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Diagnostic manuals as structural gaslighting: Emancipation from individual suffering through the analysis of systemic reasons

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Abstract

Diagnostic manual systems such as the DSM and ICD rest upon a narrow choice of level of explanation, where intra-personal mental and biochemical processes are focused upon, while wider historical, social and contextual factors are neglected. This can invalidate the diagnosed person, by presenting their emotions as pathological rather than as understandable responses to past and present events. Pathologizing diagnostic language functions as a kind of structural gaslighting. An analysis of present social contextual factors followed by a case study (using myself as a case study) show how pushing diagnostic language away from the intrapsychic domain toward social structures can help suffering individuals toward emancipation from invalidating norms. By attending to the bigger picture, we can relocalize problems from individualized approaches to appropriate levels of explanation.

Keywords

structural gaslighting, diagnostic language, invalidation, sensitivity, work society, emancipation

History

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“The blind, perverse and murderous passion for work transforms the liberating machine into an instrument for the enslavement of free men. Its productiveness impoverishes them.”

Paul Lafargue (1883) in *The Right to Laziness*

1. Introduction

Diagnostic manual systems such as the DSM and ICD have been criticized on many grounds.¹ Diagnostic systems rest upon a narrow choice of level of explanation, where intra-personal mental and biochemical processes are focused upon, while wider historical, social and contextual factors are neglected. This can invalidate the diagnosed person, by presenting their emotions as pathological rather than as understandable responses to past and present events. In this paper, I will examine how a pathologizing diagnostic language functions as a kind of structural gaslighting. I will also show how pushing diagnostic language away from the intrapsychic domain toward social structures can help suffering individuals toward emancipation from invalidating norms.

2. Levels of explanation

There are many different levels of explanation to describe any biopsychosocial phenomenon. Diagnostic manuals as well as treatments focus on the explanatory level of the individual psyche, talk of mental disorders rather than symptoms of structural problems, and offer means to manipulate, change or “improve” individual psyches.²

The so-called biopsychosocial model *could* be used to prove emotional reactions *reasonable* and *understandable*. However, clinicians often consider this model “impractical or too complicated,” (Kusnanto, Agustian, & Hilmanto, 2018, 497). Standard textbooks may attempt to introduce a biopsychosocial perspective, but then gravitate back to the individual level of explanation. For example Barlow, Durand, and Hofmann refer to a study “demonstrating that stressful life events can lead to depression but that not everyone shows this response. Rather, stress is more likely to cause depression in individuals who already carry a particular gene that influences serotonin at the brain synapses” (2020, xix). Here stress is portrayed as something that happens to individuals and that may, in certain ‘faulty’ individuals, cause illness, or even disorder. Structural factors such as unhealthy work environments are disregarded. Thereby, subtle normative implications regarding what is deemed a healthy response sneak into what may appear as an objective description of matters of fact.

3. The normative element of diagnostic language

Any descriptions of wellness, illness, function or dysfunction, order or disorder, contain normative elements. Any kind of treatment is normative and supposed to *improve* people’s

¹ See Boyle and Johnstone 2020, 10-11.

² In Sweden a health care professional is obliged to enter a diagnostic code to every entry in a patient’s medical record. Since the health care system is funded to address individual ill health, if the health care professional puts down a code for e.g. poverty or lack of housing, this session will not be funded as much as if the code points to internal(ized) problems of anxiety or depressive symptoms.

health to make them *better* off. In psychiatric diagnostic systems, the description of ‘dysfunction’ tends to be context-blind. A sociocultural era where mental illness is predominantly understood as an intrapsychic flaw has developed alongside a Western idea of individuals as atomistic and autonomous in a way which disregards narratives, culture, and personal history.

The idea of dysfunction is central to diagnostic language, but functionality must take social context and biological diversity into account. Certain personality traits may be suitable for certain environments. For example most children are biologically wired for empathy and social sensitivity suitable for small stable social groups, but to function well in modern schools or workplaces, they must be desensitized. If we can imagine at least one type of social context or natural environment where a mental and/or behavioral pattern would be functional, then individual dysfunction or psychological pathology alone cannot account for the idea of *mental* illness. All behavior takes place among organisms with individual biological differences in their social context. Therefore, all behavior is biopsychosocial, and all illness is biopsychosocial. However, diagnostic manuals and psychiatry textbooks speak exclusively of mental dysfunction.

One introductory textbook on psychopathology defines psychological disorder as “a psychological dysfunction within an individual that is associated with distress or impairment in functioning and a response that is not typical or culturally expected” (Barlow, Durand, and Hofman, 2022, 3), and uses the following example to describe psychological dysfunction:

Psychological dysfunction refers to a breakdown in cognitive, emotional, or behavioral functioning. For example, if you are out on a date, it should be fun. But if you experience severe fear all evening and just want to go home, even though there is nothing to be afraid of, and the severe fear happens on every date, your emotions are not functioning properly. However, if all your friends agree that the person who asked you out is unpredictable and dangerous in some way, then it would not be dysfunctional for you to be fearful and avoid the date.

(Barlow, Durand, and Hofman, 2022, 3-4)

The concept of psychological dysfunction contains normative ideas about what emotions we should or should not have. In the example the authors state that “it should be fun” to go on a date.³

A narrow rationalistic and atomistic view of individuals, that treats behavior as context-independent, can lead us to judge an emotional response as pathological if it does not seem

³ Judging by their author photos, they seem to be middle-aged to older white men.

to fit with the present stimuli. But any biopsychosocial organism has stored information from social learning and their own experiences. Bad previous date experiences or other people's stories of such can make someone vigilant on a first date. The person might not even be interested in going on dates but feels a social normative pressure to do so. There may be lots of reasons as to why someone doesn't enjoy going on dates, as we 'ought' to do.⁴ Finally, regardless of individual life histories, we have been evolutionary shaped to function in small social groups rather than constantly meeting and interacting with new people. Yet, we are forced to behave contrary to our inborn tendencies and deemed dysfunctional when we fail.

Present-day psychiatry is a power structure that defines the concepts of dysfunction and disorder. When normative opinions are disguised as descriptive facts based on observations made in a particular situation, and a person is labelled dysfunctional for acting based on previous experiences and/or inborn tendencies, then this is a perfect example of structural gaslighting.

4. Structural gaslighting

Gaslighting refers to the type of manipulation that makes someone doubt themselves, what they feel they know to be true, their own memory and perception of reality.⁵ Gaslighting a person in distress can cause them to experience themselves as mentally ill. I use the term 'structural gaslighting' to describe how supposedly objective and descriptive, but actually normatively laden, structures and discourses make individuals question and pathologize their own emotions and perceptions.

To a person who experiences intense fear and is deemed dysfunctional, structural gaslighting can induce shame and additional suffering. Moreover, they may be disincentivized to investigate *why* they are so afraid and to learn to use emotionally colored previous experiences when choosing how to move forward as an empowered agent. Since diagnostic labels are also part of a wider discourse which gain structural power by claiming objectivity, other people with similar emotional responses will be affected too. They are, indirectly, also described as dysfunctional, overreactive, overemotional, irrational, too sensitive – or plain hysterical.

Gaslighting can be directed toward cognition as well as emotion. Not just an individual's emotional reactions but the way they understand the world around them may too be deemed irrational. This is even more likely to happen when there is a clash between status quo political ideas about a productive life, and on the other hand, intuitions that could point

⁴ Moreover, women are frequently pathologized both for being too nervous around strangers, and for not being sufficiently afraid of men – is she, perhaps, too reckless? Engaging in sexual self-harm? Thanks to Sofia Jeppsson for pointing out how the narrow normative scope is infringed from both ends.

⁵ This is the theme of the 1944 movie *Gaslight*, from where the expression originates.

in the direction of political change. Instead of sublimating emotional responses to systemic distress outwards so that the target of change is political or social dysfunction, individualized psychiatric treatment can play into gaslighting of behavioral responses by focusing on the manipulation and “improvement” of intrapsychic phenomena.⁶ Structural gaslighting prevents individuals from reaching out to each other, and providing social support.

Diagnostic manuals invalidate emotional reactions that would be perfectly reasonable, if one takes systemic reasons (such as historic factors coded in memory, contextual factors and power structures) into account. Therefore, diagnostic manuals make emotional reactions appear *unreasonable* which undermines the individual’s own intuitions and capacity to recognize how systemic reasons and power dynamics play into their own emotional state. To ignore the structural causes of distress keeps the role of oppressive structures hidden, and the individual will be deemed pathological for reacting to them. Further, clinical workers are often funded by institutions that uphold said norms. There is also a wider use of diagnostic language, not the least by social workers, teachers and other individuals occupying positions of structural power, but also in the general public, as well as within family systems. The use of the concept of stress, which has been criticized as playing a part in the individualization of structural problems (Becker, 2013; Madsen, 2015) shows how the problem of structural gaslighting is wider than the application of diagnostic labels within mental health care. Diagnostic language is so widely used that we may speak of a diagnostic culture. A relentless drive for performance and efficiency creates a need to single out and label individuals who fall too far below the standard of optimal performance and function.

5. Emancipation by analyzing systemic reasons and diagnosing society

Our diagnostic culture ties in with other culture-specific patterns. In my dissertation (work in progress) I discuss normative social structures and character ideals. Particularly relevant to this paper are norms related to overproductionism, overconsumerism and a cultural emotion phobia.

While the character ideal of early Capitalism can be described as “unselfish”, the ideal of late Capitalism may be labeled “selfish”. The ideals of unselfishness and selfishness both serve the work society, albeit with different intended beneficiaries: the guilt-driven and self-sacrificing unselfish character work for “the other” (the company, the family, the society

⁶ While the causes of somatic illnesses are sometimes attributed to structural causes, such as when using the term ‘diseases of affluence’, so far mental illnesses are rarely described as ‘diseases of work society’, ‘diseases of norm reinforcement’, or ‘diseases of Capitalism’. Although existentialist psychologist Joel Vos does talk about a Capitalist Life Syndrome and a Communist Life Syndrome in *The Economics of Meaning in Life* (2020).

etc.), and the selfish character work for “the self” (i.e. whatever they deem to be in their own highest interest).

A selfish character attempts to optimize and maximize everything: productivity, positive emotions and health. Negative mental states like grief are not even regarded as having instrumental value, such as pointing out what is important in life, but are altogether avoided. Ironically, the belief that negative emotions are bad increases rumination (McGuirk et al. 2017) and constantly chasing positive emotions tends to have counterproductive effects. Nevertheless, influential norms tell us to work hard, to be productive, to better ourselves and to be happy! Overproductionism is closely tied to overconsumerism; we consume material products as well as happiness-inducing experiences and identity-enhancing products. There is also a therapeutic culture (Madsen, 2014; Rieff, 1973), in addition to a diagnostic one, where hard internal emotional labor is promoted as one means to a mental optimum, a kind of secular salvation.

The history of psychotherapy took off as modern ideals of rationality and control over emotions grew strong. However, as journalist Barbara Ehrenreich has pointed out, during the 20th century the target of emotion control changed:

If one of the best things you can say about positive thinking is that it articulated an alternative to Calvinism, one of the worst is that it ended up preserving some of Calvinism’s more toxic features—a harsh judgmentalism, echoing the old religion’s condemnation of sin, and an insistence on the constant interior labor of self-examination. The American alternative to Calvinism was not to be hedonism or even just an emphasis on emotional spontaneity. To the positive thinker, emotions remain suspect and one’s inner life must be subjected to relentless monitoring. [---] the most striking continuity between the old religion and the new positive thinking lies in their common insistence on work—the constant internal work of self-monitoring. The Calvinist monitored his or her thoughts and feelings for signs of laxness, sin, and self-indulgence, while the positive thinker is ever on the lookout for ‘negative thoughts’ charged with anxiety or doubt. [---] A curious self-alienation is required for this kind of effort: there is the self that must be worked on, and another self that does the work. Hence the ubiquitous ‘rules,’ work sheets, self-evaluation forms, and exercises offered in the positive-thinking literature.

(Ehrenreich, 2009, 94-96)

This shift from avoiding, to maximizing, pleasant emotions, is parallel to what I describe as a shift from unselfishness to selfishness. When I speak of a diagnostic culture in a broader sense, I refer to a culture that pathologizes any negative emotions and that appears to be at unease regarding anything but positive emotions, to the extent that we may speak of a

cultural emotion phobia. In *Empire of Normality: Neurodiversity and Capitalism* Robert Chapman (2023) points to the link between structural causes and individual suffering. Chapman argues that norms regarding efficiency and productivity are more and more heavily reinforced, as a direct result of the logic of Capitalism. These norms are strong indeed, but on top of this there are the norms regarding our emotional lives. Present norms force us to be both good efficient producers – and good happy consumers.

Humans are social, curious, adaptive and cultural animals, made to learn from each other and to be responsive to the living world. Humans are naturally emotional and ready to use previous experiences to respond to unique situations with spontaneity, creativity and the capacity for understanding complex information. Like other social animals, humans are moral, with a sensitivity and natural tendency for moral concern. However, individualization processes, such as industrialization, urbanization, secularization and neoliberalism, have formed individuals that live detached from social groups, alienated from others and from the living world.⁷ Further, modern life is organized by clock time, which degrades the biological body clock and circadian rhythm to something primitive to be overrun by will-power. Humans are treated as working units that may be standardized, so that they can be easily replaced if one unit malfunctions. Humans are subordinated to standardized productionism which involves static demands to “get the job done”.

Diagnostic systems are strongly colored by our present socioeconomic system and its work norms, promoting industriousness and self-reliance. Further, the rigidity of modern work society suppresses valuable human traits such as cooperativeness, creativity, sensitivity and a natural tendency to respond to moral concerns. Social norms that favor work society devalue traits unfavorable to predictable and standardized productionism, such as spontaneity, complexity and a rich variety of emotional expressions. Individuals at odds with predictable productionism are treated as dysfunctional/malfunctioning work units. Diagnostic language is used to blame the individuals for natural responses to the static condition of work society by describing them as oversensitive, overthinking, highly sensitive, emotionally unstable, too emotional, unattentive or as displaying an attention deficit.⁸

Rather than treating individuals at odds with standardized productionism to shape their emotional patterns and values to fit work society, diagnostic vocabulary can better be used to describe social structures. Work society can be described as insensitive, indifferent, emotionally flat, unethical, manipulative and psychopathic, and social practices that uphold

⁷ They lack “resonance”, in the words of Hartmut Rosa (2019).

⁸ Within a culture where you are supposed to be able to ‘choose happiness’, a diagnosis can function as a ticket that allows individuals to feel. This may be why some people argue that a diagnosis can function as a means to ‘acknowledge suffering’. Whilst some acknowledgment of suffering can ameliorate suffering – it can feel good to be validated – proper understanding of experience-based emotive patterns and biopsychosocial complexities is a better way to accomplish the same and more, without inducing the stigma which appears through psychopathologization.

work society can be described as relying on defense mechanisms such as denial, suppression, rationalization, splitting and avoidance. Diagnosing social structures and practices rather than individuals can validate reasonable emotional responsivity, reduce the stigma of “mental illness”, and liberate emotional powers that can be used in the service of social change.

6. A case study

Coping with cultural expectations on emotional, cognitive and behavioral responses to contemporary society can in itself cause distress, doubt and unsustainable action patterns. In the following I will point to what are considered normal reactions versus overreacting in relation to everyday work life patterns, using my experience growing up on a dairy farm in Sweden as a case study. I will present one possible path of coping in today’s society: when we analyze *systemic* reasons for suffering, we can re-think distress in terms of reasonable reactions to external circumstances and begin a process of emancipation from invalidating norms.

6.1 Socioeconomic context of emotions

Emotional responses are happening due to cause-and-effect patterns in organisms that store information based on its potential to guide action in future similar scenarios. The function of *e-motions* is to put us in motion, i.e. to activate behavioral responses. Work on an animal farm requires routines subordinated to an economic framework which determines which actions are possible, sanctioned or encouraged. The organization of work is directed toward the generation of measurable output, where hard work and standards regarding animal husbandry set the norms. This socioeconomic context demands emotional labor to block out, suppress, or dissociate emotional information in order to support behavior that suits present work norms. The ability to top-down regulate behavior, disregarding how it feels, is closely associated with “work-ethics” and what it means to be “a good worker”. Therefore, what it means to display a “healthy” or normal emotional reaction in this context, is a complicated question, and the answer will depend on what norms are favored.

6.2 Invalidation of emotions that challenge norms

Consider one type of situation, accessible on YouTube in a video compilation that provides examples of children not wanting to eat animals (*The Digital Nomad Family*, July 11, 2015). In one of the videos from a rural context, a little boy interferes with the planned slaughtering of a goat, while crying that this should not be done to animals. Adults watching the video are likely to empathize with the little boy and consider the reaction natural and normal. If, however, a child would cry or emotionally react at every exposure to dead animals and meat, the child is likely to be described as “overemotional” by the standard of a

meat-eating adult. So, which one is it? The statement "The death of one man is a tragedy. The death of millions is a statistic" captures a normal tendency of human minds.⁹ In the face of the death of one animal, a child reacting with tears may be considered cute, but then the child is supposed to adjust to norms and "get over it". Said norms, however, could vary widely depending on the species of the animal in question.

Imagine, first, that a child in an urban environment experiences a series of losses of beloved family pets. Adults would likely empathize with the child's emotional outbursts and recognize their need to mourn. Growing up on a farm was quite different. I knew the numbers of all 24 dairy cows at the farm and was fond of them all. (They were labeled by numbers rather than names.) Whenever a cow's milk production became too low, when she was no longer economically sustainable, she was sent to slaughter. Where I grew up, mourning the death of an animal was discouraged, farm animals and pets alike. A neighbor's daughter was told regarding the death of a pet dog that "it was just a dog", nothing to be too sad about. When it came to farm animals, any sadness over slaughtered animals would conflict with the idea that modern animal farming is a good thing, worthy of our hard work. I witnessed slaughtering for the first time at the age of five and was confused by the inconsistency between messages regarding the importance of treating animals well, and on the other hand the deliberate killing of an animal that was up to that point young and all well.

6.3 Avoidance of cognitive dissonance

When people learn they must not get "too emotional" over slaughtered animals, they rationalize away or suppress emotions that would otherwise be natural responses of moral concern over suffering and death. Any adult financially dependent on the systematic slaughtering of animals, or just involved in habitual meat eating, would have developed a cognitive framework of reasons used to defend the killing of other animals. There are experimental studies on the mechanisms that help us to avoid cognitive dissonance. When people were told that they would be assigned to eat beef jerky, they became more prone to downgrading cows' emotional abilities, and deeming them less worthy of moral concern, compared to a control group who expected to eat cashew nuts after filling out the same questionnaires (Loughnan, Haslam, & Bastian, 2010). For some reasons, I was never 'able to' engage such psychological defense mechanisms, even as they are structurally supported and embedded in common language (Jepson, 2008). Instead, I experienced cognitive dissonance in response to statements that the slaughtering "had to" take place for us to get

⁹ While warmongers and men in power have used this psychologic tendency in their favour, I suggest we should enhance character traits that counteract the tendency to become numb in the face of large numbers. This saying is often misattributed to Joseph Stalin but appears to have its origin in a *New York Times* article from 1958 (Valotto 2022).

food on the table.¹⁰ Few people promoted vegetarianism when I grew up, but they existed, and proved such statements false.

As the years went by and I both helped out at the farm and became engaged in animal rights issues, my cognitive dissonance grew. I continued to witness episodes of animal abuse considered a normal part of animal husbandry: I assisted my uncle the veterinarian in caring for dairy cows who had trampled on their teats (since they are bred with enormous udders), causing damage of crushing or a piece of the teat to get ripped off. When home alone I assisted drivers from the slaughterhouse to load cows to the truck and saw one driver kicking cows in the head to make them behave. In farming school, we were taught (though I refused) to castrate piglets without any form of anesthetics (a performance still done to most male piglets in the worldwide meat industry). I also felt responsibility for life and death decisions regarding animals that I personally kept. When I was fourteen years old, my pony developed a slowly progressing hoof injury. I personally called the slaughterhouse and witnessed her being shot in the head. No one else around showed any signs of emotional responses to any of these instances. However, they were sometimes worried about *me*, because I 'failed' to fully mask my emotional reactions.

6.4 Concern for the world: Is moral concern traumatizing?

My sense of personal responsibility was not limited to animals. In middle school (this was the 1980's) we learnt about deforestation, climate change and the loss of biodiversity in South America. As extracurricular school activities, we were guided to raise money to save the rainforest. Children from several schools did manage to buy some land in Costa Rica, which to this day remains a national park. But the idea that we, children, could and should save the planet, whereas our parents, albeit supportive of our activities, did not themselves seem personally engaged, created dissonance for me. To care for the world seemed like both the most important thing, and childish. I lacked direction in the question of 'how to live'. Over the years, the question whether environmental activism is meaningful provoked anxiety. As a young adult (and philosophy student) I developed a cynical approach.

My inner life and emotions did not make sense to me. I grew up on an idyllic farm surrounded by an extended family, animals and nature. Nothing that most people would call traumatic ever happened to me; according to society at large, I had the best possible childhood. And yet, I began contemplating suicide when I was somewhere around 7-9 years old. I continued to do so for almost 30 years. You neither have to be grown-up nor mentally ill to have such thoughts. I did not understand why I suffered since I was supposed to be

¹⁰ Note that in the common debate the term cognitive dissonance is often misused to refer to instances where in fact people successfully manages to avoid experiencing the effects of cognitive dissonance, instead providing examples of the embracement of incoherent cognitive views without any associated experience of discomfort.

living a wonderful life, and therefore, my suffering seemed inescapable. A little bit of logical thinking resulted in the idea of not living as one rational solution.

What is a normal response in the face of suffering? Better questions to ask may be how we *should* respond, and whether moral concern and political awareness can be traumatizing. Whenever I speak of trauma, I define it thus: having experienced a *lack of capacity to cope* with the situation at hand. Such trauma can result in many different forms of emotional reactivity and/or emotional numbness. During the 1990's I was still engaged in environmental politics, grew a stronger interest in animal rights, and turned to studies in moral philosophy. I have always felt strongly about how humans use and abuse power. These emotions are justified responses to the world we live in.

Today I have altered the question of "Am I oversensitive or overreacting?" To: "Are we psychologically able to host adequate emotional responses to the moral problems of the modern world?" What would it mean to adequately and functionally respond to matters of fact such that: every year 70 billion animals in the world are slaughtered for meat, more than 10,000 children die from hunger and related causes every day, more than half of the world's insect population has disappeared during the past few decades, there are 65 million refugees and asylum seekers worldwide, there is homelessness, climate crises, everyday work-related ethical challenges, and then there is the moral imperative of treating everyone – every single person we meet on a busy day – as an end in themselves. And so on... What would it mean to react sensibly or functionally to these facts?

6.5 Failing to always work hard as a means to cope

Where I grew up the ability to work hard was strongly applauded and socially reinforced. I learnt that my capacity for emotional responsiveness could be muted, to some extent, by will-power and hard work. During the summer break children around the farm took part in the hay making season, which could involve 12-14 hour workdays for the most intense week. This taught me, for better (being productive) and worse (subsequent episodes of burnout), the "outstanding work ethics" praised by my supervisor 20 years later (followed by fourteen exclamation marks). However, my cognitive capacities and ability to be a good, hard-working girl were heavily impaired during the dark Swedish winter months. I seem to have a general sensitivity to my social, physical, emotional, moral and biological surroundings, also involving a strong sensitivity to seasonal variations. When overachieving in the lighter seasons, I would not feel overwhelmed. But this didn't work during the winters.

My (dysfunctional?) sensitivity to moral concerns combined with old culture-specific ideals of unselfishness had set the stage with ideas that work is eternal and that there is nothing that you are not responsible for. I grew up in the same part of Sweden as prolific Swedish author Astrid Lindgren. During a period of illness she wrote that the nice part of being

convalescent is you may do nothing without guilt (Andersen, 2014). Since I was not sick, I, however, did not learn to enjoy rest without guilt. During the dark winter months my circadian rhythm was confused – I felt constantly jet-lagged, hence exhausted and emotionally overwhelmed, unable to live up to unselfish, hard-working ideals. I was not physically ill, but felt useless and worried about my future. How to live a life when you cannot live up to the requirements of work society?

At the same time, new selfish ideals of maximizing happiness made my propensity to negative emotions feel like a personal failure. However, I would also easily experience intense emotions of joy, awe and happiness, and this felt good – according to the selfish ideal this was how things were supposed to feel. During the sunnier and lighter seasons, I would be more energetic, productive, and better able to live up to the ideals of work society. Managing to do so boosted my self-confidence. I would maintain episodes of high energy for as long as possible, further boosting productive periods with caffeine, sugar and nicotine. And then I would crash, again and again. When this happened, it felt like I had not tried hard enough. Only during longer periods of traveling, I felt I could fully find rest from the moral taint of being part of the modern world. But it has taken me decades to find a sustainable answer to the question of how I ought to live.

6.6 Insights leading up to emancipation from diagnostic language

Using a diagnostic language, emotions and mental states discussed above could have been described in the following way: As a child I might have been said to be overemotional, moody, grumpy, prone to take things too personal, and generally oversensitive, or “highly sensitive” (as this has become a semi-diagnostic term in the mid 1990’s). As a teenager I could have been described as overthinking and “being in your head”. Had I, as a young adult, seen a clinician, then there might have been several diagnostic labels associated with suicidality on the table. As a student, I altered between 200% course loads and dropping out. Eventually I did see a psychiatrist who pointed out patterns described as seasonal affective disorder.¹¹ Throughout the years, medical doctors provided several diagnostic labels related to burnout and stress, as well as “adjustment disorder”, all due to my inability to work a regular 9-5 schedule. Some of these diagnostic words increased shame and self-criticism, and most of them made it harder to realize that my emotions were reactions to my earlier experiences and present environment.

None of the diagnostic language ever helped me understand my life better. I would regularly do too much and try too hard, and then crash and sink into hopelessness due to a

¹¹ 20 years old I spent a winter in Australia, and first winter not feeling depressed I thought to myself: “it’s not me, it’s the lack of sunshine!”. The SAD label pointed out obvious patterns but placed the problem back inside my individual psyche. It is noteworthy that, even though I function more evenly throughout the year when living in places like Spain or Arizona, no one speaks of me as easily affected by a Disordered Seasons-Static Work Norms Syndrome, but of *individuals* as *having* Seasonal Affective Disorders.

lack of energy. I needed a new and emancipatory approach to realize that this was not some biologically determined pattern that would happen no matter what. First, I realized that I had internalized destructive norms of both the unselfish, self-sacrificing and selfish, self-actualizing kinds. This led me to glorify intense energy and overachievement while repressing any negative emotions and feelings of fatigue. Second, I learnt that I can voluntarily choose to slow down even when I feel energized, and choose to rest rather than drinking more coffee when I feel less energetic. Rather than considering 'negative' emotions unimportant, unnecessary, and as signs of laziness and of my life not going well, I learnt to linger and investigate gray areas to understand how, when, and why different emotions arise.

6.7 Coping

I have learnt a number of different tools, none of which have been offered by the standardized health care system, to embrace dark emotions – embodied, fluent, raw, core emotions. This included several longer meditation retreats and a yearlong work with a fiercely good psychoanalyst who validated my traumas and the fact that my struggle had to do with moral distress. Still, the current socioeconomic system demands a constant flow of productivity that must be close to optimal – or at least evenly distributed over the months of the year. Much of my worst battles with suicidality have been directly related to economic stress due to my realizing that I seem to have a nomadic, fluent mind difficult to fit in a box, and cannot adjust to a year-round 9-5 work schedule. I feel privileged when able to adjust my work life to a minimum during the darkest months of the year, something which would have been a natural thing to do before the introduction of clock time, electric lights and the demand on a constant strife for optimal performance. However, living at odds with current work norms means engaging in a battle over how we may spend our time, and often to be poor.

I no longer experience depression or strong anxiety. I still easily experience strong emotions, but can more clearly identify these as separate core emotions of sadness, anger, fear, joy etc. When there are too many meetings or otherwise socially intense settings, and I cannot cut down on sensory input, I may lose track. Rollo May (1950) describes anxiety as an open state of not-knowing: of not knowing what to do, or what we feel or *why*. Too much input in a short amount of time leaves me unable to properly process the emotions I experience and can leave me anxious. Situations that others consider unremarkable – like joining some colleagues at a regular restaurant or opening the fridge at a friend's place and seeing all the meat, dairy and eggs in there, can be enough to produce conflicting emotions in me. People I love and admire simultaneously financially support the kind of animal suffering that I witnessed when growing up. It can be anxiety-inducing and difficult to handle in the moment, since my emotions that tell me to do something to end ongoing suffering do not match social norms in regular social situations. But I nevertheless regard these emotions as adequate now, not in need of diagnosis.

The Power Threat Meaning Framework (PTMF), borrows from the trauma-informed approach to emotional distress and argues for a shift from asking: “What’s wrong with you?” to asking, “What’s happened to you?” (Boyle et al 2020 p.3). Reframing “I am bad(/mad/sad)” to “this is bad(/mad/sad), but I can cope” can help alleviate one’s suffering. And we can cope more or less wisely in relation to the sociocultural system as it is. Crucial for my ability to cope is to keep a few people close who share my core values, based on intuitions I’ve had since the age of 5. (Intuitions such as: “it is wrong to deliberately cause suffering and death to other beings who have the capacity to enjoy their own lives”.) Living in a social context where most do not share your core values demands a lot of emotional labor, and if you fail to suppress emotion, you are more easily described in diagnostic language.

We should ask more detailed questions of what, exactly, we need “coping mechanisms” for. Do we need to cope with emotions? Thoughts? Other people? Poverty and economic stress? Bureaucratic systems? Work society? The answer itself may carry normative assumptions. Our current socioeconomic system has power over many parts of our lives. It is easy to see that society promotes an imbalanced work-life, where any negative emotions are suppressed, and constant productivity is heavily reinforced. Growing up, I didn’t learn the values of balance, patience, pacing, moderation, modesty, humility, and being good enough. But this is because society at large fails to value these things. And I still struggle to combine an awareness of all the suffering in the world with being content. How should we act? This remains the most important question, but it is difficult to answer when it feels like there is a fine line between being emotionally and morally aware, and on the other hand overwhelmed.

6.8 Liberation from suffering

When I grew up, I suffered from a lack of recognition of the moral concern I experienced. Socially the animal industry was considered a good thing and nature was mostly treated as a human resource, but I intuitively felt that animals’ lives mattered and the environment too. I got personally attached to individual animals that lived nearby, and the ideal of unselfish morality led me to feel personally responsible for the entire world. Morality felt costly and burdensome, and I felt alone with this burden. This moral view was not psychologically sustainable long-term. At the same time the socioeconomic era of the 1980’s and 1990’s became colored by the selfish ideal: everything was possible, and I should be happy. Ironically, these norms made things worse: they left me even more alone with those emotions that were difficult to handle.

I have experienced moral-related illnesses such as climate anxiety and pacifying political apathy. In my dissertation I point to a functional morality, a compassion-driven selflessness that is compatible with good mental health. This ideal provides an alternative to unselfish, self-sacrificing ideals, as well as to selfish ideas of self-optimization. In everyday life I have

also turned against believing that hedonistic utilitarianism is a good theory for action guidance.¹² The happiness paradox makes it so that when we directly strive for happiness maximization, we end up less happy. Therefore, I no longer try to prolong phases where I feel good and productive as long as possible. I do not meditate as a means to feel good (which, like it appears to be for many Westerners, was my initial motivation). I try to meditate on hardships in the world in order to build compassion and a balanced view. I aim for radical acceptance which may open up for moral concern and wise action, without activating my personal suffering. Rather than feeling distress or suffering, I feel sad when someone gets hurt or killed (human or other animal), I feel anger as a response to injustice, when thinking about our inability to protect life on this planet, or as a response to a perceived threat, and so on. There is still mourning to be done, there is so much we have lost. Shame and guilt operating subconsciously can be made accessible and transformed into compassion and self-compassion. In short: when emotions, as part of a constant flow, are comprehensible and we feel able to respond in meaningful ways, then suffering subsides.

Chappell (2023) distinguishes between disorder/disease and illness. The former is medical and the latter phenomenological; an experience. I do not believe I was ever disordered, but I have certainly been *ill* with anxiety in this phenomenological sense.¹³ Society's demands of constant productivity, and feeling lazy and overemotional when I could not meet them, made me unwell. Had I ever embraced an idea of myself as "disordered" (hence falling deeper down the trap of structural gaslighting), it would have been even more difficult to reach a deeper understanding of the circumstances that collectively resulted in elevated anxiety and meaninglessness (experienced as depressive states). Overall, becoming well has depended on realizing that the high levels of anxiety and what I experienced as illness, were reasonable results of the total sum of my lived experience. This has involved the emancipation from structures that individualize problems and solutions, the turn to engage in community building, and the ability to reclaim righteous anger.¹⁴

¹² As a theory of value and moral truth, hedonist utilitarianism holds a lot of good points, but it rarely works well for immediate action guidance.

¹³ However, to refer to states of abject hopelessness and tormenting anxiety as "mental" illness would again be to reduce the phenomena at hand to the intrapsychic level of explanation, instead of regarding the mental as a mirror reflection of contextual circumstances. When Chappell writes "The burden of being different may feel more like illness when life gets harder; things are stressful and one's ability to function daily becomes more limited", the word 'like' should be stressed, meaning: what here feels *like* illness should *not* be internalized as a *mental* illness, but understood as societal failures with phenomenological ripples in biological organisms, better described as *biopsychosocial illness*.

¹⁴ Actually, to relearn most everything regarding the cultivation of anger, as opposed to the suppression of anger. I tried to quit expressing anger in middle school, about the same time as I developed suicidal thoughts due to hopelessness and inwardly directed anger. These days I always address the topics of anger and shame when as a clinical therapist meeting someone who contemplates suicide. How does shame operate and what are the causes and reasons for our anger?

Given our current social system, where demands are placed directly on individuals who lack community support, it is a tricky question to know what is the wise thing to do. Individual therapy still has its place in this social context, but I do not believe that the only way to heal trauma is through individual psychotherapy. However, I believe that relief from suffering can depend on the proper understanding of the personal causes that give rise to core emotions. Re-thinking distress in terms of perfectly reasonable reactions to external circumstances can dissolve suffering.

6.9 Emancipation by diagnosing social, rather than intrapsychic, structures

Analysis of social structures can allow for emancipation from personal suffering. This analysis should involve scrutinizing diagnostic language where we also look for normative content in expressions like being “soft”, “thick-skinned”, “childish” etc. And whenever someone suggests that someone is “too sensitive”, we must ask: Too sensitive for whom?

While for many years I experienced an existential loneliness where my inner emotional life was not shared, mirrored or understood, I can now understand my reactions given the general cultural and social background of my upbringing, given my individual psychobiology, the natural environment and climate, and experiences from an industrialized approach to the natural world. We enter this world as responsive little beings, before we start working on ourselves to be good productive workers that get the job done. Work society is focused on calculated utility and predicted outcome. Using examples from situated personal experiences of exposure to the slaughtering of animals during an upbringing on a dairy farm and of an inability to adjust to work norms, I have discussed the interplay between static norms of industrialized work society and individual emotional responses. My conclusion is that our present work-society should be properly labeled as overactive (especially when darkness and nature call for rest, contemplation and decomposition), overproductive, hypomanic, insensitive, undersensitive, morally insensitive, indifferent, emotionally flat, unethical, manipulative, sometimes psychopathic and sometimes depressive. Diagnosing social structures rather than individuals can validate reasonable emotional responsivity, reduce stigma and liberate emotional powers that can be used in the service of community-building and social change.

7. Liberation from norms, compassion in the face of suffering, and the cultivation of character

When does emancipation, as liberation from structured norms, allow for liberation from suffering? Emancipation from norms involves recognizing the impact of cultural patterns, and specifically so, the impact of unbeneficial character norms and work norms. However, to be able to distance oneself from oppressive work norms is a privilege when it comes to e.g. possibilities to choose to work part time. In general, emancipation from unhealthy norms is not one person’s struggle, but precisely to push solutions from the individual

toward solutions that take structural change. Chapman describes how “I began to wonder, for instance, whether since the very start, I had been disabled by a neuro normative society. [...] For me as for so many others, this more nuanced understanding felt liberating, allowing me to make sense of my life anew” (2023, 7). Emancipation from structural gaslighting can be a common journey.

Liberation from suffering can take other forms than emancipation from invalidating norms. The Buddhist theory of liberation from suffering through insight into the nature of suffering appears to have support in modern neurocognitive science. Here we enter territory that demands definitions and a lot of explanatory work, but this is not the place to delve deeper into the science and concepts of compassion and suffering. What is important to remember, however, is that whether suffering is appropriate, can have instrumental value, is necessary or an unfortunate part of life to be ameliorated, these are all axiological questions that belong to moral philosophy, not psychiatry or psychology. I believe that suffering is intrinsically and by definition bad, (when we refer to something as suffering, we talk about a state that is bad and unwanted), but that suffering can be reduced e.g. through investigation inspired by Buddhism, Stoicism, cultural discourse analysis, and psychodynamic and existential therapies. Further I believe that we should develop characters that make us functionally and sustainably responsive to the ongoing suffering in the world, so that we acknowledge ongoing suffering and may transform this awareness into moral concern and compassion that can guide wise action.

Diagnostic manuals are normative projects influenced by culture-specific norms favoring independence, productivity, happiness and social conformity, but they lack an explicit and thought-through moral philosophy. Therefore, there are better foundations for character development than modern psychiatry: for example, Christian ethics put forth certain ideas in regards to character, guilt, forgiveness etc., ancient Greek philosophies would discuss different virtues where practical wisdom is held to be the prime virtue, and Buddhist moral philosophy point to the importance of developing the ten paramis and moral emotions/sublime attitudes (brahmaviharas), all guided by wise reasoning preceding reflections on the eightfold path.

8. Conclusions

Diagnostic manuals can be treated as symptoms of an individualized era colored by the therapeutic culture where diagnostic language causes structural gaslighting. Analyzing systemic reasons can be used for emancipation from systemic impact that cause suffering, and ease the effects of structural gaslighting. The question to be highlighted here is *what* it is that is “dysfunctional” and should be changed: social structures or individuals? The purpose of this paper has been to shift focus regarding what needs changing (i.e. currently not so much individual psyches or emotions as social structures).

We can learn to see the bigger picture and then relocalize problems to appropriate levels of explanation. Retelling the story of learnt helplessness can serve as an example: Self-help books use experiments where dogs on electrocuted floors begin to feel helpless, to teach us that we must individually exert effort and grit to overcome helplessness. By zooming out to look at the bigger picture we can see that the problem here is not lack of initiative in individual dogs, but that the founder of positive psychology, Martin Seligman, came up with the idea to electrocute floors and exert his power to experiment on innocent dogs. When we see how problems really started on structural levels, we can use our energy to change our common ground, rather than struggle to counteract individual feelings of hopelessness.

As long as we live in a context colored by dysfunctional work-norms with its disordered approach to life and the living world, individuals are better off finding ways to cope than to continue suffering. However, it is important to remember that not only must we not medicalize psychological problems, we must also refrain from psychologizing philosophical problems. The Power Threat Meaning Framework does a good job pointing to how mental suffering arises and can be explained. Yet, moving from *is* to *ought* raises the questions of what we should do about it all, how we are to live, how we should attempt to change and improve as individuals, and what social systems we should push for, and these are still questions for moral philosophy.

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Statement of Integrity

I declare that this manuscript is my original work, has not been published before and is not currently being considered for publication elsewhere.

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