

### Making no sense.

- Where?: Galicia, North West Spain
- WHY? Theory: Medical sociology, complexity and Niklas Luhmann
- How? Method, biographical interviews. Data
- What? Results. Three biographical profiles
  - Persons with a diagnosis of MI
  - Familiar intimacy
  - Professional responsibility and management
- What? Discussion, Limitations conclusion? Complexity

#### Galicia: basic da







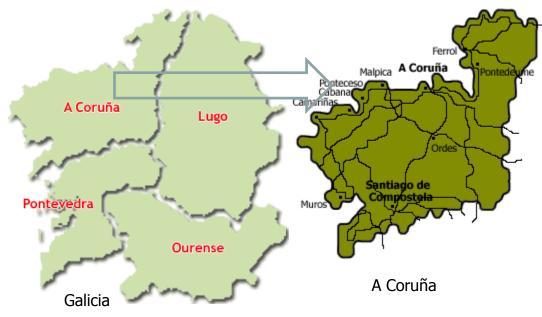
- 30,000 km², 6% Spain
- 2.800.000 inhabitants7% Spain
- Languages: Spanish and Galician
- 93,78 hab/km²
- One of the 17
   Autonomous
   Communities
- 1981: Autonomous Act.





Europe

Spain and Portugal

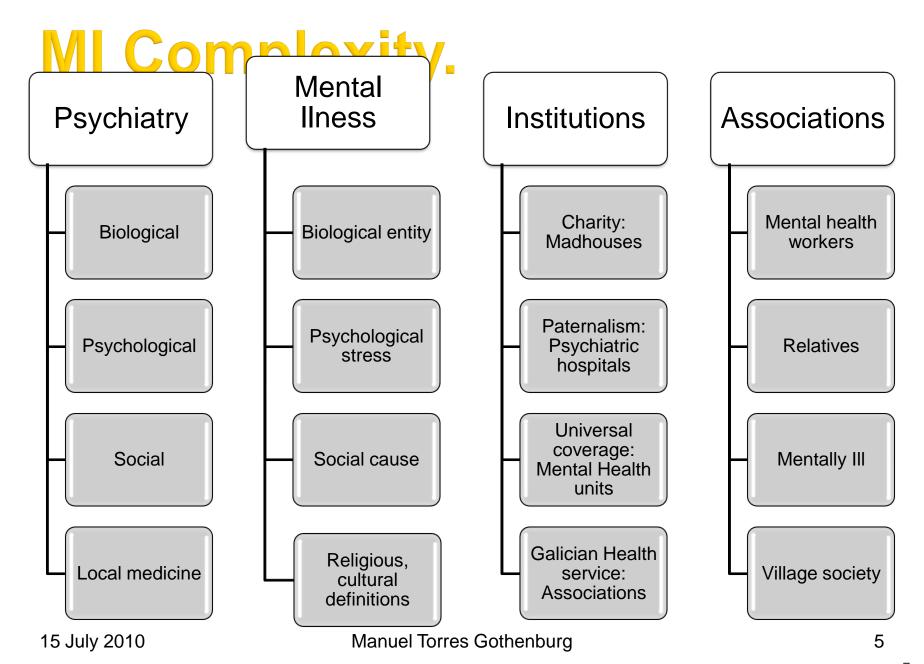


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### Why?: theoretical framework

- Mental Illness complexity:
  - Psychiatric schools: Pinel, Kraepelin, Freud, antipsichiatry, DSM...
  - Psychological schools: Skiner, Paulov, Freud, Lacan....
  - Biomedical schools: gens, chemistry, immune system, ...
  - Philosophical schools: social, cultural, biological, psychological approaches (Foucault)
  - Sociological schools: Kleinman and culture (anthropology); statistics and social Cockerham



# Why?: Luhmann's Social System Theory

- No ontology / communication / autopoiesis
- Structural functionalism / constructivism
- Key concepts: relation / observation / second order observation/ semantics / distinctions / differences
- System theory / evolution theory (social differentiation)
- Complexity

## Complexity

- A System is complex when each of its components CAN NOT relate with all the other elements. In consequence, the system MUST SELECT (without seeing the whole picture)
- A social system:
  - is the whole of communications with sense,
  - a selection of a communication and
  - its repetitions with sense
  - Societies are not wholes of persons; societies are wholes of observations communicated with sense.
  - A social systems observes psychic systems as biographies

# Methodological aspects of Luhman's systems theory.

- Social science its social, generates communication so its social (anthropology included).
- Complex modern societies integrate systems like traditional oral cultures
- Nothing states the same: culture and societies replicates to change.
- What to observe?
  - Distinctions recursively repeated,
  - expectations shared and communicated, and
  - the selection of possibilities
  - Changes through equal repetition
  - How others observe
  - Blind points of others' observations

### Biographies: Denzin / Goffmann

- •"The lived experiences of interacting individuals are the proper subject matter of sociology" Denzin 1989: 25
- •"The meaning of life is given in the text that describes the life. This meaning is shaped by narrative convention and cultural ideology" Denzin 1989: 33.

Denzin, Norman K. 1989 *Interpretative biography*. London: Sage

Moral Career / Biographical profile

"begins some radical shifts in his moral career, a career composed of the progressive changes that occur in the beliefs that he has concerning himself and significant others." (Goffman E. 1961A p.119)

### My research: Galician Madness

- 1990's: two psychiatric mental health units (6 months in each) and Conxo, main Galician Psychiatric hospital (Santiago Compostela)
  - Visiting and observing all public psychiatric Hospitals in Galicia.
  - 4 Discussion Groups: MH professionals (psychiatrics, psychologists); care givers (professional and relatives); patients.
     GCEIS Grupo Compostela para el Estudio de los Imaginarios Sociales / Juan Luis Pintos (USC)
- 2004...: Participation Observation in *Pérgola*, Association of Relatives of Mentally III (300 users over 15 years, 2 centers,
  - 1 weekly English workshop in Pérgola during last years.
  - Visits / Observation of Others Associations in Galicia
  - Current Workshop: movie making
- 44 biographical interviews.



# Three groups of biographies (44 interviews)

- Persons with a diagnosis of a severe mental illness during the last ten years (*Pérgola*'s users: Schizophrenia, Bipolar disease, major depression; mainly males). 19 interviews, data of 270 users
- Professional workers of mental health facilities: psychiatrists, nurses, social workers, psychologist, care givers, janitors, etc. 16 interviews
- Relatives of a person with a mental illness diagnosis. 9 interviews (data of 270 families + secondary bibliography

# 1st Biographical profile Mentally III: Living no sense in Galicia Life before MI

- Life before MI (idealized)
  - Personality / personal crisis / stress;
  - families networks advisers
  - Drugs addition: nothing makes sense

# 1st. Mentally Ills' Biographical profile

- Landing on a MI diagnosis:

  - First psychiatrist: first diagnosis.
  - Error and trial
     medication
     treatments: giving up
     meds.

# 1st. Mentally Ills' Biographical profile

#### Learning to live with MI:

- Accepting a chronicity, relapses and medication
- Arriving to Pérgola:
   learning, being love
   and understood
- Normal life.

## 2<sup>nd</sup> Profile: Responsable no sense: workers of

vocational election of psychiatry jobs

 Too theoretical formation: an special case to learn



#### 2nd Profile: Professionals of MH

- Pragmatic clinical day by day: a patient/ users are not books
- Eclectic conception liked to a mostly biological treatment.
- Interdisciplinary mental health units





# 3th Profile: Intimate no sense; relatives and family matters

- "Something is not going well"
- First answers: somatizacion, psychological stress, guiltiness...
- Visit to many therapists: family network advises

#### 3rd Profile: MI familiar intimacy

- Strong crisis: first admission and first psychiatrist making sense
- Learning to live with a chronic state
- Hope and future:
   Pérgola.

# Making no sense: communication's paradoxes

- Description of the complex processes of how building meaning around no sense.
- Three profiles: three on going biographical processes
- 3 biographical profiles: 3 different meanings / senses / semantic pools
- 3 no sense making but in deep social communication

#### **Discussion / Conclusions**

- There is no medical sociology in Spain or in Galicia
- There is no sociology describing these complex processes
- Most sociological approaches:
  - Patronize the investigation object (Mental Illness and the Mentally III)
  - Hidden ethical / moral solutions
  - Do no describe complexity and no sense

#### Limitations

- Description of complexity: itself a simplification.
- Galician's sample: too small?
- No data to compare with.

No sense making

