



'Minding the Future'

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Overview:

Ours is an age of complexity, uncertainty and rapid change. Our response to these conditions has also made ours an age of anxiety, the effects of which are to be found everywhere - deteriorating mental health, increasing crime, a global environment under strain, the persistence and deepening of unequal patterns of distribution in income, wealth and well-being. In this lecture Maureen O'Hara presented a fresh look at these challenges and suggested that, if we can come to understand them in a different light, they offer the hope of transformation.

Key ideas:

- Glasgow (and cities like it) could be “miners’ canaries” showing others the way ahead.
- How do we respond to the modern world?
 - Neurotic response;
 - Psychotic response; or
 - Transformation.
- We all have a story.
- In the modern world we are all immigrants.
- Need hospice workers for the old world that is dying and midwives for the new world that is being born.
- In changing times, the collective consciousness must evolve or collapse => emergent new consciousness.

Summary

Dr O'Hara introduced this lecture by congratulating Glasgow for recognising the issues and acting as a guide (“miner’s canary”) for others. There are many problems affecting the world (over-population, pollution, world trade, etc) and, with global media, there is nowhere to escape. The impact on individuals is great, with many people being personally overwhelmed by the emotional demands on them.

Focusing on organisational structures, it is clear that hierarchies have flattened with corporate culture having shifted from paternalistic to entrepreneurial. Importance is placed on ‘knowing things’ rather than ‘making things’. For example, employees not in particular senior posts in organisations are now expected to work in self-managing teams, partner with suppliers, develop organisational visions and strategic plans, partner with customers, out-source, etc. With all of these pressures, we are in an anxiety crisis where the anchors of mental stability are up for grabs.

O'Hara identified three possible responses.

1. Neurotic response – strengthening boundaries; trying to keep things simple and unchanged despite the fact that everything is changing.
2. Psychotic response – catastrophic destruction; disintegration; inability to hold things together.
3. Transformation – often in very turbulent times, when all the old boundaries are unravelling and all the old certainties are dissolving, there is the possibility for creative transformation.

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Members of any society share a 'modal psychology' (a way of thinking and behaving psychologically, which is more or less recognisable by other members of that group) developed through history and maintained through 'culture' (civic routines, educational practices, social customs, group boundaries and norms). Society is also held together by stories, all of us having been inducted into a native story. If we are an immigrant we were inducted into one story and are now being inducted into a new story. The cultural psychology that one possesses influences what one sees, pays attention to, thinks is worth working for, and what meaning one takes out of situations. It even influences brain development, emotional responses and what we learn. However, the world can no longer be sustained by any one of our world views as we are challenged by globalisation, multiple messages and expectations, and our encounters with new realities. There exists a cognitive dissonance between what we are having to cope with in the world and our native psychological patterns.

We are all trying to inhabit a world that has never existed before with a cognitive and emotional preparation for a different era. In essence we are all now immigrants (constantly over our heads; without easy answers or automatic routines; everything is new and challenging; always feeling that someone else is doing better than us) and, understandably, this emerges in terms of health – especially mental health - problems. More prevalent than before are job stress, depression, anxiety, burn-out, violence at work, alcoholism, migraine headaches, suicide, and divorce. A new psychology is needed that is adapted to the new cultures and the new workplaces.

So, can an age of anxiety be transformed into an age of enlightenment? Dr O'Hara believes it can "by providing hospice workers for the world that is dying and midwives for the world that is being born". That means, firstly, getting the diagnoses right. It also means developing new socialising institutions for young people and giving them an education and formational experiences that will prepare them for the world they live in. O'Hara argues that we are at a choice point and our capacity for the destruction of the environment, each other and of hope in young people is so great that time is short. We need to emerge a new consciousness and embark on the seven paths to cultural health.

1. Treat the wounded. We cannot create a new consciousness and forget about those who are sick and suffering.
2. Prevention (early childhood education, parenting skills, preparing children for the world).
3. Transformational education. Rather than factual-based education, children should be learning about how to manage and process information, and developing their emotional intelligence.
4. Organisational and institutional transformation.
5. Create new stories for new times with a future perspective.
6. Assume national responsibility for creation of new culture.
7. Support educational and cultural innovation, encourage experimentation.

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Dr O'Hara concluded by stating that there is a national responsibility for the cultivation of new minds, that this is culturally crucial work, and that it's also public health work. If a society believes that part of its story is that it's the unhealthiest city in the unhealthiest country, then that becomes part of the cultural story, the cultural psychology and part of physical health as well. Dr O'Hara suggests that a solution is to 're-story': what is Glasgow's story now, and what would we like it to be?

The views expressed in this paper are those of the speaker and do not necessarily reflect the views of the Glasgow Centre for Population Health.

Summary prepared by the Glasgow Centre for Population Health.