THERAPY CULTURE REVISITED: THE IMPACT OF THE LANGUAGE OF THERAPY ON PUBLIC POLICY AND SOCIETAL RESILIENCE

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S. RAJARATNAM SCHOOL OF INTERNATIONAL STUDIES
A Graduate School of Nanyang Technological University

NATIONAL SECURITY COORDINATION SECRETARIAT

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REPORT OF A WORKSHOP ORGANISED BY
THE CENTRE OF EXCELLENCE FOR NATIONAL SECURITY (SINGAPORE)

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This report summarizes the proceedings of the conference as interpreted by the assigned rapporteurs and editor of the S. Rajaratnam School of International Studies. Participants neither reviewed nor approved this report.

The conference adheres to a variation of the Chatham House rules. Accordingly, beyond the points expressed in the prepared papers, no attributions have been included in this conference report.

Executive Summary

The Centre of Excellence for National Security (CENS), with the support of the National Security Coordination Secretariat (NSCS), organized the "Therapy Culture Revisited" Workshop with a focus on "The Impact of the Language of Therapy on Public Policy and Societal Resilience". The workshop was held at the Marina Mandarin Hotel, Singapore, on 5–6 October 2009.

The language of therapy has gained considerable prevalence and has been used in an extremely broad manner as of late to the extent that individuals and societies tend to accept therapeutic labels as an axiomatic truth. In some cases, public interventions have so overtaken the daily routines of individuals and communities, that these latter become reluctant to conduct once assumed tasks let alone accept responsibility for their actions. It was on this basis that the workshop sought to critically examine both the existing and potential consequences that the random and mass application of therapeutic concepts have on societal resilience. To this end, the workshop brought together renowned scholars and practitioners from various fields to debate and explore in depth the policy and societal implications of therapy culture.

The first panel looked into community resilience, its processes and manifestations, during and post-conflict times. Arieh Shalev commenced the discussion by asserting that resilience is a default trait of societies. From his experience as a psychiatrist and interactions with communities living in conflict zones in Israel, he has observed that most individuals have the ability to overcome traumatic experiences without much medical or public assistance. Likewise, Chris Gilligan found no evidence that proves that there is a concrete correlation between public intervention and a society's rate of recovery after a crisis. Gilligan noted from his interviews with families affected by the Northern Ireland Peace Process that the widespread promotion of counselling, for instance, may encourage rather than reduce worries. Besides a possible weakening of social resilience, Vanessa Pupavac highlighted that therapeutic labels are prone to abuse and, in Croatia's case, war veterans have sought to legitimize their rights to compensation by exploiting the concept of Post-Traumatic Stress Disorder.

The second panel focused on the effect that a therapeutic school curriculum has on student development. Lee Boon Ooi and Chong Wan Har jointly presented on the Social-Emotional Learning Programme adopted by Singapore schools. Lee highlighted in particular the possible outcomes of attaching highly specialized psychological labels to students. The labels, as broad and harmless as they might seem, may lead to self-fulfilling constructs or cause individuals to selectively choose to emphasize problems over adaptive functioning. On a similar note, Kathryn Ecclestone argued that the focus on emotional well-being in British schools and wider society creates a diminished view of individuals who are incapable of overcoming common or basic life stressors. Moreover, such an emphasis also draws attention and resources away from the actual teaching of knowledge.

The influence of therapy culture on institutions was further debated in Panel Three where James Nolan provided workshop participants with thought-provoking insights on the problem-solving court model. He mentioned that the model altered the traditional role of the judicial system from one that focuses on adjudication to a therapeutic approach to problem solving. The incorporation of therapeutic practices into human resource management also brought about problems of its own. Vanessa Pupavac shared that in Britain's case, more workdays were lost due to stress-related sickness than to strikes. Katie Wright, on the other hand, countered that therapy culture has its merits. It has, for instance, brought to light incidences of abuse and empowered communities in Australia that, until recently, did not have a public voice. Alison Eves agreed that therapy is beneficial to those who truly need help. However, the definition of the weak, the vulnerable and the at-risk is so broad and vague that the number of people seemingly in need of state protection and therapeutic intervention has increased in the U.K.

Hence, the workshop closed on the note that countries that are keen to integrate therapeutic practices into its mainstream society should consider their impact on overall societal resilience. From the case studies presented in the workshop, it was agreed that in many instances, the therapeutic approach has undermined resilience rather than reinforced it. While therapy should not be denied to those who truly require psycho-medical attention, it remains a challenge as to how therapy culture can be better understood and managed without infringing on societies' natural ability to deal with and overcome risk.

Welcome Remarks by Bill Durodié

Bill Durodié delivering his welcome remarks.

Bill Durodié, Coordinator of the Homeland Defence Programme of the Centre of Excellence for National Security, S. Rajaratnam School of International Studies (RSIS), welcomed participants to the "Therapy Culture Revisited" Workshop.

Durodié emphasized that the aim of the workshop was to examine and explore the impact that the language of therapy has on public policy and societal resilience. To achieve this, renowned therapy culture scholars and analysts such as James Nolan and Arieh Shalev were invited to present and lead discussions on topics related to the workshop theme.

Durodié highlighted that debates on the impact of uncertainty and change on society started as early as 1848 with Karl Marx looking into the problems of capitalism. From the late 1960s onwards, the focus was mainly on the way individuals view themselves in relation to their societies. In The Therapeutic State (1998), for instance, James Nolan observed how the adoption of the language of therapy by the state and incorporation of it into mainstream practices affect societal coherence especially when there is an over emphasis on the role of the "self" or individual. The language of therapy is so widely used and pervasive that we seem to accept labels given by self-styled therapist or experts unquestioningly. These labels or presumptions might stick and, for example, affect the way children are brought up. The academic Frank Furedi has thus questioned what would happen, for instance, when therapists or experts take over the decision-making rights of ordinary people.

While therapy culture appears to accord importance to emotional wellbeing, in reality, it only accentuates or encourages selected emotions like a sense of victimhood and vulnerability. This creates caricatures of individuals who are weak, constantly in need of help and isolated from society. The broadening of the definition and classification of the vulnerable to include anyone who has experienced adverse experience does not only create an environment where even the healthy are treated as sick but also risks spreading resources too thinly and away from those who truly require professional support. This inherently undermines individual and societal resilience.

Labelling people as needing therapy also allows the state greater jurisdiction in the determination of their lives. The language of therapy has also been used or abused on several occasions to either avoid the actual solving of problems or encourage people to adapt to rather than transcend the challenges faced. A focus on emotion and suffering, however, has in selected cases encouraged minorities and communities whose voices might not otherwise have been heard to step forward and assert their rights. The main aim is not to deny the benefit of therapy for those who truly need it but rather, how a balance might be struck. In a similar light, Baroness Helena Kennedy recently wrote in response to a Joseph Rowntree Trust investigation in the U.K. that "the rightful place of psychotherapy is in the clinic, not in everyday life".

In this regard, Durodié urged all participants to challenge the ideas put forth in the workshop and consider the wider implication of therapeutic interventions on public policy and societal resilience. It is through engagement that both proponents and opponents of therapy culture will learn more about the issues at hand.

Panel 1:

Conflict and Post Crisis Management

Ariel Shalev speaking on societies' natural ability to recover from shocks.

Resilience is the Default – How Not to Miss It?

Ariel Shalev discussed the concept of social resilience, its relation to post-traumatic stress disorder (PTSD) and how it fits into broader discussions on "therapy culture". Shalev aimed to bridge the two levels of analysis inherent in the concepts of resilience and PTSD, with the former being more focused on society as a whole while the latter being connected with individuals, or sub-sets of society. In focusing on the theoretical boundaries of the two constructs of resilience and PTSD, Shalev illustrated the ineffectiveness of public intervention and how societal resilience has been undermined.

He stated that resilience is not a specific post-trauma or crisis outcome. Rather, it is a "default" that is exhibited at various levels in individuals and societies. As such, resilience, in Shalev's view, can only be "missed" or undermined. In contrast, PTSD is one of the better studied mental health consequences of traumatic events. It is also a Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV) listed disorder originally used to describe those affected by having been in war-torn and disaster-stricken societies.

PTSD seems easy to treat and a good target for preventative interventions as it is an "identifiable disorder". Shalev noted for instance that (i) the disorder has a salient onset; (ii) its symptoms typically develop shortly after a traumatic exposure; and (iii) the biology of PTSD is better known than many other mental disorders. However, Shalev mentioned that clinical trials have shown that preventive interventions are not as efficient at forestalling PTSD as perceived. Clinical tests and post-therapy documentation have shown that the recovery rate between PTSD sufferers who received medical intervention and those who did not receive any form of treatment was almost comparable. Patients who were administered a variety of psychiatric and medical treatments took only slightly less time to recover than those who were not treated. This backs the argument that most people have the natural ability to recover from shocks.

It was commented that most literature on society and resilience are idealistic and studies on the topic are "contaminated" by a focus on mental disorders. By and large, such an emphasis on mental disorders limits the way societies can and may overcome crisis. Communities adapt to their surroundings differently and display resilience in a variety of ways. Shalev observed, for instance, that despite the recurring waves of terrorist attacks against Israel between 2000 and 2009, communities continue to function normally by adjusting their daily routines. In his opinion, this highlights the "ordinary magic" of resilience and the adaptive capacities of both individuals and communities.

Shalev concluded that resilience is often "missed" in societies. This is especially so in cases and places where individual reactions (or lack thereof) are pathologized as disorders requiring medical or public interventions. An overemphasis on the psychopathological consequences of events would more likely lead to the undermining of resilience than reinforcing it.

Question and Answer

A participant asked why there seemed to be an increase in U.S. military troops suffering from PTSD when there is apparent success in preventing it and treatment by cognitive behavioural therapy. In response, the speaker replied that this could be due to the greater dissonance between people's experiences in normal society and during warfare. There is a tendency for people not to encounter adversity as part of their "normal" everyday life. As such, most are unprepared for the horrors of warfare and more returning combat troops appear to suffer from PTSD.

A participant sought further clarification on the definition of trauma and ailments covered by PTSD. The participant commented that PTSD as a field of study encompasses too varied a set of traumatic experiences. It was also added that the term "trauma" has been used broadly to describe a variety of situations and reactions. The speaker replied that while traumatic experiences might differ, they produce similar neurological symptoms and could lead to PTSD. Hence, studies on PTSD usually consider the impact that different stressors are capable of producing.

The Northern Ireland Peace Process

Chris Gilligan sharing findings from his research on the Northern Ireland Peace Process

Chris Gilligan presented the results of his study on the Northern Ireland Peace Process and the efficacy of therapeutic interventions.

A series of protests were held in a mixed neighbourhood outside Holy Cross School in Belfast, Northern Ireland, between September 2001 and December 2001. The protests targeted children who were walking to and from the school. They were shouted obscenities at, taunted and spat on while also at times subjected to projectiles. In some cases, protestors were known to have thrown improvised explosive devices at student crowds.

Gilligan shared some of his research findings he had gathered from interviewing children and parents affected by the protests. In an apparent bid to help children at the school deal with this experience, counselling was offered to all students who had obtained parental consent. Gilligan posited that counselling was provided because of (i) an assumption of vulnerability; (ii) the prevalence of therapy culture; (iii) the presence of a therapy industry; and (iv) as a displacement activity.

However, based on Gilligan's findings, it is not clear if this counselling actually helped the children in the manner intended. Indeed, he noted, there was no rigorous assessment undertaken at any stage of the effectiveness of the counselling. The only available evidence as to its effectiveness are focus group comments from participating counsellors and a survey conducted by Gilligan on parents who decided to allow their children to go for counselling. Of these, about 71 percent of these parents agreed or strongly agreed with the statement that "I thought that counselling helped my child". However, about 12 percent disagreed or strongly disagreed with this statement. Subjective perception, Gilligan noted, is not a reliable indicator of efficacy.

Informal forms of therapy, Gilligan stressed, might also have been effective even if not considered as "proper" counselling. These included public meetings and help from extended family members that gave people a sense of togetherness in adversity.

In conclusion, Gilligan found that (i) referrals for counselling cannot be reduced to mental health considerations; (ii) the relationship between "mental health" and exposure to harassment is complex; (iii) the effectiveness of counselling is not proven; and (iv) the widespread promotion of the counselling option may encourage, rather than reduce worries.

The Balkans Conflict

Vanessa Pupavac presenting on Croatia's experience with therapy culture.

In her presentation, **Vanessa Pupavac** cited Croatia as an example of a state that has adopted therapy as a method to counter the effects of post-war trauma. However, such therapy gave rise to its own attending problems. Pupavac thus talked about the concept of trauma, the significance of the therapeutic ethos and how they were embedded in Croatian politics and society.

The Yugoslavian War was one of the major wars fought after the end of the Cold War. The outbreak of the Yugoslavian War in 1991 was striking for two reasons: (i) it challenged the initial optimism and confidence of peace after the Cold War; and (ii) there was a sudden explosion of international trauma counselling programmes in 1992 after its outbreak. Historically, trauma counselling had not been part of the repertoire of international aid up to the end of the Cold War.

Pupavac stated that Croatia showed high receptivity to psychosocial programmes and trauma counselling approaches after the Croatian War of Independence (1991–1995), which was part of the Yugoslavian War. This was due to Croatia's endeavour to be regarded as culturally part of Western Europe and its desire to become a member of the European Union. While the initial goal of the international community was to promote peace after the war through the use of psychosocial programmes, it was mentioned that Croatian war veterans had sought to legitimize their rights to compensation by exploiting the concept of PTSD.

Pupavac noted that: (i) there are currently 500,000 registered veterans in Croatia; and (ii) there has been a growing number of pension claims based on the PTSD model made by veterans. She opined that this was especially astounding considering that the war in Croatia was relatively small and involved few military casualties. Currently, the average veteran's pension is higher than the average national salary in Croatia; veterans are also entitled to certain benefits and privileges, such as shares in public utility and concessions.

Croatia is now in a major budget crisis and holds 40 billion euros in debt. Pupavac stated that in spite of this situation, the Croatian government has been unable to make major economic decisions, such as cutting down pensions, in fear of offending the veterans. As a result, Croatia is in a state of paralysis due to the inability of the state to take responsibility and aggressive action to manage its current economic situation.

Pupavac concluded that the state's weak sense of responsibility and inability to foresee the consequences of adopting psychosocial programmes have contributed to Croatia's current economic problems. By allowing veterans to legitimize their claims of PTSD under the broad policy of moving towards a therapeutic state, the Croatian government has been spending in excess of its national budget on veteran's pension without properly contemplating its consequences. Thus, the problem of Croatia as a therapeutic state lies in the organization of political ideas around people's emotions instead of reality.

Question and Answer

A participant asked about the specific contents of the counselling programme offered to children in Northern Ireland and how the programme was conceived. The speaker answered that the counselling programmes comprised music, drama and psychodynamic therapies. These programmes are offered neither as a result of pre-counselling evaluations nor are they based on a child's individual needs and requirements. Instead, counselling is provided to anyone who qualifies to participate in the programmes.

In response, the participant argued that: (i) a treatment should not be applied without prior diagnosis; and (ii) an intervention should be explicit with its contents so that lessons about that particular situation can be learnt

regardless of its consequences. Another participant queried whether there are other countries that are experiencing similar post-war problems like Croatia. The speaker replied that any country is likely to face social and economic problems if more money is given to pensioners or to those who are not working.

One participant questioned whether counselling was provided as states wanted to avoid being sued and being seen as not concerned about people's health. It was also opined that states that easily adopt a foreign ethos such as PTSD and do not prioritize their spending based on actual budget limits and national needs, are signs of a failing rather than a therapeutic state. The speaker agreed that in a peace process, promoting resilience as a default should be the most efficient and economical method for the government. Another speaker added that politics and efforts that aim to promote the self-esteem of people may well be unrelated to actual performance and consequences. Hence, there was consensus over the view that governmental spending on public health could well be an advertisement to promote the message that, in the absence of more positive strategies for the future, it nevertheless cares for its people.

Panel 2:

Education

Chong Wan Har co-delivering a case study on Singapore's approach to Affective Education and Social-Emotional Learning.

Lee Boon Ooi co-delivering a case study on Singapore's approach to Affective Education and Social-Emotional Learning.

Psychology, Therapeutic Beliefs and Psychiatric Diagnosis in Singapore Schools

By examining some of the educational practices in (i) affective education and (ii) secondary and tertiary interventions in Singapore schools, **Chong Wan Har** and **Lee Boon Ooi** argued that they are largely based on belief systems derived from Western psychotherapy, counselling and psychiatry.

With regard to affective education in Singapore, they noted the social-emotional learning (SEL) framework that underpins the formulation of school affective programmes is premised on two objectives. Firstly, SEL emphasizes recognition and management of one's emotions and that of others to enable individuals to make responsible decisions. Secondly, it is believed that direct intervention in the psychological and emotional determinants of learning is a potentially effective way of reforming education. SEL principles are implemented in Singapore schools through its infusion into the academic curriculum, instructional processes, school disciplinary and behavioural management practices, non-academic activities and other informal platforms.

As for secondary and tertiary interventions, it was postulated that primary preventive programmes alone were unable to respond effectively to students with emerging problems or established patterns of maladaptive behaviours. This has resulted in the implementation of programmes for the academically "at-risk" students in the form of learning support programmes in literacy and numeracy; teaching and learning support for special needs students to integrate them into mainstream schools; counselling for those

experiencing psychosocial difficulties; and secondary interventions on school bullying, conflict and stress management as well as peer mediation. However, Chong and Lee argued that unlike the Western models, there is a stronger emphasis in Singapore on the prioritization of family and community values reflective of "Asian values" that teach self-restraint, self-discipline and social responsibility above personal fulfilment and needs.

Chong and Lee highlighted some of the limitations of the SEL by questioning the reliability of psychiatric symptoms as objective indicators of student emotional well-being. Firstly, due to the cultural bias of such assessment, Asian students who are unable to identify, recognize or express their emotions may not be lacking in emotional competency but merely have other preferred modes of emotional expression such as emotional suppression or somatization. Secondly, there may also be problems relating to labelling effects such as self-fulfilling prophecies and social stigmas. Individuals could also abuse the "labels" by selectively choosing to emphasize problems over adaptive functioning.

In conclusion, while psychiatric diagnosis may provide school counsellors and teachers a convenient framework to organize information and make sense of student distress, they should be cautioned against categorically treating such an approach as objective indication of patho-physiology and real diseases.

Therapeutic Education – UK Perspective

Kathryn Ecclestone sharing with the workshop participants the key lessons learnt from the British education sector's experience with Therapy Culture.

Kathryn Ecclestone delivered a presentation on how therapy culture has gradually caught hold of British society, specifically the education sector. Ecclestone stated that British society is increasingly acknowledging and focusing more on the importance of the emotional well-being of its people.

It was stressed that culture becomes "therapeutic" when principles, claims, and practices from counselling, psychoanalysis, different branches of therapy, and positive psychology expand into people's daily lives. In this context, she argued that contemporary therapeutic orthodoxies (e.g. we all have "esteem issues" and we are all emotionally vulnerable to a certain extent) are not only more prevalent, but they also encompass expanding categories of emotional needs and define vulnerability for a wider population. This strongly contrasts with the traditional view that only a minority with psychological disorder needs therapeutic intervention.

Ecclestone identified two underlying causes of the rise of therapy culture—the government and the individual. She argued that the British government's increasing concern over emotional well-being, coupled with the rising prevalence of a "diminished view" of the human subject, does not only provide justification for intervention but also regards most forms of human experience as sources of emotional distress. It was also added that this view sees people as always experiencing some level of emotional distress and thus requiring help to ensure their emotional well-being.

Therapy culture is promoted through generic and specialist interventions. Generic intervention focuses on the emotional aspects of life and learning and places less emphasis on traditional academic performance. It is presumed that children could avoid suffering from emotional distress if they were taught to act out their fears and anxieties. Ecclestone highlighted that in the U.K.'s case, despite a growing number of charities and organizations that offer different types of specialist interventions for society, the number of students who openly state that they are suffering either from low self-esteem or emotional difficulties are rising rather than decreasing. There is thus discord in the intended objectives of therapeutic interventions, i.e. to prevent emotional distress, and the rate at which students are experiencing self reported self-esteem related and emotional problems.

That said, different concerns and limitations do exist when establishing therapy culture. Firstly, the definition

of emotional well-being, the true purpose of education and the role of state intervention are still highly contested. Secondly, there are few evaluations or assessments that study and measure the impact of therapeutic education. Thirdly, interventions differ significantly in their contents and their underlying view of human fragility. Finally, it is difficult to find out how much of the "diminished view" of human beings is valid. Ecclestone concluded that therapy culture is a relatively new phenomenon and therefore, it is important for people to constantly pose questions about the validity and effectiveness of therapeutic intervention.

Question and Answer

The first key issue that was raised during the discussion concerned the caricature of Western societies as broken families. This idea works on the assumption that liberalism and inividualism are cultures that do not promote cohesion or collectivism as effectively as "Asian values". Specifically, it was pointed out that a society that embraces liberalism may also be pro-family and pro-community. In response, a speaker clarified that while Western and Asian societies both value the rights and needs of individuals and communities, Asian cultures place a greater emphasis on maintaining familial hierarchy and putting the needs of society above the self than most Western cultures. Another speaker added that the state promotion of a stable traditional nuclear family unit in Singapore is also politically motivated, especially to promote self-reliance as an alternative to a welfare state.

The second key issue that was raised pertained to whether there was a need to shift the emphasis on the hard sciences in Singapore education to SEL in view of how the former has served Singapore well. Several participants opined that while on the one hand, educational policies in Singapore are tailored to address the economic challenges facing the country, on the other hand, there was a realization in the later years that the nation's potential is limited by the lack of emphasis on affective education. For instance, the lack of capacity to deal with their emotional problems may have a negative impact on the academic performances of students. Hence there is a presumption by the state that the efficacy of Singaporeans could be improved if they were able to better manage their emotional needs.

A third key issue that was debated related to concerns of possible abuse of therapeutic programmes by diagnosed student. For instance, it was pointed out that in the U.S., it is not uncommon for students to get diagnosed with ADHD (Attention Deficit Hyperactivity Disorder) just so to attain special privileges (e.g. extra examination completion time). The difficulty in setting apart students with genuine special needs from those pretending to suffer from them was noted as a limitation in practice.

The fourth key issue that was highlighted centred on the evaluation of such school-level intervention programmes. A speaker noted that while many claims have been made in favour of psychiatric interventions, there has been very little evaluation of its effectiveness in practice. Another speaker added that there is a stronger focus on diagnosing symptoms rather than teaching students to adapt to or transcend their condition.

In conclusion, the panel generally agreed that psychiatric evaluation can provide a useful framework for developing emotionally stable youths in certain instances, but there needs to be greater awareness and acknowledgement by practitioners of its limitations to minimize abuse by those seeking treatment and misuse by the authorities.

Panel 3:

Impact on Institutions (I): Judicial and Employment

Problem Solving Courts and Therapeutic Justice: A Comparative Perspective

James Nolan elaborating on the "Problem Solving Court" concept and the changes it has brought about to the U.S. judicial system.

James Nolan based his presentation on his research on developments in the criminal justice system, specifically the growth of the "Problem Solving Court" movement internationally. Problem solving courts are innovative courts that originated in the American criminal justice system and have since been transplanted into a number of countries around the world. The movement is 20 years old with the first problem solving court taking the form of a drug court in 1989 and established in Miami, Florida. There are now more than 3000 problem solving courts covering issues ranging from mental health, community courts, homeless courts and prostitution.

There are five discernable features associated with these courts. They include: (i) close and ongoing judicial monitoring; (ii) a multi-disciplinary or team approach to helping the "client"; (iii) the growth of therapeutic or treatment orientation of the courts alongside therapeutic jurisprudence; (iv) the alteration of the traditional roles of the judicial system; and (v) an emphasis on problem solving and not adjudication.

Problem solving courts have not remained a U.S.-only phenomenon, but rather they have been adopted by a number of countries including England, Scotland, Ireland, Australia and Canada. While the problem solving court phenomenon was borrowed from the U.S., the adopting countries understood from the outset that the problem solving court model had distinct American characteristics and had attempted to customize the model to suit local judiciary systems.

The American courts could be characterized by boldness, enthusiasm, and pragmatism. On the other hand, the problem solving courts found in other countries could be characterized in terms of moderation, deliberation, and restraint. Judges in the U.S. viewed themselves as the rule makers. The U.S. problem solving courts were surrounded with a great deal of enthusiasm, with many viewing them as a panacea, and referring to the courts in almost religious terms. The characterization that the problem solving courts were pragmatic stem from judges, who argued that the traditional approach to these problems was not working, and that they needed something that worked.

The other countries problem solving courts moderation was evidenced in their being toned down and less theatrical in comparison with the U.S. courts. Deliberation was seen in the fact that these courts were born out of legislation, unlike their American counterparts which were started by the judges themselves. The characterization of restraint in the courts outside the U.S. was seen in the structural and interpretive restraint exercised by the judges. The differences stemmed from the understandings of the legitimacy placed on problem solving courts. For instance, in the U.S., problem solving courts were viewed as an opportunity to restore confidence in the court system. In the other adopting countries, the legitimacy of courts was sustained by maintaining traditions of the courts.

Nolan concluded by emphasizing the need for an awareness of the cultural context out of which the concept of therapeutic courts was borne. Countries that decide to borrow the concept should be aware that it is not possible to detach it from its cultural underpinnings entirely.

Employment Law

Vanessa Pupavac highlighting the impact of therapy culture on work ethics and human resource management.

Vanessa Pupavac's presentation centred on the effects of therapy culture discourses on employment relations. She began by highlighting the shift in employment relations from that of industrial relations, which was predominant for the past 20 to 30 years, to one of interpersonal relations in recent times. Touching on the fact that Britain today has lost more workdays due to stress-related sickness than to strikes, she explained that this is the result of the move away from an emphasis on industrial injuries to psychological ailments. She noted for instance that in the U.K., 40 percent of visits to general practitioners now are for the treatment of unhappiness, depression and other psychological problems.

Accordingly, the watershed period heralding this change in terms of the "sick role" displacing the "strike role" occurred during the mid 1980s. This marked the end of the working class collective movement, replaced by claims of individual victims. Legal development in areas such as tort and consumer law fed into this shift, especially a greater recognition of psychological claims such as nervous shock. For employers, this translates to an expanded role for the human resources department into the micro-management of relations in the workplace involving not only the normal duties of goal setting, targets and annual reviews but also the management and mediation of relations in the workplace.

Another aspect of this shift can be seen in the increasing dependency of managers on expert advice. This is a risk-management style of decision making with an over-reliance on experts. In relation to this, there is also an increase in defensive practices in the workplace, which leads to the growth of unproductive labour and an increasing number of workdays lost to the therapeutic management of such matters.

Pupavac noted that such changes have resulted in the psychologizing of employment relations with normal workplace issues now having to involve psychological assessments. For example, it is now a cultural norm for anyone threatened with disciplinary action to seek professional therapeutic help as part of their defence action. She also noted that employers may now be more reluctant to take disciplinary actions against employees, fearing a psychological injury claim and increases in leave taken for stress-related illnesses can prove to be habit-forming within the workplace.

Pupavac observed that counselling and forms of therapeutic mediation were in danger of being embedded in the workplace. In terms of how this culture is set to expand, questions should be raised as to what would happen to future employment relations among a generation of children who have been through an education system focused around self-esteem and their subjective well-being. A further issue arising from this involves the extent to which a therapeutic understanding of employment relations is starting to inform how policymakers understand issues of the country's economy and economic crises management. As for Britain's economic policies, there appears to be very little discussion on issues such as production capacity, energy and transport infrastructure. Instead, there seems to be a psychologizing of economic problems. She concluded by noting that cognizance should be taken of the fact that such a preoccupation with a micro point of view threatens to leave unanswered the macro side of existing problems.

Question and Answer

A participant commented that there is now a crisis in Britain in which not enough attention is paid to actual cases of need. It was also stated that those with severe psychological needs are often marginalized and not attended to.

With regard to the role of activist judges in the U.S., a participant elaborated on the fact that judges have had to take on cases involving societal problems because of the failure of institutions in dealing with them. It was also added that policymakers have backed the presence of such courts, but the innovative direction has been from the grassroots level.

A participant highlighted the differences in responses and attitude towards taking sick leave in societies. In the Singapore context, the opportunity cost of taking sick leave can potentially be the loss of income and reputation. In such situations, although faced with problems at work, employees often learn to adapt, which is a sign of resilience in dealing with such situations.

Panel 4:

Impact on Institutions (II): Social and Public Aid

Katie Wright speaking on the impact of therapy culture on social justice and the Australian government's management of local grievances.

Social Justice and the Therapeutic Ethic

Katie Wright explored in her presentation the complex nature of therapy culture, with an emphasis on the contradictory nature of its broad cultural effects. While it might be regarded as a form of emotional tyranny, therapy culture has also been viewed positively as having enabled the recognition of various forms of suffering inflicted on and endured by the less powerful in society.

Of interest is the effect of therapy culture on the area of social justice and how therapy culture has empowered individuals and groups that historically did not have a public voice. According to Wright, therapy culture has not only created a discursive space in furnishing a language and legitimacy to claims of oppression, abuse and violence, it has also provided a forum to challenge mainstream authority, particularly abusive forms of authority. Quoting American sociologist Philip Reiff's identification of the growing significance of the psychological and therapeutic worldview as a major threat to religion and authority, Wright gives the example of the 2006 decision by the Australian government to fund chaplains in state schools as an illustration of the tension between the therapeutic and institutionalized religion.

In referring to the multidimensionality of the therapy culture, Wright stresses that while there has been condemnation of its role as one that privileges self-esteem and self-reflection, there is also the side that has also provided a morally grounded political challenge to abusive forms of authority. Defining therapeutic ethics as a set of moral principles that guide conduct, she noted that there had been a new set of concerns underwritten by this ethos that had given a language and legitimacy to experiences of suffering that had previously been ignored or covered up. In effect, therapeutic ethics aligned with a social justice agenda have acted to bring new concerns into the public domain, primarily benefitting groups that have previously been marginalized.

This social justice agenda has resulted in the increasing willingness of societies and governments to examine the darker side of their national past and bring to light issues

that were previously not subjected to public scrutiny or discussion. Describing this as the possible rise of a new kind of international morality, Wright reiterated that this has enabled the recognition of forms of suffering that were institutionalized, systemic and avoidable. She proceeded to illustrate her observations with reference to examples from Australia involving institutional abuses suffered by children. Documented by three official reports, these were the culmination of a movement that has been ongoing for the past decade, which underscored the official recognition of abuse in state institutions.

The three reports documented the effects of past laws, practices and policies in relation to child migration schemes, children in institutional care and the forced removal of indigenous children from their families and communities. While acknowledging that there were positive outcomes for some cases, the reports overwhelmingly highlighted cases of abuse and neglect caused to children in the hands of the authorities. This culminated into a formal apology that was issued by the Australian Federal Government in February 2008, which was broadcasted nationally. Wright sees this as an under-recognized contribution of the therapy culture in addressing the issue of past wrongs and in forcing the government to take seriously the welfare of those to whom they have a duty of care.

In conclusion, Wright reiterated that care needs to be taken in order not to overlook the benefits of therapy culture to those who find themselves in a culture that shifts from repression to expression.

Social Work and Policies

Alison Eves presenting the consequences that a broad application of risk and vulnerability concepts has on social policies.

Alison Eves spoke on the implications that a broad application of risk and vulnerability concepts has on social work and policies. In the U.K.'s context, an "expanded definition" of the "at-risk" or "vulnerable" adult has increased the amount of people seemingly in need of state protection and therapeutic intervention. A general approach as such "pathologizes" the healthy and does not address the needs of those who truly require help. This also affects the way identity is constructed for or attributed to individuals in social policies. It constitutes a form of subject positioning and social exclusion where a person's autonomy and ability to make decisions are undermined.

The growth in the influence of therapeutic discourses on social policies and legislation can be traced to changes in the perceived characteristics of the welfare state. Wherein the state is traditionally thought of as a service provider, it has increasingly taken on the role of a "service regulator". This conforms to Anthony Gidden's theory on "reflexive modernity" where emphasis is on "life politics" and the equipping of citizens with skills necessary to overcome risks and life challenges. Eves noted, however, that the focus on "individual responsibility" often presumes that "people are vulnerable to the psychological effect of social exclusion". This view projects and supports an identity that is centred on the notion of weakness, and as a policy component, gives rise to a negative narrative of the future. The creation of the "vulnerable adult" could also be interpreted as an attempt by the state to shape and manage the population through the regulation of social norms.

The Safeguarding Vulnerable Groups Act (U.K., 2006) for example defines vulnerable adults as:

"Any person who is or may be in need of community care services by reason of mental or other disability, age or illness and who is, may be, unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation."

In Eves' opinion, the Act serves as a case in point that the greater concern of the New Labour administrative is over risk-vulnerability and that defining vulnerability is fraught with difficulties. In particular, it speaks of vulnerability as both an inherent and situational trait. Eves agreed that protection has to be offered to people, who due to illness and old age, could not defend themselves adequately. However, it should not be at the expense of interfering with their decision-making rights. In the case of "situational vulnerability", it is often assumed that anyone who has been exposed to harm requires safeguarding as well. It offers people a diminished view of their capabilities to cope and strengthens the grounds for state intervention. This runs the risk of diverting aid or assistance away from people who are genuinely vulnerable and need help.

All in all, Eves concluded that social policy discourses under the current New Labour law have created a position of subjection, i.e. the vulnerable adult. It has also widened the definition of vulnerability. As such, it has resulted in policies that treat a healthy majority as weak and vulnerability as a permanent condition requiring regular state interventions.

Question and Answer

A member of the audience asked if public or national repentance could happen independently and without any therapeutic influence. It was added that public awareness of incidences of injustice could well be a return to "old moral values". The panellist replied that "therapy culture" has instead lent voices to previously abused or victimized communities. Therapeutic interventions have provided individuals with several avenues to seek redress over past grievances. These cases of injustice would probably not be a part of public discourses had it not been for therapeutic initiatives that challenged existing authoritative structures.

A participant opined that therapeutic theories alone could not have led to self-revolution. A combination of factors such as historical and cultural norms and beliefs would have played influencing roles as well. It was added that the lack of interaction between science and religion could result in extreme outcomes. While science without the influence of religion is probably a "cold and unfeeling" subject, a pure focus on religion is likely to breed superstition.

Another participant thus queried if any value should be given to normative claims to therapeutic assistance. This is based on the assumption that the process of determining who is vulnerable is unlikely to be free from judgments and political interest. Indeed, in cases where there are competing requests, it will be difficult to gauge accurately who truly needs help and who is "more abused and oppressed". A panellist agreed that this remains a challenge for social service providers and often the decision is based on resource availability.

Workshop Programme

Sunday 4th October 2009

1700–1900hrs **Arrival of Invited Foreign Participants and Speakers**
Venue : Marina Mandarin Hotel

1900–2100 hrs Speakers Welcome Reception (By invitation only)
Venue : Peach Blossoms Restaurant (Level 5)
Attire : Smart Casual (Long-sleeve shirt without tie)

Monday 5th October 2009

0800–0930hrs **Registration**

0930–1000hrs ***Opening Remarks***
Bill Durodié,
Senior Fellow & Co-ordinator Homeland Defence Research Programme, Centre of Excellence for National Security, S. Rajaratnam School of International Studies, Nanyang Technological University, Singapore
Venue : Vanda Ballroom (Level 5)
Attire : Smart Casual (Long-sleeve shirt without tie)

THEME 1 — CONFLICT
Venue : Vanda Ballroom (Level 5)
Attire : Smart Casual (Long-sleeve shirt without tie)
Chairperson : **Bill Durodié,**
Senior Fellow & Co-ordinator Homeland Defence Research Programme, Centre of Excellence for National Security, S. Rajaratnam School of International Studies, Nanyang Technological University, Singapore

1000–1040hrs Speaker : "Resilience is the Default – How Not to Miss It"
Arieh Shalev, Hadassah University Hospital, Israel

1040–1100hrs **Question & Answer**

1100–1130hrs Coffee & Tea Break

1130–1200hrs "The Northern Ireland Peace Process"
Chris Gilligan, University of the West of Scotland, UK

1230–1300hrs **Question & Answer**

1300–1415hrs Lunch
Venue : **Pisces & Aquarius Ballroom** (Level 1)

THEME 2 — EDUCATION
Venue : Vanda Ballroom (Level 5)
Attire : Smart Casual (Long-sleeve shirt without tie)

	Chairperson	: **Bill Durodié,** Senior Fellow & Co-ordinator Homeland Defence Research Programme, Centre of Excellence for National Security, S. Rajaratnam School of International Studies, Nanyang Technological University, Singapore
1415–1500hrs	Speaker	: "Psychology, Therapeutic Beliefs, and Psychiatric Diagnosis in Singapore Schools" **Lee Boon Ooi** and **Chong Wan Har,** National Institute of Education, Singapore
1500–1545hrs		"Therapeutic Education" **Kathryn Ecclestone**, University of Birmingham, UK
1545–1630hrs	**Question & Answer**	
1630–1700hrs	Coffee & Tea Break	
1300–1415hrs	Conference Dinner	
	Venue	: **Aquamarine** (Level 4)
	Attire	: Smart Casual (Long-sleeve shirt without tie)

Tuesday 6th October 2009

0800–0930hrs	**Registration**	
	THEME 3 — INSTITUTIONS	
	Venue	: Vanda Ballroom (Level 5)
	Attire	: Smart Casual (Long-sleeve shirt without tie)
	Chairperson	: **Bill Durodié,** Senior Fellow & Co-ordinator Homeland Defence Research Programme, Centre of Excellence for National Security, S. Rajaratnam School of International Studies, Nanyang Technological University, Singapore
0930–1010hrs	Speaker	: "Problem-Solving Courts and Therapeutic Justice: A Comparative Perspective" **James Nolan**, Williams College, USA
1010–1050hrs	"Employment Law" **Vanessa Pupavac**, University of Nottingham, UK	
1050–1120hrs	**Question & Answer**	
1120–1200hrs	"Social Justice" **Katie Wright**, University of Melbourne, Australia	
1200–1240hrs	"Social Work" **Alison Eves,** University of Manchester Metropolitan University	
1240–1310hrs	**Questions & Answer**	
1310–142540hrs	Lunch	
	Venue	: **Pisces & Aquarius Ballroom** (Level 1)

About CENS

The Centre of Excellence for National Security (CENS) is a research unit of the S. Rajaratnam School of International Studies (RSIS) at Nanyang Technological University, Singapore. Established on 1 April 2006, CENS is devoted to rigorous policy-relevant analysis of a range of national security issues. The CENS team is multinational in composition, comprising both Singaporean and foreign analysts who are specialists in various aspects of national and homeland security affairs.

Why CENS?

In August 2004 the Strategic Framework for National Security outlined the key structures, security measures and capability development programmes that would help Singapore deal with transnational terrorism in the near and long term.

However, strategizing national security policies requires greater research and understanding of the evolving security landscape. This is why CENS was established to increase the intellectual capital invested in strategizing national security. To this end, CENS works closely with not just other RSIS research programmes, but also national security agencies such as the National Security Coordination Secretariat within the Prime Minister's Office.

What Research Does CENS Do?

CENS aspires to be an international research leader in the multi-disciplinary study of the concept of Resilience in all its aspects, and in the policy-relevant application of such research in order to promote Security within and beyond Singapore.

To this end, CENS conducts research in four main domains:

Radicalization Studies

- The multi-disciplinary study of the indicators and causes of violent radicalization, the promotion of community immunity to extremist ideas and best practices in individual rehabilitation. The assumption being that neutralizing violent radicalism presupposes individual and community resilience.

Social Resilience

- The systematic study of the sources of - and ways of promoting - the capacity of globalized, multicultural societies to hold together in the face of systemic shocks such as diseases and terrorist strikes.

Homeland Defence

- A broad domain encompassing risk perception, management and communication; and the study of best practices in societal engagement, dialogue and strategic communication in crises. The underlying theme is psychological resilience, as both a response and antidote to, societal stresses and perceptions of vulnerability.

Futures Studies

- The study of various theoretical and conceptual approaches to the systematic and rigorous study of emerging threats, as well as global trends and opportunities – on the assumption that Resilience also encompasses robust visions of the future.

How Does CENS Help Influence National Security Policy?

Through policy-oriented analytical commentaries and other research output directed at the national security policy community in Singapore and beyond, CENS staff members promote greater awareness of emerging threats as well as global best practices in responding to those threats. In addition, CENS organizes courses, seminars and workshops for local and foreign national security officials to facilitate networking and exposure to leading-edge thinking on the prevention of, and response to, national and homeland security threats.

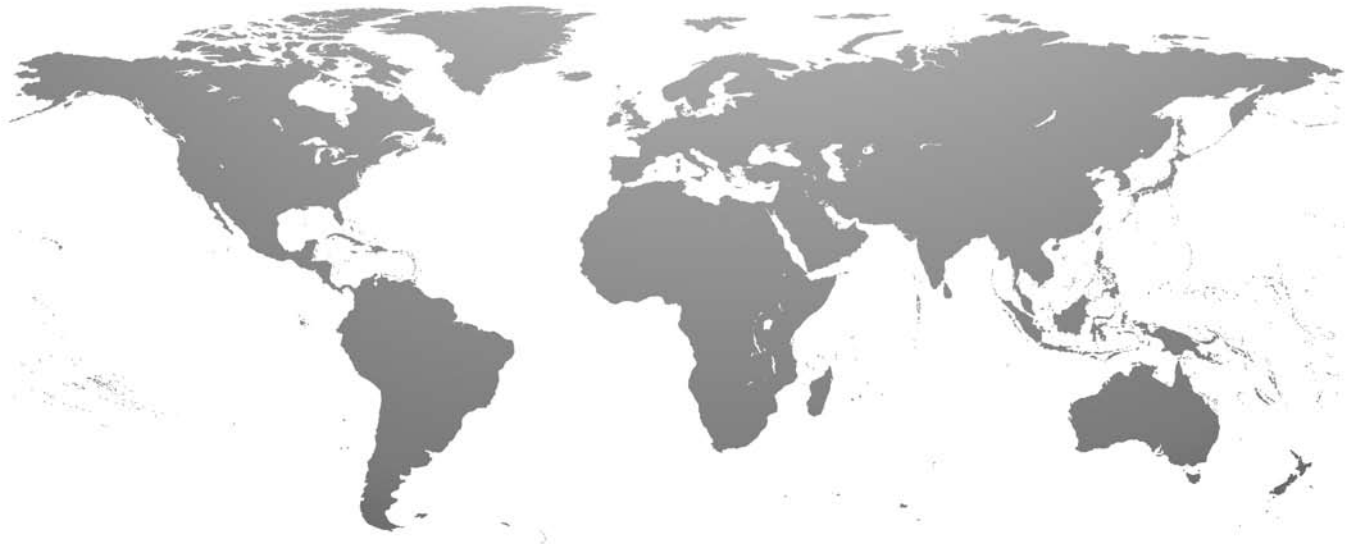
How Does CENS Help Raise Public Awareness of National Security Issues?

To educate the wider public, CENS staff members regularly author articles in a number of security and intelligence-related publications, as well as write op-ed analyses in leading newspapers. Radio and television interviews have allowed CENS staff to participate in and shape the public debate on critical issues such as radicalization and counter-terrorism, multiculturalism and social resilience, as well as the perception, management and mitigation of risk.

How Does CENS Keep Abreast of Cutting Edge National Security Research?

The lean organizational structure of CENS permits a constant and regular influx of Visiting Fellows of international calibre through the Distinguished CENS Visitors Programme. This enables CENS to keep abreast of cutting edge global trends in national security research.

For More on CENS
Log on to **http://www.rsis.edu.sg** and follow the links to "Centre of Excellence for National Security



About NSCS

The National Security Coordination Secretariat (NSCS) was set up in the Prime Minister's Office in Jul 2004 to facilitate national security policy coordination from a Whole-Of-Government perspective. NSCS reports to the Prime Minister through the Coordinating Minister for National Security (CMNS). The current CMNS is the Deputy Prime Minister Professor S. Jayakumar, who is also Minister for Law.

NSCS is headed by Permanent Secretary (National Security and Intelligence Coordination). The current PS(NSIC) is Mr Peter Ho, who is concurrently Head of Civil Service and Permanent Secretary for Foreign Affairs.

NSCS provides support to the ministerial-level Security Policy Review Committee (SPRC) and Senior official-level National Security Coordination Committee (NSCCom) and Intelligence Coordinating Committee (ICC). It organises and manages national security programmes, one example being the Asia-Pacific Programme for National Security Officers. NSCS also funds experimental, research or start-up projects that contribute to our national security.

NSCS is made up of two components: the National Security Coordination Centre (NSCC) and the Joint Counter-Terrorism Centre (JCTC). Each centre is headed by a director.

NSCC performs three vital roles in Singapore's national security: national security planning, policy coordination, and anticipating strategic threats. As a coordinating body, NSCC ensures that government agencies complement each other, and do not duplicate or perform competing tasks.

JCTC is a strategic analysis unit that compiles a holistic picture of terrorist threat. It studies the levels of preparedness in areas such as maritime terrorism and chemical, biological and radiological terrorist threats. It also maps out the consequences should an attack in that domain take place.

More information on NSCS can be found at **www.nscs.gov.sg**

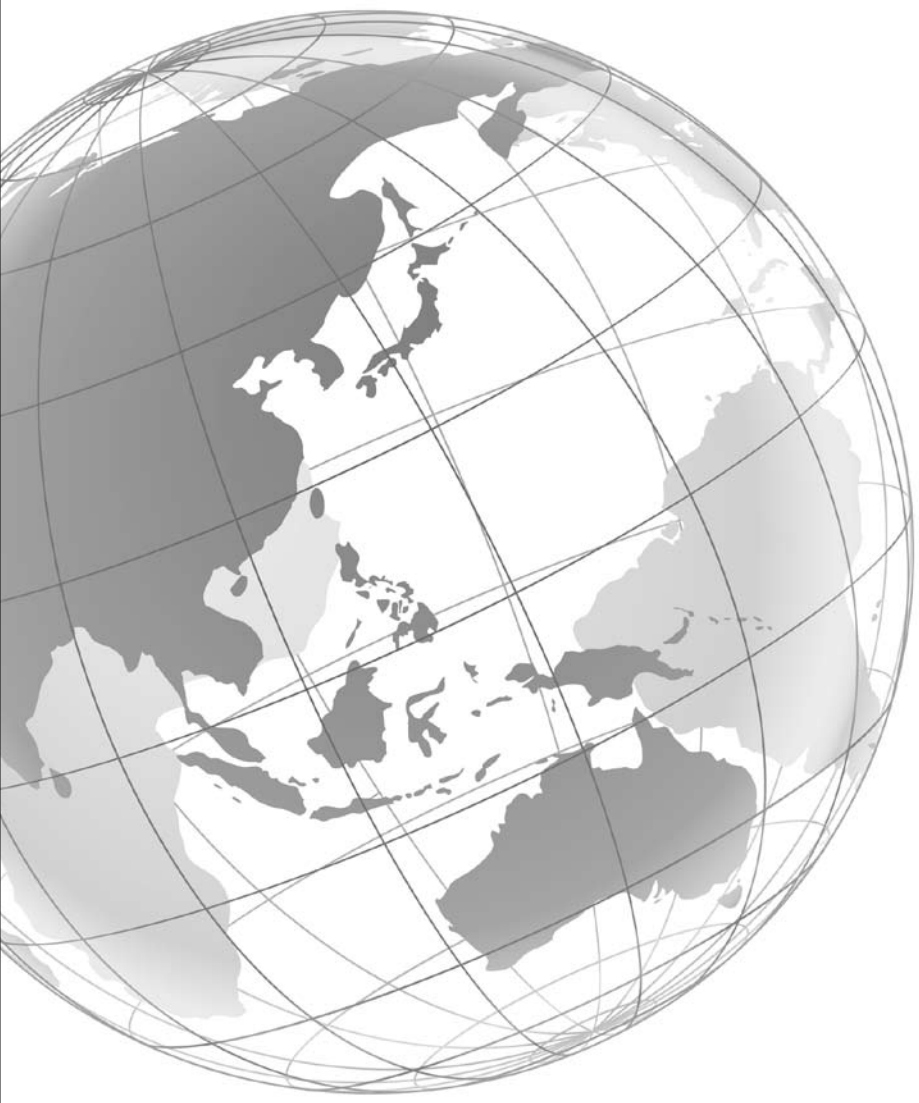
About the S.Rajaratnam School of International Studies

The **S. Rajaratnam School of International Studies (RSIS)** was officially inaugurated on 1 January 2007. Before that, it was known as the Institute of Defence and Strategic Studies (IDSS), which was established ten years earlier on 30 July 1996. Like its predecessor, **RSIS** was established as an autonomous entity within Nanyang Technological University (NTU).

The School exists to develop a community of scholars and policy analysts at the forefront of Asia-Pacific security studies and international affairs. Its three core functions are research, graduate teaching and networking activities in the Asia-Pacific region. It produces cutting-edge security related research in Asia-Pacific Security, Conflict and Non-Traditional Security, International Political Economy, and Country and Area Studies.

The School's activities are aimed at assisting policymakers to develop comprehensive approaches to strategic thinking on issues related to security and stability in the Asia-Pacific and their implications for Singapore.

For more information about RSIS, please visit **www.rsis.edu.sg**



S. RAJARATNAM SCHOOL OF INTERNATIONAL STUDIES

A Graduate School of Nanyang Technological University

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