

The Concept of Ulysses as An Understanding Form of Mental Illness in Individualized Societies: Testimonies in the Greek Post-Asylum Era



Tzanakis Manolis*

Associate Professor of Sociology of Illness and Medical Institutions, University of Crete, Greece.

Submission: December 08, 2022; **Published:** December 12, 2022

***Corresponding author:** Tzanakis Manolis, Associate professor, Department of Psychology, School of Social Sciences, University of Crete, Greece

Mini Review

The transformation of the field of psychiatry as emerged during the development of community mental health, causes crucial changes in the biography of individuals who suffer from mental disorders. Individuals who are considered mentally ill, are confronted with social mechanisms that aim to redefine the relationship with the self and the others. The request of community psychiatry for reformation of the relationship with the self who is understood as a suffering individual, is associated with the intensity of the processes of individualization in the societies of "late modernity". In these societies, where risk is a constituent element of social organization, complexity increases, social differentiation deepens and traditions are perceived as relatively ineffective or liquidated. Increase of complexity and social differentiation have contradictory consequences on how individuals understand the past, intervene in the present, plan for the future, and ultimately relate to themselves. As a consequence, life becomes experimental and improvisational, and therefore receives an unprecedented "moral weight", as the individual takes on the responsibility of constructing subjectivity and managing the -suffering- individual identity. The experience of mental illness in individualized societies reinforces the social imperative of crafting one's biography. The relationship between professionals and patients becomes more "open" and is set under negotiation, while sometimes is occasional and often without a clear therapeutic commitment.

People who are perceived as patients by the "new" psychiatric institution, are expected to "work on the self" in order to intervene in its inner structure, which is perceived as a field open to interventions and modifications. These are practices of the self with moral weight. Thus, the experience of illness resembles an inner journey, a constant back-and-forth between the inner self and the self in relation to the others. Under this

perspective, mental illness is not just an abnormality of brain biochemistry, but a dynamic process which leads to a new form of social consciousness and to the rearrangement of social relations. This "window to the truth" is often associated with a radical re-evaluation of the self, leading to questions about the definition of social identity. As noted by Canguilhem, pathological conditions are felt at the level of experience and consciousness, in the form of obstacle and discomfort when individuals carry out social activities. In this compulsively reflective look at the lived past of successive collapses and internal impasses, psychiatric institution, in its post-asylum form, drastically intervenes. It imposes a normativity with ideological connotations, based on which the individual is dedicated to work on the cracked self. Management of the past requires, in these cases, permanent bridge-building and justifications, and a constant vigilance to deal with practices that stigmatize and deconstruct the self-image as accepted by the individual [1].

On the other hand, patients seek, within the therapeutic framework as defined by professionals, the confirmation of their ability to lead a relatively "independent life", to be "responsible persons". This mainly consists of a material-practical plan for managing everyday life in terms of residence, social relations and work. These expectations, which are rooted in the horizon of late modernity, meet a specific therapeutic ideology, which is supposed to strengthen individuals [2].

In this therapeutical context, symbiosis with the disease is experienced and projected as an achievement, and mental illness is interpreted as an individual fight against internal and external enemies, as Calvary's biblical symbolisms. Heroization as one of the options of understanding the suffering self, often leads both patients and professionals to create a comparison between living with illness and Odyssey. This characterization

seems perfectly justified, considering the biographical path in terms of disruptions, forced hospitalizations and severe attacks on self-image. This type of overall evaluation of life perceived as an adventure full of suffering and obstacles that can ultimately be overcome, is not uncommon for people who have experienced chronic illness and similar conditions that lead to biographical disruption. Thus, people in Greece who develop a constant relationship with psychiatric services both as patients and mental health professionals, often invoke the popular figure of Ulysses, in order to interpret and perceive the experience of their inner, but also social, journey [3].

However, using this metaphor takes on a much more comprehensive meaning in the life narratives of individualized societies where community psychiatry has been developed. These are two parallel and mutually reinforcing processes, that lead to a crossroad of discourses and practices, ideological assumptions and life styles, ultimately, in specific practices of the self that refer directly to adventure and travel [4]. The following autobiographical note of a person with long-term psychiatric experience is indicative: "My name is..., I was born in... and I come from and grew up in a village... My life so far had been eventful. On the one hand, my ability to write during my childhood, and on the other, trying to pass the exams for getting into university... I relapsed, 'I got sick' or however it is called. From that point I started experiencing my personal "odyssey". For years they were taking me from the one psychiatrist to the other, and from the one psychiatric clinic to the other. My life since then has gone through various stages and an endless struggle to balance, to get back into the game of life."

The perception of the life course as an Odyssey, the understanding of biography as a whole from the perspective of the model of Ulysses, reveals a new relationship with the self and the social world, more or less dynamic, energetic and in any case radically reflective [5]. The Odyssey corresponds to an interpretative shape of life that refers to a constant transition from one state to another, to a continuous movement in space and time, a journey the goals of which exceed the individual-traveler, despite of the attempts to control them. This constant movement refers to a constant struggle of overcoming the obstacles that arise each time, but also it refers to a subject that constructs their own life [6].

Thus, the representation of life-journey has clear ethical-normative implications, as it implies a duty to overcome the subordinate past, in favor of a hopeful future, Ithaca as the ultimate potential goal. Indeed, in mentally ill's oral testimonies the observation of an evolutionary pattern of personal history, in both descriptive and normative terms, is not rare. Even if individuals use everyday terms to describe their biographical adventure, the metaphor of the experience of mental illness as a course of coping with successive challenges is very common [7]. This type of contemplation of life demonstrates a multi-dimensional

interconnection of the linear-evolutionary representation of time in societies of late modernity, with the way Greek community psychiatry works. However, from this dynamic and largely contradictory set of references emerges a relatively structured view of the self in relation to the social and natural world and a series of practices of the self, which are consistent with the most individualized forms of modern life. Moreover, the deviation from the "normal biography" is itself a disposit if, a complex social mechanism that refers to individualization [8]. Illness, as a factor that leads to the removal of the patient from the normality of the world of intimacy, the marginalization and the "extreme experiences", acts as cogs of an effective social mechanism of individualization. We need to bear in mind that this is enhanced by the establishment of a scale of values according to which self-governance is dominant, demanding control of one's emotions as well as internalization of psychological knowledge [9].

This eclectic kinship of psychiatric treatment and modern practices of the self is reflected on the way "life with illness" is represented in the metaphor of Ulysses. The life story and its representation, is the result of a cluster of discourses and practices, through which life is represented as a course, as a risky journey, as an adventure the preeminent stake of which is its character, its quality [10]. It is a myth that helps many mentally ill individuals to understand what has happened to them, to interpret their experience, to perceive some of the disruptions with seem to be embedded in such a life. It is a myth that is also exploited by professionals who would like to designate a positive dimension of a number of traumatized lives that they have to manage. It is a representation, ultimately, that makes such painful experiences communicable, attributing to them acceptable social meanings. But its use is also a symbolic step in order to claim a non-stigmatized identity. Eventually, the Ulysses model has a multi-layered symbolic functionality, but at the same time it refers to practices of the self that relate to the liquid life with illness [11].

Additionally, Ithaca symbolizes the path towards the reconciliation of the always conditional affiliations, the partial, at least, fusion of the horizons of the formation of the self, the earlier biographical design and the moral career of the mentally ill. The fragments of experiences become individual elements of an overall puzzle, part of a whole, even if it is full of cracks. It is a socially legitimate narrative representation, which holds the promise of eliminating contradictions, while promoting an alternative identity, based on which life as a whole is potentially positively valued. An alternative representation of the self which is consistent with a specific type of understanding the collective biographical trajectory of all those men and women who have similar experiences, and have suffered forced psychiatric hospitalization and stigmatization [12].

"Particular experiences" cease, thus, to be considered only as psychiatric symptoms and become means of integration, characteristics of an individual willing to introspection and

capable of formulating an opinion. Just as the melancholic of the 19th-century was seen as charismatic, like their psycho-emotional state was a sign of sensitivity and intellectual creativity, the particular experiences of mental illness are now considered to be consistent with the kind of inner journey that the modern individual must undertake, as a perpetual nomad. The subjectivity of the intellectual nomad is dominated by the fear of recovering from the integrity of existence, which stems from the recognition of the undeniable fragmentation of the self, the fragmentation of the body. Nomadism presupposes being aware of the new, and at the same time feeling the pain of realization of loss, having a sense of “incomplete inclusion” and a sense of permanent absence of completeness: it is the price one has to pay for this journey, but also the source of the vital energy that is being required for the evolution of the self, towards the regaining of the sense of integrity. In this constant reflective journey that is so figuratively shaped by the model of Ulysses, the sense of the continuity of the self seems to be based, paradoxically. After all, as Goffman notes, the deepest sense of oneness of self, often stems from painful experiences of discontinuity and biographical gaps. Nomadism is the path of reconciliation with the conditional inclusion in collectivities, with the ethos of the traveler who thinks of the self as an amalgam of travel experiences, as the bet of moving from the place of certainty to the world of fluidity.

In many narratives of the mentally ill, the metaphor of Ulysses is the practical result of multiple struggles, waged within subjectivity, in order to regain integrity, to reestablish the sense of continuity of the self. It is also the result of multiple mediations. The influence of Polis as a symbolic place where fragmented experiences gain meaning, and as structural elements with which the identity of a modern nomad is forged. Polis is perceived as a context of reference of all those “irrational thoughts”, which, in this way, cease to be manifestations of psychopathology and become primary experiences of modern times. The model of Odysseus is a representation that unites, in its explanatory horizon, the transformations of the field of psychiatry, complex social processes of shaping subjectivity, and individual projects of identification and biographical planning. It is a social representation useful

to users of mental health services, who give meaning to their suffering, but also to mental health professionals, who interpret the ways their interventions fit into patients’ repertoire of action.

Moreover, the characterization of life as an Odyssey associates individual suffering with the primordial standards of making the individual the creator of their own history. The travel of every modern Ulysses, who as a resourceful (wo)man is called upon to undertake a biographical task to face their individual challenges, highlights aspects of the moral and spiritual course of the modern world. He/She is the archetype of adventures, the hero of dominance and wandering, the hero of those elements, that shape the civil state. He/She is a contradictory hero who seeks reconciliation with their uncertain perspective, forced to wander, and be deceived, constantly in search of their Ithaca, that is constantly moving away.

References

1. Bauman Z (2000) *Liquid Modernity*. Polity Press, Cambridge, UK.
2. Beck U (1999) *World Risk Society*. Polity Press, Cambridge, UK.
3. Giddens A (1991) *Modernity and Self-identity*. Polity Press, London, UK, p. 256.
4. Velpry L (2008) *The Daily Life of Psychiatry*. Sociology of Mental Illness. Armand Collin, Paris, France.
5. Foucault M (1984) *History of Sexuality 2. The use of pleasures*. Gallimard, Paris, France.
6. Solomon A (2001) *The Noonday Demon. An Atlas of Depression*. Simon & Schuster, New York, USA.
7. Canguilhem G (2015) *The Normal and the Pathological*. Presses universitaires de France, Paris, France.
8. Tzanakis M (2012) *Mental Illness and Modern Practices of Self*. Pedio (in Greek), Greece.
9. Sontag S (1978) *Illness as Metaphor*. FSG, New York, USA.
10. Deleuze G, Guattari F (1983) *Anti-Oedipus: Capitalism and Schizophrenia*. Les Editions de Minuit, Paris, France.
11. Joyce J (1960) *Ulysses*. Bodley Head, London, UK.
12. Horkheimer M, Adorno Th (1972) *Dialectic of Enlightenment*. Herder and Herder, New York, USA.



This work is licensed under Creative Commons Attribution 4.0 License
DOI: [10.19080/PBSIJ.2022.20.556029](https://doi.org/10.19080/PBSIJ.2022.20.556029)

Your next submission with Juniper Publishers will reach you the below assets

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats
(Pdf, E-pub, Full Text, Audio)
- Unceasing customer service

Track the below URL for one-step submission

<https://juniperpublishers.com/online-submission.php>