One Full Circle on a Path Less Travelled:

Musings on Mental Health From a Multidisciplinary Perspective

Athel J. Hu   National University of Singapore

It is more common than not for one's academic journey to be predicated on a particular academic discipline for specialisation purposes and becoming an expert in that area. In this essay, with my own academic training in sociology and counselling psychology as backdrop, I present a view of how multidisciplinary training has afforded me a vantage point that is complementary, rather than in conflict with each other, and how multidisciplinary training in both disciplines has enhanced my academic perspectives on mental health.

Keywords: Mental health; Sociology of Mental Health; Multidisciplinary training; Counselling; Durkheim; Freud

Lisa Hammond once said, 'Sometimes on the way to your dream, you get lost and find a better one.' This quote is apt in describing my academic journey and career thus far. The paths that I have taken have always been off the beaten track. From a career counselling perspective, the Happenstance Learning Theory is apt in describing my academic and career pathway. The theory posits that career should not be a planned pathway but that one's career transpires by 'happenstance' when one is opened to learning through exploration and alternative opportunities. It is through such exploration that individuals are launched into a career that they would never have ever thought about before. In other words, career happens when one is willing to take chances (Krumboltz

2009). The purpose of this essay is to document how my multidisciplinary training in sociology and counselling psychology has complemented each other in enhancing my career development as an educator and a researcher in the field of mental health rather than them coming in conflict with each other. With that I postulate a perspective in appreciation of how multidisciplinary training could be advantageous in affording us a vantage point on mental health that would otherwise not be possible through a single pair of lens.

Taking a Path Less Travelled

As what Happenstance Learning Theory mentioned, career is not a planned thing but one that happens by happenstance. It has always been my plan to complete my Bachelor's degree that would set me on good grounds to enter the public school system as a teacher, a dream career that I had wanted since I was a teenager. Before I entered the National University of Singapore as a student in 2006, I held a Diploma in Chemical Engineering and had switched over from another university after having read a Bachelor's Degree in Chemical and Biomolecular Engineering for two months. It became apparent to me shortly after that I could not imagine myself forging a career as a Chemical Engineer for the rest of my life. At that point, I have been a pure hard science student through and through. However, I thought I could

give Social Science a shot, with the intention to read a degree in Psychology since I knew that I have always been interested to study human behaviour, only to find myself taking an interest in Sociology. Since then, besides being just another discipline to me, Sociology has been a way of life that guides and assisted me in making sense of life and the human condition, specifically, in the area of social justice and mental health.

Paradigm Shift

Coming in as a hard science student, insights from my introduction to Sociology class, was extremely refreshing and in fact, mind-blowing. The module was aptly coined as 'Making Sense of Society'. I mentioned apt as the subject was able to help me make sense of all the struggles that I had about 'fitting in' since I was young as one of the first few things I learnt was about how social norms, while invisible, was powerful in constraining our individual actions (Cialdini & Trost 1998: 151-152). Yet, awareness of these invisible unseen social forces also illuminated the fact that there is room for each of us to exercise our agency to be different. With that knowledge, I felt empowered to be different, without the need to 'fit in'. The other impactful point that left an impression in me was Durkheim's Suicide Theory which he spoke about how suicide, a seemingly individual act and choice, is in fact largely determined by social forces. Specifically, he mentioned about how social integration and regulation, at its extreme ends leads to suicide amongst individuals (Kushner & Sterk 2005). While this theory left a deep impression in me when I was first exposed to it, I have never thought that one day I would find any relevance for it in my life until I started learning more about mental health in my counselling programme. At that point, it was just a theory that was rather mind-blowing in the sense that such a personal act and choice is in fact motivated by social forces. While much of what was taught in the discipline made much sense to me, of course, as per any discipline, there would be paradigms which does not make sense at a personal level. For that, Freud's Theory on Personality Development and Psychosexual stages felt abstract and unconvincing to say the least. Although

Freud was a psychiatrist by training, much of what he had proposed postulates that social forces are pivotal in the development of intrapsychic conflict within the personality structure and personality development of individuals (Ryckman 2000). This was why he was introduced in my introductory module in Sociology. As a freshman new to Social Sciences, I honestly was unable to appreciate his perspective then.

Multidisciplinary Training: Complementary and not conflicting perspectives

As I advanced through the years as a Sociology major, and a result of my biographical experience, I started to take an interest in the area of mental health when I witnessed how my mother who battled cancer, had such excellent mental well-being. I found my answer in the Social Integration and Social Support literature which I was introduced to, when I took my Honours class on Health and Social Behaviour. The answer was precisely because she had an excellent support system (Sidney 1976; Wethington & Kessler 1986; Ross & Mirowsky 1989; Son, Nan & George 2008). Yet, I wondered more deeply about what it was exactly about social integration and social support that promotes mental well-being. My inquiry motivated me to embark on a topic related to social integration and mental health for my Honours Thesis and be on board a research team as a research assistant in search for an answer but the knowledge that I gained was inadequate; the answers that I got were mostly from a social epidemiology point of view. I knew that I had to obtain further training in the area of mental health in search for answers. I then decided to read a postgraduate degree in Counselling Psychology which was largely social psychology in its orientation.

I was initially ambivalent about embarking on the programme, given that I have been accustomed to using Sociological lenses in viewing the world. I thought I may not be able to appreciate psychological perspectives as much. Lo and behold, Counselling was in fact more sociological than psychological. Besides Abnormal Psychology which addresses psychopathology of mental health conditions from a more

biological angle, while also acknowledging the social causes of it, most other courses took a sociological perspective on addressing the etiology of mental health conditions. My undergraduate training in Sociology set the stage for me as a counsellor. In particular, I was able to thrive as one, having had good sociological grounding in how individuals' biographical experiences, family socialisation, and how cultural influences shape people's behaviour. In addition, and to my surprise, Freudian perspectives on the personality structure on the intrapsychic conflict between the id, ego and superego, which was introduced to me when I was reading the introductory module in Sociology finally made sense. Not only did it make sense, it helped me wing my practicum when I had to conceptualise client's mental health issues. I finally understood individuals' mental health as a result of the ego (regulator between 'id' and the 'superego') is overwhelmed, when there is a conflict between the id (impulses) and the superego (societal factors) which leads to a whole chain of defence mechanisms, resulting in behavioural issues such addiction and violence etc (Rothschild & Gellman 2009). Tongue in cheek, I would say that 'Freud is not a fraud.' On the other hand, my training and practical experience as a counsellor further enhanced my appreciation for sociological theories. Although I was not able to fully appreciate Durkheim's theory on suicide when I was an undergraduate, I could now relate to it at a deeper level, especially having seen how common it is when individuals are part of overly regulated environments, leading to mental health issues or even fatalistic suicide amongst clients when they are immersed in an overly moralistic and regulated environment where their individuality is being suppressed (Kushner & Sterk 2005).

When I first returned to teach with the department of sociology where I graduated from, my professor asked me why I had gone off the beaten track to read a Master's degree in Counselling instead of Sociology. I told him that I had wanted to translate theory into practice and I could see how sociological paradigms are so relatable and applicable in our daily lives. Counselling to me, is about practising symbolic interactionism from an ecological perspective, taking both macro and micro in perspective at the same time which Sociology offered me excellent foundation in. Primarily, Sociology taught me how social forces shapes individuals' mental health outcomes. In particular, I found parallels between symbolic interactionism and counselling perspectives since both emphasise on how interactions at a micro level between people shapes human behaviour, and mental health for that matter (Thoits 2013). In addition, both disciplines highlight how the symbolic meaning of circumstances is to individuals in shaping their mental health outcomes. At a specific level, besides being able to exercise my sociological imagination in conceptualising my client's presenting problems, my background in sociology also trained me in my listening and interviewing skills which has placed me on good grounds as a counsellor since counselling requires good interviewing skills. Bilaterally, my training in counselling not only equipped me with the practical counselling related skills to come up with practical interventions to treat clients, it has also further developed my interviewing skills and as a researcher. At present, I have greater appreciation for sociological paradigms in making sense of clients' mental health conditions ever since I embarked on counselling for the sociological paradigms have been relevant in contextualising my clients' problems.

One full circle

When I completed my postgraduate training in counselling, I was able to find the answers regarding mental health that I was not able to comprehend fully as a student in sociology. Today, in an unexpected full circle, I am writing this piece with the realisation that my academic journey as a sociology student started with Durkheim and Freud in addressing mental health, an interest further deepened by coincidence due to my biographical experience, only to find its way unexpectedly to a lifelong career in studying mental health and mental health stigma to be a researcher and an educator in this field. As an educator, I firmly believe in bringing life and experiential learning to the classroom. I have included the answers that I have gathered from my counselling training with

3

regards to the questions I had as a sociology student and also my practical cases from my practice into the curriculum as I teach my students about mental health, in hope that they will become advocates for this field.

I end this piece with one of my favourite quotes from the book 'A Passion for Society: How We Think About Human Suffering'. It says 'Our interest lies not so much in the currency of care as an ethical principle or moral ideal but rather in the ways in which real acts of caregiving, while committed to helping people live through, endure and recover from real-life situations of adversity, also serve as a guide to social understanding. With this emphasis we declare a commitment to social research practice that is sustained not so much by a quest for academic recognition but more by a moral concern to be actively involved in the creation of humane forms of society.' (Wilkinson & Kleinman 2016: 22) As an educator, my philosophy has always been that knowledge should be used for the betterment of society. For that, I find in sociology a particular discipline that is powerful in making sense of human condition and of life, which I am hoping to continue to share and use that knowledge to help my students make sense of life. The journey has just begun.

References

Cialdini, Robert B., & Melanie R. Trost (1998). Chapter 21: Social influence: Social norms, conformity and compliance pp. 151-192 In *The handbook of social psychology* edited by D. T. Gilbert, S. T. Fiske, & G. Lindzey. New York, NY, US: McGraw-Hill.

Cobb, Sidney. 1976. "Social Support as a Moderator of Life Stress." *Psychosomatic Medicine* 38:300-14.

Krumboltz, John D. 2009. "The Happenstance Learning Theory." *Journal of Career Assessment* 17(2): 135-154.

Kushner, Howard I., & Claire E. Sterk 2005. The limits of social capital: Durkheim, suicide, and social cohesion. American journal of public health, 95(7), 1139-1143.

Ross, Catherine E. and John Mirowsky. 1989. "Explaining the Social Patterns of Depression: Control and Problem Solving – or Support and Talking?" *Journal of Health and Social Behaviour* 30:206-19.

Son, Joonmo, Lin Nan, and Linda K. George. 2008. "Cross-national Comparison of Social Support Structures between Taiwan and the United States." *Journal of Health and Social Behaviour* 49: 104-118.

Thoits, Peggy. A. (2013). Self, identity, stress, and mental health (pp. 357-377) In *Handbook of the sociology of mental health*. Springer, Dordrecht.

Ryckman, R. M. (2000). Theories of personality (7th ed.). Belmont, CA: Wadsworth, Thomson Learning.

Wethington, Elaine and Ronald C. Kessler. 1986. "Perceived Support, Received Support, and Adjustment to Stressful Life Events." *Journal of Health and Social Behaviour* 27:78-89.

Wilkinson, Iain, & Arthur Kleinman. 2016. "Introduction" Pp. 1-23 in *A passion for society: How we think about human suffering* (Vol. 35). University of California Press.

Athel J. Hu is currently an Instructor with the Sociology Department at the National University of Singapore. Her main areas of teaching are in Sociology of Mental Health, Medical Sociology, Sociology of Ageing and Life Course and Research Methods. She will be embarking on her PhD with the Institute of Psychiatry at King's College London starting in 2020, where she will be using ethnographic methods to understand how mental health stigma originates and perpetuates itself, through the lenses of ecological and symbolic interactionist perspective. In her free time, she leverages on her Sociological and Counselling knowledge to advocate for and raise awareness of mental health issues on the ground.
socathe@nus.edu.sg