized counterpart, are remaindered as conscious, signifying, and ideologically normative forms of meaning production. Such a view, this book argues, offers a thoroughly impoverished

6 Introduction

comprehension of the complexities of emotionality as immensely diverse ways of experiencing life.

Which brings me to the final motivation in opting for emotion over affect. In 2000, Simon Williams argued that significant expanses of what we refer to as ‘mental health’ should, more accurately, be relabeled ‘emotional health.’ Although he himself doesn’t use the terms, this also suggests the redesignation of its dysfunctions to emotional illness or emotional disorders. Williams advocates using emotional health over mental health as a way of breathing “new corporeal life” into existing configurations that perpetuate sharp dichotomizations of body from mind, at a point in time that was dominated by cognitive theories (560). His position is that the notion of *mental* health locates emotions too firmly as properties of mind rather than emphasizing “the active, emotionally ‘expressive’ body, in sickness and in health, as the basis of self, sociality, meaning” (567). In certain respects, the theoretical landscape has changed dramatically since Williams wrote. Through the rise to preeminence of biological psychiatry, neurosciences, and affect theories, the principal threat now surrounds the continued existence of ‘mind,’ endangered by its displacement to ‘brain.’

In other respects, however, the theoretical landscape Williams described remains much the same, particularly in dispositions towards polarization and diminishment, in this case of mind in favor of body. Another goal of *A Cultural Approach to Emotional Disorders*, then, is to assess the capacity of emotionality to be engaged as a mediating force, a role that affect, as currently construed, often has failed to serve. The connective potential of emotions was also one of Williams’ objectives, in which he maintained that they are “compounds” “*irreducible* to any one domain” (566; italics in original). A variety of historical and contemporary ways of analyzing emotional disorders make evident the difficulty in attempting to render them as either body or mind, affect or cognition, conscious or nonconscious, individual or social, and other competing terrains. Emotional disorders are treated, in this book, as a means of bridging or obscuring common polarities, precisely because they have never been easily or entirely successfully reduced to one binary term *over* another. Thus, emotional disorders hold the capacity to outline the relational, connective, negotiating potentials of emotionality as a conceptual and experiential life sphere. An exploration of emotional disorders enables us to take stock of how we currently assess emotionality as ways of knowing and being in the world.

A Cultural Approach

Offering a definition of “a cultural approach” to emotional disorders is a challenging task, given the many ways the notion of culture has been activated. And I certainly rely on more than one of those activations in this book.

As a person whose home disciplinary landscape is cultural studies, I am concerned that affect theory overlooks a place for all the sociocultural work

that has been done over the last decades. But I am also aware of the substantial criticisms that have been aimed at social construction approaches, for example, that they give social and political identity a determining role to the neglect of embodied and other kinds of experiences. Nor do I wish to ignore the limitations imposed by strongly linguistic and ideological theories in recent years. Yet, I also uphold the position that emotions and emotional disorders have histories, that they are experienced – felt, practiced, expressed – differently in varying social and cultural contexts, and that those profuse histories and experiences have barely begun to be accounted for. The work of chronicling such histories and experiences composes one kind of cultural approach.

Additionally, emotionality makes up a unique cultural category. Unlike thought or reason, arguing for emotionality's public and social impact necessarily has been part and parcel of its scholarly study. Cognitive processes have never been as radically personalized as emotions. Knowledge rarely is considered quite so individualized, belonging instead to public collectives. We understand, often proudly as in the cases of nationality or religion, that even as we 'think' for ourselves, our ideas, values, and beliefs are accumulated across history and received from the various social worlds we inhabit, making us part of something larger. Illustrating how emotions are more than individualized, internalized phenomena, pivotal across all life spheres, persists as another facet of the cultural endeavor.

From a cultural perspective, I also feel uneasy with the way that some strands of cultural theory, under the influence of affect, reject certain aesthetic processes, such as narrativity, in a rather wholesale manner (Massumi 26–28). Disapproval of representation, broadly understood as the product and processes of thought, has circumscribed representation in the narrower sense of artistic practices and popular culture. Aesthetics are partially but not entirely sensational experiences. They are also culturally and emotionally meaningful events, perhaps no more so than when taking shape in nonlinguistic forms, through visuals, forms of sound beyond dialogue, and performance techniques such as gesture and movement. A cultural aesthetics ought to pursue approaches that preserve both embodied sensation and emotional impact, without being forced to resort to primarily linguistic or ideological explanations.

Another aspect of pursuing a cultural approach rests in distinguishing specifically social construction perspectives from more broadly cultural contours. Certain social construction views regard emotions as fulfilling specific social functions, such as generating control, status, and adaptation to norms through scripts, rules, and roles. Culture, in this formula, provides guidelines and constraints that determine "how emotions are felt or expressed" (Turner 64). In that process, conflicts may arise between the feelings people "actually experience" versus social requirements (Ibid.). However, none of this explains how the emotions people "actually experience" come into existence, becoming possible in certain configurations at particular points in place and time, and *why* they might take shape as they do. Although the former perspective traces the ways emotions occur as part of social relations,

8 Introduction

the latter interpretation contends that the circulation of emotions actually brings social relations into being.

In these terms, biological psychiatry or the neurosciences exist as cultural entities to the same degree that, say, aesthetics, philosophy, or pop psychology self-help practices do. The sciences are not the opposite of culture; they exist at its very heart. As all cultural (rather than ‘truth’) entities, contestations over biological versus social origins of emotionality and emotional disorders invariably lead to an impasse. Instead of debating what emotions and emotional disorders *are*, following Sara Ahmed, the task of a cultural approach is to investigate what they *do* (*Cultural Politics* 4). To what uses are they put? What purposes and functions do they serve? What emotional and social relations do they create or render impossible? A cultural perspective accumulates versions of how we conceptualize emotional disorders, which includes how we think, feel, and live them. The goal is to investigate the modes in which various cultural enterprises realize emotionality and, thereby, configure its disorders and pathologies. This explains why, as stated earlier, the book probes psy explanatory systems of emotionality as well as pursues alternative interpretations, such as those offered by aesthetics. However, no cultural entity exists as a straightforward corrective to any other conceptualization; rather, any explanatory system can offer no more than alternative sets of narratives, each embracing its own difficulties and contradictions as well as advantages, about the phenomena we identify as emotion.

Which brings us to another vital piece of the cultural puzzle, concerning the place of and possibilities for meaningfulness. In strongly distinguishing “affect as biology” and “emotion as culture” (Ahmed, “Imaginary” 38), ‘the new materialism’ seeks to sever affect from all association with the generation of meaning. This is accomplished via several linked steps. First, occurs the heralded *autonomy of affect* from culture and, therefore, from meaning. Second, in order to keep affect purely autonomous, emotion becomes fully assimilated with culture and meaning. Third, meaning drastically simplifies to language, discourse, and ideology, bundled together as ‘signification.’ Emotion, then, exists as acculturated affect, tamed through stabilization into signification. Emotionality’s purpose, in this schema, is to absorb all that might threaten the material, embodied, asignifying autonomy of affect, in order that the latter can remain isolated and *unaffected*. Through these moves, we arrive at the notion of emotionality as largely confined to cognitive, conscious, linguistic, and rational activity.

However, if we take affect theory’s delineation of emotionality as our starting point, particularly its implications for the generation of meaning, social or otherwise, we move closer to emotionality’s conceptual and practical potentials. Value, and vitality, attach to invoking forms of meaningfulness that are not linguistically, consciously, ideologically, or rationally derived. Pursuing such emotional avenues functions as an urgently demanded antidote against recent attempts to circumvent meaning entirely or, at best, to seriously circumscribe all that it might entail.² Among segments of the

current theoretical backdrop, reluctance exists to engage with the thoroughly entangled domains of culture, meaning, and emotionality resulting, consequently, in too often seeking autonomy rather than connectivity.

Ultimately, a cultural approach to emotionality promises the recuperation of broader conceptualizations of meaningfulness. After all, we access emotionality – feel it and express it – through pathways other than the explicitly spoken, written, or thought. Emotions, even as ‘agents of meaning,’ are experienced nonverbally as well as verbally, sensorially in addition to cognitively, through images, tone, texture, and gestures as much as words. Depression, anxiety, and mania, as well as alignments of emotions designated healthy or appropriate, are lived across life spheres more extensive than the immediately affective or narrowly signifying. Indeed, one of the attractions of emotionality rests with its potential capacity to link affect and meaning, turning again to the value of its irreducibility to any single domain *over* another.

However, a cultural approach must also assess the techniques and conditions through which emotions and meaningfulness suffuse each other. Because none of what precedes is to suggest that particular meanings occur ‘in’ or ‘with’ any specific emotion. On the contrary, emotional meaningfulness relies on how any emotion becomes utilized, the contexts in which it appears, and the precise ways it comes to be activated or takes shape. How emotions are put into effect and, therefore, how they affect us, inevitably returns to the centrality of culture.

Emotions as Forms of Experience

The variability of emotionality is so great that it mitigates against establishment of a taxonomy. Emotionality’s abundance and absent boundaries have operated as a source of frustration, limiting its progress as object for empirical study (Chapters Four and Five).

A feasible classification system for emotionality would have to account for a number of seemingly intractable features. First, any taxonomy must contend with the sheer multitude of existing and potential emotional states. Along with the most frequently studied, countless others exist that sometimes are considered ‘minor’ emotions. Those receiving the most attention often become referred to as the basic emotions – anger, fear, love, empathy, shame, guilt, jealousy, and so on – although consensus has never been reached on their exact number or which specific feeling states ought to be included and which excluded. As for those more commonly regarded as minor, they constitute that which we experience with the greatest frequency and familiarity. That is, they make up the everyday emotions that permeate our existences. Among these are:

irritation, boredom, impatience, mild amusement, transient frustration, resignation, apprehension, nostalgia, chagrin, contentment, affection, slight feelings of envy and vague dissatisfaction.

(Richards 51)

10 Introduction

And many more. While these could be conceived of as slight, as Richards observes, collectively they compose the majority of our “quotidian emotional lives” (Ibid.).

Accompanying the issue of sheer volume, the problem of gradation also would have to be addressed in arriving at a taxonomy. In the case of emotions we identify as part of a series – for example, annoyance, irritation, anger, wrath, fury, rage – do they signal differing emotional events or can they better be understood as ‘subspecies’ of a more pronounced, singular state, such as anger? Making such determinations involves quite elaborate complexities. If we take the series of emotions that cluster around empathy, including pity, sympathy, and compassion, arguably the empathy sequence stands for radically different states of relationality between people, with accompanying serious political implications (Chapter Two).

A second feature of emotionality, impeding the construction of a viable classificatory system, converges on the hopelessly porous quality among emotions, in which reliable boundaries refuse to be fixed. Conceived as human conveniences rather than verifiable physical matter, any emotion moves, flows, overlaps and conjoins with others. As we will see, much contestation, and once again frustration, occurs around establishing the most appropriately accurate borders that distinguish emotional disorders from one another. However, such demarcations remain essential to defining different orders of mental illness. If we have never successfully arrived at a viable taxonomy for emotions in general, the psy fields as we know them exist only on the presumption of being able to classify – and thereby identify and treat – various kinds of emotional disorders as distinct forms of mental illness.

Finally, a third feature frustrating a defensible categorization of emotionality can be attributed to the enormous malleability of any single emotion, however defined. As experienced, emotions are not duplicable, reproduced in identical manner from one occurrence to the next. Emotions are felt in newly meaningful ways, as constantly renewable engagements, reliant upon the idiosyncrasies of moment and situation. We love in ongoingly original ways; we feel anger uniquely on each and every occasion.

All of these complications often result in emotionality being regarded as inexplicable, mysterious, ineffable (Chapter Three). The boundless plurality and variability of emotions seem to surface as insurmountable obstacles. On the contrary, this book argues, their plurality and variability marks ‘the genius of the system.’ Emotions are nearly infinite and, as such, infinitely productive, rendering a vast array of social relations and cultural meanings possible. They exist as ceaseless continua of change, *moving* us from one encounter to the next. Emotional relations encompass both the extraordinary and the ordinary, accumulated over a day, a year, a lifetime of engagement on a constant, moment-by-moment basis.

In speaking of all that is encompassed under the canopy of experience, Whitehead invokes the following qualities that touch upon emotionality:

... experience anxious and experience care-free, experience anticipatory and experience retrospective, experience happy and experience grieving, experience dominated by emotion and experience under self-restraint, experience in the light and experience in the dark, experience normal and experience abnormal.

(Whitehead qtd. in Brown and Stenner 10)

This book is my effort to begin with the experiences of emotions normal and abnormal, to discover where they might lead us.

Outline of Chapters

Although a cultural rather than historical account, the structure of *A Cultural Approach to Emotional Disorders* follows a roughly chronological progression. However, some chapters dwell on relatively narrow periods of time (Chapters Two, Four, and Five) while others traverse a century or more (Chapters One and Three). As a cultural account, considerable interchange occurs among eras discussed, especially when making connections to the present day. As Chapter One specifies, we continue to live in the age of mental illness, one dominated by emotional disorders. The chapters that follow track how we arrived here, why, and in what configurations emotionality has attained its central cultural position, as tracked through the ongoing individual and collective implications attached to dysfunctions of mood, anxiety, and personality.

Part of pursuing a cultural perspective entails questioning why, both contemporarily and historically, societies in the West have been so preoccupied with mental illness. One set of replies, from scholars such as Foucault or Gauchet and Swain, argues that conceptions of madness, insanity, and mental illness have been key to the development of modernity's subject or self. Chapter One, "Madness and Mental Illness," explores such assertions, focusing especially on the place of emotionality in the formulation of both madness/mental illness and the modern, Western self.

Foucault's work on madness has been especially influential. Chapter One assesses his early book, *Mental Illness and Psychology* (1954/1962), in some detail. Significant because it straddles Foucault's thinking as he moves from the notion of mental illness to the broader category of madness, the chapter explores the alterations, and their implications, as he transitions from one concept to the other. Temporally, *Mental Illness and Psychology* both precedes and parallels *History of Madness* (1961). Originally written in 1954, Foucault reissued *Mental Illness* in 1962, following the publication of *History of Madness*. The 1962 edition of *Mental Illness* retains Part I as it appeared in the first edition. However, he rewrote Part II in what has been described as a stunning summary of the *History of Madness* (Dreyfus xxvii). As a result, the two Parts invite comparison regarding Foucault's theoretical progress, although I argue that the more he turns toward madness, the less place he allocates for emotionality. In analyzing madness as an historical category that helped define reason, he largely ignores its emotional characteristics and consequences.

12 *Introduction*

Foucault's well-known historical trajectory traces successive stages in the development of madness, culminating in the present era of mental illness. Chapter One, and the chapters that follow, treat the emotional aspects of mental illness in three phases. The first is the asylum era, dominated by moral insanity and moral treatment. The second phase coincides with the Freudian period, especially in its establishment of neuroses (Chapters One and Two). Finally, the contemporary moment from the 1970s through today, marks the biomedical age (Chapters Four and Five).

While agreeing with Foucault's timeline and periodization, Gauchet and Swain take exception to his characterization of the asylum era as inaugurating little other than disciplinary control. Although designating moral treatment a failure, they believe it marks the point when it became possible, within Western modernity, to regard the insane as human subjects. In part, this was achieved by recognizing that, despite their illness, the insane maintain emotional relations with others. Gauchet and Swain's work, in contrast to Foucault's, provides a departure point in accounting for emotionality's core role in the current organization of mental illness. "Madness and Mental Illness" applies these beginnings towards examining some of the conditions by which emotional disorders came to dominate the network of mental illnesses.

Two major events paved the way for today's prevalence of what we currently understand and extensively experience as emotional disorders: the asylum era's moral insanity, and the psychoanalytical turn to neuroses. While neuroses greatly expanded the parameters of mental illness, moral insanity activated changes that caused emotions, from this point on, to be judged within the framework of normality and abnormality. Ultimately, Chapter One argues that the category of 'mental illness' creates a place for emotionality, albeit a severely constrained one, in contrast to emotions' overall absence in the theoretical configuration of 'madness.'

Chapter Two engages with a particularly important version of the modern subject for emotional disorders: the psychological self, who crystallizes between approximately 1875 and 1925. The psychic subject was made possible by a number of factors, including the Enlightenment emergence of heightened individuality. Although the Enlightenment is closely associated with the elaboration of Cartesian rationality, "The Psychological Self" argues that the rise of certain emotional states, exemplified by the sensibility movement and Rousseau, likewise were fundamental to the appearance of a strongly individuated, autonomous self. A second factor enabling the psychic subject can be located in the transformation of mind to interiorized space. Mind as psyche inhabits the deepest recesses of the self, epitomizing our mysterious but most authentic essences. The two qualities, individuation and internalization, comprise the hallmarks of the psychological self, generating experience as both private (belonging to the individual) and personal (reflecting unique interiority).

Additionally, the psychological subject emerges against a social backdrop typified as a nineteenth century preoccupation with 'character' transitioning in the early twentieth century to an era dominated by 'personality.' The

culture of character most often is associated with standards of social conduct aligned with morality while personality references an ethics of self-fulfillment and personal freedom. These depictions suggest movement from a climate of emotional restraint towards more open self-expression. Yet other cultural arenas offer competing accounts of the era's emotional trajectory. Drawing on the transition from theatrical melodrama to dramatic realism, which occurs in years overlapping the solidification of psychology and psychiatry, the prevailing sociality of emotions modifies towards increased concealment and privatization. Melodrama's attention to social suffering, engendered by rapid industrialization, conforms to values attributed to a culture of character, but its modes of emotionality do not. For its part, modernism's dramatic realism depends extensively on formulations of the psychological subject as deep interiority. In the theatrical context, however, changing notions of selfhood result in a transformation from melodrama's public, extroverted displays of emotionality to dramatic realism's more muted emotional experiences, in both audience behaviors and character portrayals.

Turning specifically to the implications for mental health, Chapter Two surveys the proliferation of mental illnesses *as* emotional disorders in the new epoch of psychological selfhood. The early twentieth century witnesses the expansion of neuroses, incipient forms of emotional disorders, into a separate category of mental illness contrasted to psychoses. Among their prominent impacts, neuroses vastly increase the boundaries of mental illness, enfold-ing emotional states previously largely disregarded. In their initial stages, the neuroses resulted in a burgeoning of psy fields. More recently, however, some of the exigencies confronting psy, especially the increased numbers of people world-wide diagnosable as emotionally disordered, have been attributed directly to the expansion enabled by the neuroses. In some quarters, the appearance of neuroses, signaling the infiltration of psy into the most minute corners of everyday life, has empowered an encroaching regulatory society. For others, the enlargement of mental disorders, initiated by neuroses, threatens the viability and continued existence of various psy fields. In either case, responses have called for the elimination of what has been depicted, in a variety of ways, as 'ordinary unhappiness' from the domain of psy. "The Psychological Self" outlines how the effort to distinguish emotional disorders from 'normal' misery and distress itself constitutes a pressing psy crisis.

Aesthetic fields represent relatively rare sociocultural arenas in which emotionality and emotional disorders have been acknowledged and, sometimes, welcomed. However, as "The Artist as Mad Genius" argues, assumptions about the receptiveness of artistic practices toward emotionality require careful investigation. Emotions and mental illness have not always been warmly embraced by aesthetics, particularly in higher status strands. Instead, aesthetics stands as different cultural terrain to psy, upon which alternative conceptualizations and difficulties about emotionality are enacted.

Chapter Three follows transitions in emotional subjectivity from nineteenth century Romanticism to twentieth century modernism. The centuries

share in common an understanding of genius as exceptional inspiration, located as the inner quality of extraordinary individuals. Beyond these shared notions, however, the two aesthetic movements diverge significantly over the role of emotionality. High art modernism, in particular, has been associated with a rejection of emotions in favor of formal and intellectual principles. “The Artist as Mad Genius” focuses on modernism’s organization of emotionality, in both high art and popular culture forms, as it tangles with issues of artistic genius, mental illness, and emotional suffering.

The chapter does so by undertaking an extended analysis of Vincent Van Gogh from the 1890s, the decade of his death, to the 1990s, a period coinciding with record-breaking sales of his work. My discussion does not take shape as a reflection on Van Gogh, the individual; rather, it concentrates on the critical and popular reception of his work, life story, and persona over the course of the twentieth century. Chapter Three contends that the struggle over Van Gogh’s reputation corresponds to contestation between high modernism versus, in Miriam Hansen’s vernacular modernism (Hansen). Throughout the twentieth century, high art was closely linked, if not often synonymous, with painting. In contrast, cinema epitomizes vernacular modernism, especially in its formative years and in movies emanating from Hollywood. Arguably, Van Gogh played a simultaneous role in both modernisms, high and vernacular, as his reputation became pulled between them. Most importantly, the struggle over Van Gogh’s aesthetic reputation occurs, precisely, around the meanings and value of emotionality to his work. In critical circles, Van Gogh’s standing waxed and waned over the course of the century. Aesthetics and emotionality were frequently situated in opposition to each other in high art contexts, with the result that Van Gogh’s emotionality worked to preclude him from the highest echelons of the modernist pantheon. In contrast, he attained a vast and abiding popularity among a non-specialist, general public who were drawn to him exactly because he was perceived as a painter of emotion.

“The Artist as Mad Genius” also explores definitions of mental illness as they were applied to Van Gogh. In this matter, too, Van Gogh’s legacy provokes contestation. The narrative of his madness, particularly as it developed in the last two decades of the twentieth century, placed great emphasis on the role of psychosis in his life, allowing issues concerning ‘emotional volatility’ to diminish. Part of the explanation rests with attempts to recuperate Van Gogh for high modernism in the face of his unrelenting popularity, leading to increasingly high profile exhibitions and astronomical sales prices for his paintings. By focusing on Van Gogh’s psychotic/epileptic episodes, claims could be made that mental illness did not befall Van Gogh until the last year and a half of his life and, even then, only sporadically. Therefore, art commentators felt justified in asserting that madness did not affect his work. Through this maneuver, the problem of emotionality pitted against aesthetic expertise was resolved by rendering mental illness moot, in order to recover Van Gogh as an artist of the highest order, referred to as “the new Van Gogh.” In the process, however, the intense emotional suffering he

experienced throughout his life came to be drastically minimized, reflecting more general cultural attitudes towards emotionality.

“Personality Disorders, Biopsychiatry, and the Problem of Social Identity” bases its discussion around the category of emotional pathology known as personality disorders, as inscribed in the influential *Diagnostic and Statistical Manual of Mental Disorders*. The chapter assesses the impact on psy, in recent years, from two important but different directions: social identity theories and biomedical psychiatry. Personality disorders, as a coherent diagnostic class, were first introduced in 1980’s *DSM-III*, the result of increased attention paid them during the 1960s and 1970s. Thus, personality disorders are contemporaneous with the political movements of those decades. I argue that personality disorders emerge at this time as a response to political and theoretical concerns around ‘identity,’ in particular, late century preoccupations with social collectivities as constitutive of individual identities. Intended as a meeting ground between ‘personality,’ as internalized, autonomous experience, and ‘identity,’ as the impact of sociocultural factors, personality disorders have resulted largely in demonstrating incompatibilities between the two concepts. Using the example of gender, in particular, I indicate some of the ways emotionality’s operations, as activated through personality disorders, create struggle between the notions of psychological and social selves.

1980’s *DSM-III*, the edition that codified personality disorders, itself represents a watershed moment in the history of psychopathology. As the first iteration of *DSM* to pursue the biomedical approach associated with diagnostic psychiatry, the third edition heralded the enormous changes that would be instigated by various forms of biological psychiatry. Intended to provide psychopathology with greater scientific credibility, the *DSMs*’ biomedical perspective has since been blamed for much of the rampant proliferation of mental illness. By sanctioning a sharply increased number and range of official disorders, especially emotional dysfunctions, the *DSMs* from 1980 on have been widely charged with erroneously medicalizing ‘normal’ misery or the routine emotional problems of life.

“Personality Disorders, Biopsychiatry, and the Problem of Social Identity” concludes by looking at the manual’s newest edition, 2013’s *DSM-5*. Specifically, it explores *DSM-5*’s strongly contested alternative model for personality disorders. Intended to resolve problems long-associated with PDs, on the contrary, in turning to a trait-based approach, the alternative model underscores the dilemmas emotionality poses for scientific psy. Traits, regarded as the building blocks of personality, embrace an enormous variety of emotional attributes. Heated disputes surrounding a trait-based approach have focused on which emotional qualities to incorporate or omit, how degrees of emotional intensity (severity) can be quantitatively measured and, ultimately, the recurring issue of how to determine normal from abnormal emotionality.

Most recently, the neurosciences have gained primacy in psychology and psychiatry, with the result that explanations of emotions and emotional disorders increasingly occur within neuroscientific accounts. Additionally,

neuroscience has generated related disciplines, such as neuroimaging, a key focus of Chapter Five. “Neuroscience and Other Narratives of Emotional Disorders” explores how scientific research on emotions incorporates aesthetics, arguing that the two often function in tacit partnership in the study of emotionality. In its most frequent usage, aesthetics refers to artistic practices and the formal techniques through which each art form takes material shape. In broader understandings, aesthetics refers to qualitative evaluations of experience or to an ‘art’ of living. Chapter Five takes the examples of neuroimaging, affective computing, and experimental physiology to demonstrate how the study of emotions in scientific contexts often necessitates engaging with aesthetics, in the wider sense of qualitative evaluation.

Then, turning to the more specific meaning of aesthetics, Chapter Five explores neuroimaging as a technology for visualizing the brain. Positron emission tomography (PET) scans involve complex processes for rendering large amounts of statistical data into ‘simplified’ colored images of the brain. In doing so, aesthetic values, such as the use of color, must be applied in arbitrary ways so that the visual images become meaningful or ‘make sense.’ Thus, aesthetic renderings like PET scans create explanatory narratives; in this instance, visual stories about the brain and emotions.

“Neuroscience and Other Narratives of Emotional Disorders” contends that one of the values of emotionality resides with its ability to resist dichotomization, in that it has never been definitively reduced to either mind/body, science/aesthetics, biology/social construction, individual/society. Emotionality carries the potential of moving between terms, whatever they might be. In this rendering, emotionality takes up a relational position, circulating among, integrating with, and negotiating between domains of experience. Chapter Five concludes by returning to the current global epidemic of emotional disorders. Attending to accusations that mental illness is confronting such rapid proliferation because of the extensive, erroneous psychomedicalizing of everyday life, how then might we address that which is labeled ordinary misfortune through alternate interpretations? If psy must distinguish between pathological depression and human condition suffering because it cannot accommodate the scale of current and growing distress, can we devise better narratives to account for the range of phenomena now experienced as emotional disorders? The pressing challenge is to locate interpretations of emotionality that allow for tolerable ways of living normal misery.

Notes

1. Mood disorders encompass unipolar and bipolar depressive disorders. Anxiety disorders include, amongst others, panic disorders, phobias, obsessive-compulsive disorders, and post-traumatic stress disorder (*DSM-5*).
2. For example, it is an explanatory insufficiency to say that aesthetic practices operate at the one extreme of embodied affect or at the opposite limit of cognitive signification. As in the case of narrativity, this has been used to reject certain aesthetic processes, for example forms of popular culture, because they are not primarily or adequately affective.