



Is the search for solutions to Mental Health Challenges More Effective if Human Societies are Similar to Biological Organisms like Animals and Plants?

Hamid A Rafizadeh*

Emeritus Professor, Bluffton University; Adjunct Professor, University of Dayton

*Corresponding author: Hamid A Rafizadeh, 320 Northview Road, Oakwood, OH 45419, USA.

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Abstract

This article explores the concept of human society as a living organism, a recurring theme in philosophical and scientific thought, from Aristotle to Lovelock and Margulis' Gaia hypothesis. It introduces the "societal life-complex" model, viewing human society as a composite of humans and human-made structures, functioning as a cohesive living entity. To better understand the role of psychology in relation to life-complexes, specific life-complexes, such as the transportation and political life-complexes, are examined highlighting how mental health challenges take shape within these complexes. The mismanagement of societal brute force, exemplified by institutions like police, armed forces, and courts, is identified as a key illness within the societal life complex. Recognizing the foundational role of sharing and voluntary exchanges in societal structures is crucial for effective mental health care. By understanding the intricate interplay between societal dynamics and individual behavior, mental health professionals can better address the root causes of psychological distress and promote a healthier society.

The concept of human society as a living entity is a recurring theme in philosophical and scientific thought. Aristotle envisioned humans as inherently social beings. Hobbes described an organized system of control arising from social structures. Auguste Comte viewed society as a collective organism, a perspective echoed by Herbert Spencer, who called it a social organism. Lovelock and Margulis' Gaia hypothesis extends this idea, portraying the entire planet as a self-regulating organism. From a planetary perspective, human society can be seen as a worldwide, bioluminescent organism growing on Earth's surface. Zooming in, this organism reveals itself as a composite of humans and human-made structures like buildings, roads, and cars. It is a "life-complex," a collection of interdependent units, often simplistically characterized by division of labour, yet it functions as a cohesive, living whole.

The Life-Complex: Understanding Societal Units

In a life-complex, each human is a member of the societal life-complex, adapted to its environment and dependent on it for daily needs. In his 1948 book, *Society as the Patient*, Lawrence K. Frank views society as a living organism that can become ill, exhibiting symptoms that can be diagnosed and treated by mental health professionals. In adopting this view, mental health professionals would address societal illness as reflected on individual humans

through a medical lens, emphasizing diagnosis, treatment, and prevention to maintain a healthier society. At first glance, it may not seem easy to link the planetary life-complex and its illnesses to the work of mental health professionals. However, considering that the planetary life-complex is made of many societal life-complexes, and each societal life-complex consists of specialized life-complexes, the challenge becomes manageable.

The Case of the Transportation Life-Complex

As an example, consider the simple life-complex consisting of human + car + road, the transportation life-complex. What psychological problems can the human + car + road life-complex encounter? There can be stress and anxiety due to traffic congestion, road rage, and time constraints. The unpredictability of road conditions and other drivers' behavior exacerbates this. Long hours alone in a car can lead to feelings of isolation and loneliness, especially for long-distance commuters. Environmental stressors like poor weather, road construction, or unfamiliar routes add to driving stress. If a psychiatrist lacks foundational understanding of cars and roads, diagnosing and treating transportation-related anxiety and depression become disconnected from their societal context, leading to mere guesses about the individual's condition. This article aims to provide mental health professionals with a foundational perspective on the societal life complex. Beginning with the transportation life-complex and continuing with the political life-complex, I will conclude by outlining a prevalent foundational illness within the societal life-complex, which stems from neglecting the importance of sharing and mismanaging brute force.

In the transportation life-complex, significant diagnostic and treatment deficiencies arise if a psychiatrist lacks an understanding of cars or roads. Here are examples of such deficiencies. The psychiatrist might misattribute symptoms to broader conditions, such as generalized anxiety disorder or major depressive disorder, without recognizing specific transportation-related triggers. The psychiatrist could suggest generic treatment plans that do not address transportation-specific stressors, such as recommending lifestyle changes that do not alleviate driving-related stress. Patients may feel misunderstood or invalidated, hindering the therapeutic relationship and reducing their engagement in treatment. The psychiatrist might overlook preventive measures, such as educating patients on safe driving practices, encouraging breaks during long drives, or suggesting ergonomic adjustments in the car. Effective mental health care requires a comprehensive understanding of the patient's environment and specific stressors.

The Case of the Political Life-Complex

Moving from the transportation life-complex to the society's life-complex-comprising force management, resource allocation, access to knowledge, and setting the direction-the same pattern persists. Within the political life-complex of a presidential election, psychological disorders can develop for those deeply invested in politics. Such individuals may experience various mental health issues. Disappointment with election outcomes can lead to hopelessness, sadness, and depression, especially if they perceive the results as a threat to their values or future. Intense political beliefs and fears can escalate into paranoia or delusions, particularly if convinced of conspiracy theories or corruption. Post-election stress disorder could heighten stress,

anxiety, and depression following a negatively perceived election outcome. A psychiatrist lacking understanding of the political life-complex might face several deficiencies in diagnosis and treatment. The psychiatrist could fail to suggest practical coping strategies for political stress, such as limiting news consumption, engaging in constructive political discussions, or participating in activism. Patients may feel misunderstood, hindering therapeutic relationships and treatment engagement. The psychiatrist could overlook the influence of the patient's social network on political stress. Symptoms like irritability, fatigue, or social withdrawal may not be linked to political stress, leading to less effective treatment. Understanding the patient's political environment and stressors thus becomes crucial for effective mental health care.

Force Management in Life-Complexes

A society based on imposing personal preferences on others is doomed, as no one wants their behavior dictated by others. Few recognize that societal brute force manifested through police, armed forces, and courts originates from collective sharing of individuals' abilities as force appliers. We voluntarily subjugate our personal force to this collective entity, creating a system where everyone is subject to the law. However, we often fail to comprehend that we have collectively created these institutions.

Psychology Focusing on a Bottle of Water

The sharing of brute force manifesting as law is not the key aspect of human existence. The essential aspect lies in how all goods and services stem from the collective capabilities of millions. For example, bottled water involves countless contributors. Initial estimates might consider a few hundred people, including workers at the bottling plant and the store. However, the machinery at the plant is made of metal, implicating the capabilities of those in mining, metal processing, and manufacturing industries. The bottled water must be transported, involving the auto industry, fuel providers, and road builders. The plant relies on electricity and natural gas, connecting countless workers in power generation and distribution to the water bottle. All these individuals must be fed, housed, educated, and cared for, implicating the shared capabilities of farmers, builders, doctors, and teachers in the production of bottled water. Consider coffee as another example. At your favourite coffee shop, you see the barista's skills but not the farmers who tend the coffee bushes, the workers in packaging and shipping, or the industries supplying machinery, fuel, and other resources. Even the cream and sugar involve numerous contributors-farmers, ranchers, and their entire supply chains. Every aspect of producing your cup of coffee reflects a societal sharing matrix.

Why Does Everyone Miss the Foundational Sharing?

From the perspective of mental health professionals and practitioners, the sharing structure underpins all goods and services produced and used in society. Yet, as a form of societal illness, we often remain blind to its foundational role in our existence. We

abhor authoritarian restrictions and prefer voluntary exchanges. However, in dealing with an unwanted child, we revert to coercion rather than sharing. The unwanted child is a “sharing problem,” not a “forcing problem.” We consistently choose voluntary engagement in most aspects of life, avoiding coercion. Despite this, we fail to learn from this widespread behavior, falling into the trap of forcing others into our personal preferences using societal brute force—something we vehemently oppose for ourselves. Mismanagement of societal brute force becomes a key illness of the societal life complex. Mental health professionals and practitioners lacking foundational awareness of how force is managed and applied in the societal life-complex cannot effectively diagnose and treat their patients. An accompanying feature of force-driven organized activity is the illness where individuals engage in quiet but effective sabotage and opposition to others. Lawrence Frank identifies this as one form of societal illness manifesting in individual conduct and behavior. Traditionally, mental health professionals might see this as an individual problem, but fundamentally, it is a socially induced illness. Some individuals, sickened by the society, get to occupy positions of power within the societal life-complex, amplifying their illness-driven conduct. Historical examples, such as the Roman emperor Caligula, illustrate this, but many others exist, and none are treated for their illness.

Mental health professionals must understand this sharing structure underpinning society. We prefer voluntary exchanges over coercion but revert to forcing in dealing with unwanted children, a sharing problem rather than a forcing problem. Mismanagement of societal brute force becomes a key illness of the societal life complex. Mental health professionals lacking awareness of force management cannot effectively diagnose and treat patients.

A New Perspective on Mental Health: The Life-complex

Societal structures regulate and pattern human conduct. If defective, these structures cause societal illnesses affecting individuals’ lives. Mental health professionals must recognize and understand the social structure within which individuals exist. Unaware of societal life-complex deficiencies, professionals

may misinterpret childhood mental illness and in efforts to remedy the perceived mental illness, engage in actions that end at overprescribing psychotropic drugs. Such misguided patterns of professional behavior normalize concepts like neurodiversity that mask societal sickness as psychiatric issues. The mismanagement of brute force in societal life-complexes is a serious cause of mental illness, and as Lawrence Frank observes, this is most evident in how children learn patterns of conduct. Often, children acquire such patterns painfully, under severe discipline and the terrorizing threat of immediate or deferred punishment. Although the intention is to create societally beneficial conduct to stabilize human interactions, especially those that culminate in the production of goods and services, this force-driven social conditioning deeply embeds societal illness.

Every lesson of conduct forces children to align with group-accepted behavior patterns, thus limiting and channelling their conduct into socially sanctioned paths. In effect, within every life-complex, this places everyone in a societal “cage of force,” transforming the societal organism into a social conditioning superstructure. When this superstructure fails to manage brute force properly, its defects manifest as societal illnesses affecting individuals. As Lawrence Frank observes, this results in a community of mental health professionals facing many unhappy, malevolent personalities, leading to a tragic defeat for themselves and others. The force-based process of aligning human behavior with socially accepted patterns starts in early childhood education, perpetuating a sick society. Every individual, to some extent, is deprived, frustrated, coerced, harshly disciplined, or terrorized by parents, teachers, bosses, and other adults. This perspective on societal illness demands that mental health professionals and practitioners understand not only individuals but also the societal framework within which they exist.

Conflict of Interest

No conflict of interest.

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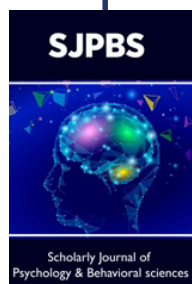
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