

Psychology and the Public Good: Reflections on the Economics of Relationships in Mental Health Treatments

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The good we hold is knowledge and caring. The good we can do is share it.

WHAT IS "PUBLIC GOOD"? In the realm of economics it is something provided for all to all. The 'good' in the term however lacks semantic, if not pragmatic, clarity. Does 'good' here function as a noun, an adjective ... perhaps an adverb? Grammatical status here is more than mere scholastic pondering, as it directly reflects on the meaning of 'good'. Simply put, is 'public good' *good*?

Browsing through economic texts, clarity does come through and rather strongly: Noun it is! In pure economic terms (pun intended), public good has no positive social inference whatsoever, rather 'good' (as in product or service) is for public benefit not out of 'goodness' but rather because the use, or distribution of said 'good', cannot be controlled for profit. A key point, or differentiating factor, paraphrased throughout multiple descriptions and sources, is: *the cost of restricting use, or otherwise denying use or pleasure derived from the consumption of said 'public good' is higher than the cost of providing use to all*. A second factor is that the provider of said 'good' must trust, or rather calculate, that the means by which one (or a business) collects monetarily for use by some, will support the 'free loading' of others. A rather universal example appears to be that of a fireworks show wherein those inside a gate pay to watch, while those outside a specific calculated parameter do not, hence referred to negatively as 'freeloaders'.

Moving to politics, the term keeps much of its economic negative tone but the implication of 'good' starts to shift slightly to adjectival or adverbial status. Public good here includes such things as free k-12 schooling, certain aspects of medical care, police protection, social safety nets and public works (think access to safe drinking water)—all arguably positive in most of our eyes.

But the status of the term teeters tentatively between positive and negative and sometimes altruistic meaning (implying the need for sacrifice for the good of all). That said, for one to both access and partake, or otherwise consume of public good(s), most of us must pay in some form or other, usually through the purchase or usage of another product. Take for example a home or taxes. By circumstance, however, some, be they individuals or populations, 'use' (or access) more product or good than others—say police services in the downtown Eastside of Vancouver, higher draws on water reserves to furbish lush gardens more common in wealthier neighbourhoods, or the medical services needed for care in chronic disease or illness (e.g., cancer), which is arguably blind to socioeconomic status (SES).

Bottom line, some of us by default, will pay more or use more of various forms of public good than others. An argument mostly resolved in the semi-socialized democratic status of the politics of our fair country of Canada, but of constant debate, if not conflict, in the land of our neighbours to the south, also known as, the USA.

So what of the role of psychology?

As mental healthcare practitioners, or otherwise purveyors of wellness, I think that it is critical that the profession of psychology shed the negative influence (including the negative language) of business and economics and fly our red and white maple leaf flag high! Continuing with the analogy of the fireworks example, we must counter discussions of definitions or circumstance of what constitutes a 'freeloader' with the knowledge that no one can, or should claim to 'own' our consumption, enjoyment, or need of the sky. We must also take lessons from our social psychology experiments, e.g., ethical common good games wherein rather unilaterally, when players think of common rather than self-interest, all benefit—a finding lost in the current world politics (but I digress). Lastly, and perhaps most efficacious in argument, I believe we must mirror back to business their own definition as paraphrased above: *the cost of restricting use, or otherwise denying use of public good is higher than the cost of providing use to all.*

Surely we too must calculate costs of investments, be they time, education, etcetera. We also must continue discussions or debate on the implications of coverage of psychological services under said public good. For example, should psychological services be covered under MSP? Both the 'yea' and 'nay' sides have valid points. Without doubt, distribution of access to psychological services would be of great benefit to the 'public'. But the 'good' many rightly argue, would be greatly reduced with time, service, and monetary limitations that undoubtedly would come with legislation. (All one has to do is chat with a family MD to have a full understanding of the conundrum). Politicians should also look at the broader economics, or circumstance, of why we have a shortage of family MDs despite our medical schools being full to capacity. Next, politicians can calculate the human cost of working longer and harder under imposed restrictions versus working well for all.

Part of the working well, I professionally believe, is chronology. That is, deciding when psychological services should be public good. As things stand today (apart from school psychologists), free psychological services often kick in at the lowest denominator of urgent need, for example,

when in suicidal crisis in an emergency ward of a local hospital. Speaking both from a humanistic and an economic perspective, would it not be better to consider supporting this individual earlier in the cycle when they are feeling but 'a little down'? Arguably the cost of crisis care far exceeds the cost of universal check-ins, early intervention and maintenance care. Here goodness and humane practice just might be less expensive in the long run.

However, for now, the politics of unequal economics do fully apply. Some of us can, and do, visit a mental health care professional to just check things out, long before a crisis blooms, while others do not or cannot.

Enter politics and expectations, or social value(s) and expectations, within the Canadian system. A rather vocal and somewhat controversial Vancouver talk show host in the 1990's (David Ingram, since deceased) would often go on intentional rants to 'wake us all up' from our attitudes of Canadian privilege. He would attack our positions of social or human value versus material value. He was critical of middle class parents who would not think twice about spending \$500.00 per month on a car payment for five years, but balk at spending the same per month for a six-month period to tend to their child's mental health. He had a point. But before we potentially go on a tangential or otherwise misdirected tangent ourselves, we must also look at the source of this public attitude. I argue strongly that it is not from lack of care, or love of one's children, or even of entitlement, but rather of expectations that have been socially set up in Canadian culture. My current impression is that we have a pervasive belief in Canada that because most of health care is without fees, many parents, regardless of SES, do not budget either financially, emotionally, nor conceptually for investment in mental health.

As we can see, the issue upon pondering grows exponentially.

Back to pure economics, a secondary caveat that must be put on the table is the great effort that business often puts into assuming control or appropriation (management for profit) of otherwise public goods. Take radio and television for example (another "good" that is used rather universally). Both were originally free public goods paid for by donation (think knowledge network), government subsidy (think CBC), and/or advertising (think soap commercials). But merely by the possible differentiation of science and technological limitations, one service remained a public good (radio), while the

other (TV) is no longer free. Simply put, science found a way to scramble TV signals permitting for capitalists to restrict distribution for pay; while science to date has 'failed' to discover a means by which to restrict access to radio. Business then can, and does, now take advantage of viewers by doubling down or rather double dipping on advertising as well as subscription and service fees of television (while radio remains a public good).

I am digressing here less than you may think. I bring forward this example to highlight that mental health and the profession of psychology itself is fast approaching, if not now in, such a conundrum. For example, to what extent do we support the pharmaceutical industry or the assessment industry in defining our professional boundaries and thereafter the limits of our knowledge and services as well as their distribution? To what extent do we let business scramble our signals?

Watching the news and media in general, public and political cries now appear loud to support a vast array of prescribed drugs for mental health (the big three being anti-depressants, anti-anxiety medications and drugs that facilitate attention for school children). Should these commodities become public goods with higher priority than the human element that psychological services in all its forms (e.g., psychoanalyses, psychotherapies, counselling, etc.) provide? And, what is the value in supporting restricted, patented, and entirely for-profit goods versus human services?

As one whose primary area of research involves examining the influence of technology on our brains and behavior, a key component I explore in my work is the primarily negative effect of lessened interpersonal or face-to-face and heart-

to-heart social interaction due to increased technological interaction. Specifically, I study the biological and emotional effects (alterations in social, emotional and cognitive development) associated with excessive or otherwise unhealthy applications of screen based technology when it replaces or overrides human interaction. For example, examining the differences inherent in playing on a screen versus playing in a park.

Here, I openly acknowledge that I have a professional bias towards investing in people for people. Pills and screens do not provide the positive human connection that has been empirically found to be a necessary and sufficient factor in psychotherapy and counseling services. I believe there is great value in investing in relationships, including professional relationships, for the collective benefit of all. Here I turn to another definition of public good found online: "An item whose consumption is not decided by the individual consumer but by the society as a whole, and which is financed by taxation". (Businessdictionary.com)

I would like to edit this slightly to: "An item *or service* whose consumption is not decided by the individual consumer *a business, vested interest, or lobbyist*, but by the society as a whole..."

Back to the underlying question of the meaning of psychology and the public good, and my related query: Is 'public good' *good*? I trust, unlike the duplicity of the term in economics, in psychology, the meaning is unilaterally positive. That indeed there is good in public good. In my mind at least, the good we collectively hold is knowledge and caring. The good we can do is apply it, share it, or otherwise distribute it, for the benefit of all. ☺☺

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