

SYMPOSIUM ON “STUDENT MENTAL WELL-BEING AND WELL-BECOMING”
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FACULTY OF EDUCATION, UNIVERSITY OF MANITOBA

Focus 1:

What special reasons do we have as to why we should be concerned about student mental well-being?

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Anxiety is said to be the “official emotion” of the modern era (Schlesinger, 1970, p. 52).¹ According to the 2012 source I consulted, it has been reported that anxiety disorders affect 18 % of the adult population of the United States. To this can be added another 10 % who suffer from various forms of depression. That’s nearly 30% of the population: almost 1 in 3 people.² Student populations suffering from anxiety and other mental (and physical) distresses and disorders (medically diagnosed or not) have been correspondingly rising, too. A little more recently, in a 2015 survey source it’s been estimated that, in Canada, one in three students experience moderate to severe psychological distress.³ Such distress affects negatively how students academically perform in school. As well, the toll on schoolteachers and administrators to cope with these issues is immense; and this is along with their own stress and distress.

To give a very broad stroke reading of culture change that accompanies the modern scene of anxiety: A plethora of existential philosophers and cultural theorists have commented on modernity and its cultural signature, anxiety. Modernity is characterized by loss of faith in the ‘grand narrative’⁴ (Lyotard, 1984, p. 37) that would tell human beings living in a particular society and culture what the meaning and purpose of their lives are, and how their identity and lives fit in the grand scheme of things in the universe. Philosopher Friedrich Nietzsche (1844-1900) is famous for his claim, “God is dead,” signaling the breakdown of absolute values and beliefs in modern Western civilization that used to authoritatively guide and shape individuals’ identity, life orientation, and conduct.

In the face of such radical loss of a moral and spiritual guidance system, Nietzsche challenged humanity to take responsibility for creating and living up to their own values and morals. One hundred and twenty years later, today, we cannot say that we have succeeded in the Nietzschean project of human beings taking greater responsibility for their lives, conduct, and for creating a world that is amenable to human control. On the contrary, we

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¹ Schlesinger, A. M., Jr. (1970). *The vital center: The politics of freedom*. London: André Deutsch.

² Smith, D. (2012, January 14). It’s still the ‘age of anxiety.’ Or is it? Retrieved from https://opinionator.blogs.nytimes.com/2012/01/14/its-still-the-age-of-anxiety-or-is-it/?_r=0

³ Zafar, A. (2016, July 21). High anxiety, distress levels in teens counter ‘prime of life’ image. CBC News, Health. Retrieved from <http://www.cbc.ca/news/health/anxiety-teen-1.3688198>

⁴ Lyotard, J. (1984). *The post-modern condition: A report on knowledge*. (G. Bennington & B. Massumi, trans.). Manchester, UK: University of Minnesota. (Original work published 1979)

seem to have created a runaway world⁵ that is out of control, and increasingly inhospitable to all life forms⁶, including humans, and we are facing an uncertain prospect of life on this planet.

Schools are responding to the current situation in various ways: for example, by adopting a medicalized approach associated with diagnostic labeling and cooperating with the ravenous for-profits pharmaceutical industry⁷ and also by seeking out therapeutic ways of soothing and ‘regulating’ students with meditation⁸ and counseling; and other behavior management approaches that are consistent with social control systems and at odds with nurturing human beings to become increasingly human and humane⁹.

What I wish to point out, however, is that, whether with medication or with meditation, neither is really responding to, or dealing with the challenges we are facing below the surface level. Surface level is what I liken to emergency room treatment. But, unless what we are dealing with is the result of an accident, if symptoms presented are connected to organic disease processes, addressing problematic symptoms as an emergency response, however comprehensive and sophisticated, will not be a sustainable way to approach these systemic and deep-rooted problems. In the long run, problems will be repeated, as the underlying issues are not being addressed. And since our approach to these problems neither gets at the roots, nor is it sustainable, we will most likely see the problems deepening instead of diminishing.

I’m interested in getting to the “root” of problems that we associate with mental health or wellbeing. And I would like to see our schools take up the task of addressing the root of problems. In the remaining short time I have now, I’m going to build a case for seeing assorted issues of mental health/wellbeing as issues in human development: or, more accurately, lack thereof—as in arrested development or “developmental trauma.”¹⁰

Humans are mammals who require an extended period of attachment and care. As has been pointed out, we are born still in a fetus-like state of complete dependency and for an extended time. This dependency requires highly attuned and responsive care from caregivers, especially the lactating mother or whoever is doing the equivalent job, and who in turn is in great need to be protected and cared for by her mate (and other supporting “family” and “tribal” members). When such care is significantly lacking, infants and small children cannot develop fully as secure and existentially confident human beings.¹¹ When children grow up secure and confident, they are capable of compassion for self and other, of taking

⁵ Giddens, A. (1999). *Runaway world: How globalisation is reshaping our lives*. New York, NY: Routledge.

⁶ For a comprehensive encapsulation of the phenomena of ecocide and activist appeals, see: <https://www.endecocide.org/>

⁷ For rich, provocative, and important discussions of the topic, see: Lalancette, H. (2017). *On the neuro-turn in education: From inside out* (Unpublished doctoral dissertation). Simon Fraser University, Burnaby, British Columbia, Canada.

⁸ For critical discussions of use of mindfulness, see: Bai, H., Beatch, M., Chang, D. & Cohen, A. (in press). Recalibrating mindfulness. In M. Powietrzynska & K. Tobin (Eds.), *Weaving complementary knowledge systems and mindfulness to educate a literate citizenry for sustainable and healthy lives*. Rotterdam, The Netherlands: Sense Publishers.

⁹ Cohen, A. (2015). *Becoming fully human within educational environments: Inner life, relationship, and learning*. Burnaby, BC: The Write Room Press.

¹⁰ Van der Koch, B. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Penguin Books.

¹¹ Wallin, D. J. (2007). *Attachment in psychotherapy*. New York, NY: The Guilford Press.

responsibility in an agentic way, caring for self and other, and in general being at ease with themselves and with the world.

I would like to show you a two-minute video clip of Still Face Experiment.¹² Note how delighted and happy the baby is when dialogically engaged with her mom. They both seem to be completely present to each other, and attuned to and engaged with each other, as evidenced by the way they look at each other. They follow each other's gaze, and are very expressive and "conversational." They are having a delightful time, being together, dialogically engaged and interacting!¹³ But then instantly Mother goes completely expressionless and unresponsive. Her face transmits that she's not present to her baby; and that she's not attuned to her baby at all: no responsiveness whatsoever. The baby attempts to bring back her mother's attention by clapping, chortling, looking . . . She's doing absolutely her best to bring her mother back. She uses every trick or technique she knows to get her attention back. Finally, when all his effort fails, she can no longer handle the strain and contain her distress. She starts to wildly throw herself around in her high chair, with her raised arms, as if to say, "Get me out of here; this is scary, freaky . . .!" "I can't take it; I can't stand it!" Basically, the baby is feeling unsafe, and is going into survival response protocol: fight-flight-freeze.

Imagine that this Still Face in its multifarious contextual and circumstantial variations is what a child experiences day in and day out. In response, the child would go through the whole range of powerful and negative emotions, such as anger, fear, anxiety, sadness, helplessness, hopelessness, and finally, going numb (dissociation). Children like this are experiencing isolation, alienation, and anomie. It is my suggestion that if these emotions and experiences are compounded, entrenched, and embodied, they will define a person and his/her life patterns. And in our medicalized culture, such person is given diagnostic labels: depression, anxiety, personality disorders, and so on.

I see the Still Face everywhere in isomorphic forms and relations. Wherever there is lack of presence, attention, and attunement, phenomena of Still Face show up with the associated and predictable outcomes: dehumanized beings. Please look around: everywhere, including schools, people are busy, distracted, and often so distressed that they are unable to be present and attune to themselves and to each other. We become "still faces" to each other. In fact, in so many contexts, still faces are the norm: in an elevator, on the streets, we expect each of the thousands of others to be still faces. We have in fact come to feel safer that way. Whatever evokes overwhelming anger, anxiety, fear, sadness, helplessness, grief, and loss, leaves us feeling unsafe and insecure. What I propose to you is to use for insight Still Face Experiment as a lens of observation, and as a paradigmatic exemplar of the contemporary world, including schools.

¹² <https://www.youtube.com/watch?v=apzXGEBZht0>

¹³ The infant-mother interaction we witness in Still Face Experiment fully qualify as "dialogue" in Martin Buber's terms of dialogue. Please see: Scott, C. (2009). Hanging out: One of the high arts of dialogue. *SFU Educational Review*, 1, 3–21.