**Psychiatric conditions and the meaningfulness of our experiences**

*Philosophy of Psychiatry and Lived Experience, Manchester*, 28/9/22

I want to add some complications to the idea of ‘**co-producing meaning**’.

**Preliminaries.**

Our experiences are saturated with different kinds of meanings. Understanding someone’s experiences usually requires us to identify and appreciate these meanings – which might include exploring those meanings, making sense of them, but also challenging or questioning certain meanings.

 ‘Co-producing’ meaning could involve different things:

1. Listening
2. Discussing
3. Affirming
4. Questioning
5. Challenging
6. Contextualising – putting things in different perspectives
7. Deploying specialist concepts, knowledge, vocabulary, forms of interpretation

 If you and I can sit down, listen, discuss, affirm some aspects of our experiences while questioning or challenging others, putting things in contexts, experimenting with different possible meanings, and deploying scientific and medical and religious and other resources, then we could ‘co-produce meanings’.

 But this requires scare resources – time, trust, empathy – and runs up against power structures, institutional barriers, negative stereotypes and biases, general deficiencies in shared moral energies, etc.

 Consider two bigger problems: **the nature of certain experiences** and **the very idea of ‘producing’ meanings**.

**Psychiatric conditions.**

Experiences are meaningful in different ways – eg this event is meaningful, for me, as an philosophical exercise, as public engagement, as an expression of intellectual interests, as a chance to see old friends, as an opportunity to do something enjoyable amid the start-of-term, because human suffering *matters* to me – etc.

 But these presupposes various abilities:

1. I can experience things as **meaningful** – objects, situations, people, activities, life-projects, possibilities
2. I can experience different **kinds of meaning**

Many philosophers and psychiatrists argue that many, if not all, experiences of psychiatric illness involve the loss of disruption of these abilities. If so, the very idea of ‘co-producing meanings’ might presuppose the possession of abilities which are extremely fragile and disrupted/lost in the cases in which we are interested.

 Distinguish different predicaments:

1. I can no longer experience things as meaningful, at all

 Hence “you have lost life itself … a habitable earth … You’ve lost the invitation to live that the universe extends to us at every moment”

 The world feels flat, empty, cold, dark, drained of possibility, meaningless – hardly a world in which the idea of ‘co-producing meanings’ could make any sense.

1. I cannot experience or imagine certain *kinds* of meaning and possibility.

 I cannot experience events or medical treatments as ‘good’, because I can no longer experience the possibility of *improvement*

 I cannot experience things as *safe* because the world is under an atmosphere of *danger*, *threat*, *risk*.

 “I awoke in a different world. It was as though all had changed while I slept: that I awoke not into normal consciousness but into a nightmare”.

 Such problems are ‘built-into’ certain experiences of psychiatric illness – integral to the phenomenology of so many of those experiences.

 Such problems of ‘producing meaning’ could occur even if

1. everyone were immaculately empathetic, compassionate, concerned.
2. the social world was fair, just, supportive, hospitable, sensitive to the needs of the vulnerable.
3. our health care systems were perfectly organised and fully-resourced.

 Of course, this is not the human world as we know it, as we have inherited it – a world regrettably scarred by callousness, banality, indifference – by determinations to ignore the experiences of others, to impose narrow or distorting interpretations onto the experiences of people different from us – a world whose institutions, norms, and ethos are so often brutal, exploitative, and cruel. Quite misanthropic, but also, perhaps, true.

**Summary**

‘Co-producing meanings’ may be a noble ideal, but it runs up against the fact that it depends upon abilities which might be disrupted or lost within certain psychiatric conditions. The nature of an experience can itself be a real obstacle to the co-production of meanings. This doesn’t we should ditch the ideal, only that pursuing it might be more difficult than we always appreciate.

IJK | ian.kidd@nottingham.ac.uk