

Mental Illness as a Capitalist Disease

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Capitalist societies are plagued by a wave of poor mental health, yet an accurate understanding of its prevalence is uncertain. A significant number of mental health issues are hidden because of underreporting, predicated upon the perception they are not as serious as physical health issues. Additionally, there exists fear of stigma and discrimination if there is admittance of feeling mentally unwell, while there are perceptions of little support if individuals present themselves to health services with a mental health problem. Moreover, questions prevail concerning the reliability of the diagnostic process, with identification of mental illness underpinned by observation of symptoms based upon professional interpretations. Consequently, a detailed understanding of the pervasiveness of mental health issues under capitalism remains elusive. Of the data which is available, however, it is clear that mental illness is a common characteristic of capitalist societies.

Evidence from the World Health Organization estimates 1 in 8 people, globally, experience a mental health problem, with 301 million and 280 million respectively suffering anxiety and depressive disorders.¹ Mental illness constitutes a significant cause of the overall global burden of disease, with depression estimated to be the second leading global cause of disability. Within the advanced capitalist nations themselves, for example, an estimated 1 in 6 individuals, in England, experience a common mental health problem, such as anxiety or depression, each week.² Since the mid-2000s mental health outcomes in Britain have worsened, with suicide rates increasing.³ In the United States, up to 19.8 percent of the population have a mental illness, with rates varying from 16.3 percent in New Jersey to 26.8 percent in Utah.⁴ While the real rate of mental illness is arguably higher in all capitalist nations, the data which is available nonetheless indicates that mental illness is a problematic characteristic of capitalism.

Mental Illness and Biology: A Capitalist Narrative

Under capitalism biological explanations dominate understandings of mental health. Although a framework dating back centuries, the disease model of mental illness in its current form has its origins in the 1970s, fueling the growth of biological psychiatry. It is asserted that mental illness is

influenced by genetics, while prominent mental health problems, such as depression and schizophrenia, are biochemical in nature, the result of neurotransmitters, a position more widely known as the chemical imbalance theory. Reflecting biomedical values, influential interventions are predicated upon medical principles, with drugs argued as essential to rectifying the etiological cause.

Championing a biomedical schema, mental health professionals have done so in search for the same professional status as their physical health counterparts. Mental health professionals, particularly psychiatry, embraced a disease model to assert their professional knowledge base. For Robert Whitaker, a disease model “served psychiatry’s guild interests”⁵ Yet, despite the dominance of a biological framework, it has been seriously contested. “None of the situations we call mental disorders,” Joanne Moncrieff has asserted, “have been convincingly shown to arise from a biological disease.”⁶ Genome research has failed to provide conclusive evidence of any genetic underpinning to mental illness, while there exists a deficiency of substantive research supporting biochemical arguments. Despite the claims of professionals, the biological basis of mental illness must be considered, at best, speculative.⁷

Capitalist Stagnation and Ideology

As the disease model of mental illness initiated its ascendancy in the 1970s, it is no coincidence that this coincided with neoliberal capitalism establishing its hegemonic authority, with an understanding of mental illness as a biological phenomenon reflecting an evolving capitalist context. For Marx, capitalism could be defined by its inherent need for continuing economic growth. “Accumulate, accumulate! That is Moses and the prophets,” Marx proclaimed.⁸ To produce surplus value and compete with rivals, all capitalist enterprises must continually expand, increasing their financial returns after their investment. Yet, advanced capitalism, as reflects the economies of North America, Western Europe, Australia, New Zealand and Japan, since the decline of the post-war boom, has been characterized by stagnation. Opportunities for investment are less than the quantity of investment capital available. Investment subsequently declines and existing output, produced from previous rounds of investment, is underutilized, resulting in the growth of surplus capital, goods, and productive capacity, including labor. The existence of surplus limits the incentive for new investment as the potential to identify demand for future output is considered restricted if that which has already been produced has not been absorbed by the market. Within this context, the recent history of advanced capitalism has been one of gradual stagnation, with capitalist enterprises engaged in an urgent identification of new outlets for investment.

Not immune from a climate of stagnation, commercial medical operations have worked over the last four decades to identify new means of accumulation.⁹ As a method of stimulating economic growth, the disease model of mental illness has been very attractive, with an inherent correspondence between the principles of this model and the commodities of the pharmaceutical industry. As such the industry has actively encouraged the expansion and solidification of this knowledge base. Managing drug trials through funding, and analyzing outcomes, including withholding negative results, the purpose has been to create favorable data supporting the disease model which assists the creation of new markets. Additionally, the industry has influenced how its products are presented, employing industry individuals to write positive reviews and encouraging academics, often using financial incentives, to put their name to this work.¹⁰ Overall, as James Davies proclaims, pharmaceutical corporations have been able “to literally create an evidence base...to legitimise their products.”¹¹ Moreover, the pharmaceutical industry has had influence on regulatory bodies, which has been characterized by a revolving door of personnel between industry and regulator, resulting in a more liberal regulation of the pharmaceutical market.¹²

In a further effort to expand production, the pharmaceutical industry has been at the center of broadening the medical base upon which mental illness is evaluated. During the past forty years medicalization has contributed to increasing the number of psychological experiences identified as problematic, with the threshold for determining whether an individual has mental health issues lowered to capture an expanding number of subjective conditions. As an increasingly narrower definition of “normal” has prevailed, this has stimulated a growing reliance upon drugs to return an individual to a perceived state of normality. Rather than reflecting the growth of objectively existing mental health issues, medicalization reflects the manipulation of knowledge for the purpose of economic growth.

The direct link between the pharmaceutical industry and the expansion of the disease model, significantly reflects the industry’s role in commodifying subjectivity, identifying experiences of the psyche as opportunities for accumulation and attaching a value to them. As such, the construction of a medical narrative to explain an increasing number of subjective experiences for the purpose of enhancing accumulation exemplifies the extent to which capitalism can infuse science. Capitalism provides an instrumental framework within which scientific knowledge is pursued. As Richard Lewontin argues, science is “directed by those forces in the world that have control over money...as a consequence, the dominant social and economic forces in society determine to a large extent what science does and how it does it.”¹³ The biological basis for mental illness, promoted strenuously by the pharmaceutical industry, has been predicated upon capital’s appropriation of scientific knowledge to support commodity production. Yet, just as importantly, science has been utilized for ideological purposes.

Individualizing Mental Illness

With medical science assuming a preeminent framework through which to make sense of mental health, an overwhelming consequence is to construct mental illness as an individual issue. Biology’s dominance acutely reflects neoliberalism’s concern with the self, with both causes and solutions to mental illness centered upon the individual. The growth of the pharmaceutical industry and its output is symbolic of intervention methods which target the individual. Moreover, away from medication, the popularity during the twenty first century of cognitive behavior therapy (CBT), the principles of which are to modify the way individuals think about issues to support their accommodation to their experiences, is yet another illustration of the individualization of mental illness. The consequence, Joanna Moncrieff correctly argues is that, “locating the source of problems in individual biology—blaming the brain—impedes exploration of social and political issues.”¹⁴

Mental illness as an individual biological phenomenon assumes a vital ideological function under capitalism, with the intimate relationship between mental health and social conditions largely obscured. Diagnoses and explorations for the cause of mental illness start and end with the individual. Attention is on the individual who needs correction to adapt to, and integrate within, society. This focus occurs at the expense of recognizing the significance of social and economic conditions for determining the experience of mental health and distribution of mental illness. In this context, an individual’s mental health issues become privatized with their body viewed as the source of their mental illness, rather than accepting the significant role society plays, specifically a society established upon capitalist values. Capitalism must be understood as a significant determinant of mental illness. As Iain Ferguson asserts “it is the economic and political system under which we live—capitalism—which is responsible for the enormously high levels of mental-health problems which we see in the world today.”¹⁵

Frederick Engels and the Misery of Capitalist Life

Throughout the works of Marx and Engels sporadic reference occurs regarding matters which are

commonly understood today as mental health issues. Marx made a vital contribution with his concept of alienation, yet it was Engels who focused on the relationship between the conditions of capitalist society on an everyday basis and the impact of this for mental well-being. Living under conditions of severe exploitation, oppression and poverty, there existed, Engels asserted, a desperate misery pervading working-class life. For large swathes of the labor force, he argued, life oscillated dramatically between fear and hope, constantly encountering economic insecurity which denied them contentment and stability, with many members of the labor force not “permitted to attain peace of mind and quiet enjoyment of life.”¹⁶

Life was one in which unemployment and destitution was always one accident, or death, away. The whims of a *laissez faire* system meant whether an individual would experience an evening meal was left to the precariousness of the market. Conditions of acute uncertainty of existence had dramatic consequences for the mental state of the working-class. The extent to which the impermanence and misery of life blighted mental well-being was such that Engels proclaimed suicide “has become fashionable...and numbers of the poor kill themselves to avoid the misery from which they see no other means of escape.”¹⁷ Destructive behaviors pervaded the labor force, including alcohol abuse, which today is considered a mental health issue. Such behaviors, Engels emphatically argued, in no way could be considered as arising from the voluntary actions of individuals. Rather, this behavior was directly the result of the working-class being exploited — “[t]hey who have degraded the working man to a mere object have the responsibility to bear.”¹⁸

Presenting a picture of a working-class riddled with despair, anxiety, and hopelessness, the analysis of Engels provides an essential basis upon which to build an anti-capitalist understanding of mental health, as it situates the emergence of poor mental well-being within the framework of capitalism and the social relations of exploitation and oppression. In doing so the basis of a materialist understanding of mental illness is established.

Labor and Discontent

Capitalism significantly determines and shapes the nature of our subjectivity. Principally, the organization and operation of the capitalist system does not allow for the optimal mental well-being of the individual to develop, with a contradiction between the needs of capitalism and the individual. Central to the misery of many under capitalism is labor. In the *Economic and Philosophic Manuscripts of 1844*, Marx vigorously argues that individuals need to be freely expressive, both physically and intellectually, through labor. Workers should be able to relate to the products of their labor as expressions of their inner creativity. However, under capitalism, labor is an alienating experience. The overwhelming majority under capitalism have no choice but to engage in wage-labor for survival, having to submit themselves to a process which has little meaning for them. Work is commonly a monotonous and grueling obligation.¹⁹ The passions and energies of the labor force, rather than directed towards fulfilling acts of creativity, are instead consumed by practices which are defined as useful only by the standards of capitalism. The consequence for labor, as Herbert Marcuse argues, is “while they work, they do not fulfil their own needs and faculties but work in *alienation*.”²⁰

The experience of alienated labor can breed varying mental health issues, ranging from poor mental well-being such as regular feelings of dissatisfaction and boredom, to recognized mental health conditions. Reflecting the intensity of exploitation as a determinant of mental illness, in Britain, over the course of the last two decades, there has been an increase in work-related stress, anxiety and depression, amounting to 2,480 cases per 100,000 members of the labor force. In 2021 mental illness constituted 50 percent of all work-related ill-health issues. Common causes include tight deadlines, too much responsibility and a lack of support from management. Similarly, in the United States, 71 percent of all employees typically feel stressed or tense during the working day. Reasons

for this include poor wages, long working hours and little opportunity for career advancement.²¹ Therefore, as the first two causes particularly indicate, exploitation is central to poor mental health at work.

Away from diagnosed mental health issues, the labor force of many advanced capitalist nations is blighted by an intense general dissatisfaction. In 2019, 1 in 3 British workers were unhappy at work, with 45 percent looking to leave their current place of employment. Of those who wanted to find a new job, the most cited reason was to enjoy their work, followed by enhanced pay, and job satisfaction. While these last two reasons clearly express a widespread recognition of the intense levels of exploitation and oppression which inflict the labor force, the fact that most people want to leave their job because they do not enjoy it exemplifies the detrimental consequences for mental well-being of failing to develop meaningful connections to work. In the U.S. a similar sense of dissatisfaction prevails, with evidence suggesting that in 2022, 60 percent of U.S. employees felt emotionally detached from their work and 19 percent were miserable because of work.²²

Stifling creativity, work under capitalism acts as a significant barrier to obtaining positive mental well-being. Alongside causing the growth of diagnostically recognized mental illness, work is critical to the development of an often-underlying despondency, with individuals developing a sense of disempowerment, having no alternative to engage in wage-labor but unable to identify meaningful work. This sense of unhappiness exists as such a prevalent phenomenon under capitalism that it has become a collective subjective experience. Except for severe mental-health disorders, many forms of mental distress that develop in response to labor, such as deep dissatisfaction, are taken for granted and not considered legitimate problems, being thought of as inevitable and a normal response to work. As such, the degradation of mental well-being becomes normalized. The result, as Erich Fromm argued, is a socially patterned defect.²³

Consumerism and Need

Compensating for feelings of discontent stemming from work, a common palliative is consumerism. Unable to experience meaning in their work, individuals often resort to searching for it in what they purchase. Many members of the labor force focus upon consumption for personal fulfillment, with material goods consumed less for their use value and more for their symbolic value. The purchase of an automobile, brand of clothing, or technological equipment, among other goods, commonly pivots on what the product is supposed to communicate about the consumer. Under capitalism, consumerism constitutes an integral means through which individuals construct personal identities. Individuals emotionally invest in the meanings associated with consumer goods in the hope that whatever intangible qualities items are said to possess will be conferred upon them through ownership. For capitalism, however, consumerism constitutes a vital source of economic growth, absorbing surplus and stimulating future investment. Subsequently, efforts to mask feelings of dissatisfaction and misery emerging from the labor process, through consumerism, has the advantage for capitalism of generating increased economic demand. Moreover, attempts are made to encourage acceptance among the labor force that they need a particular item by generating a false need, and conversely stimulating further feelings of discontent as a result of not currently possessing the item, with fulfillment said to come from its consumption. Rarely, however, is satisfaction truly achieved. What is being consumed is an artificial idea, rather than a product which conveys upon our existence true meaning.

The negative mental health consequences of consumerism are apparent. Prioritization of materialistic values and goals conflicts with interpersonal relationships. Accepting materialistic goals is recognized as a barrier to developing meaningful relationships, with individuals who do so having an increased chance of experiencing loneliness, while married couples who are materialistic exhibit lower marital quality.²⁴ Moreover, countries with greater inequalities of wealth, significantly

those where neoliberalism has been particularly influential, tend to have higher rates of mental health issues. Such countries are more likely to emphasize consumerist values, with large sections of the population accepting these norms but unable to obtain the possessions they observe more wealthy members of the population having acquired.²⁵ The result can be anger, frustration and status anxiety, as success and failure are perceived to pivot on ownership of consumer goods.

Social Change and Mental Well-Being

While the influence of biology as a preeminent cause of mental illness can potentially be justified in certain individual cases, the hegemonic position that it is the primary cause must be rejected. Biology does indeed constitute a factor, and cannot be dismissed entirely, but its role must be understood as part of a wider dialectical process. The body, with its organic structure, is located within the world. Individuals through their corporeal existence have always shaped the world around them. Yet, in this very process, individuals change themselves through their interactions with the external world. There exists a dialectical interaction between the corporeal being of the individual in the world and their biological condition, on the one hand, and the social organization they are part of, on the other. It is through this dialectical interaction that poor mental well-being evolves.

Accepting that mental illness arises from the interaction between biology and society, the predominant factor within this relationship must, however, be accepted as that of society. The prevalence of social patterns to mental illness, particularly those influenced by class divisions, as initially exemplified by Engels and which continue up to the present day, acutely illustrates the negative consequences of capitalism, its social relations, and the prevailing experiences of oppression and exploitation which arise from these relations, for mental health. For positive mental well-being to triumph an alternative anti-capitalist social organization is required. Rather than a society which corresponds to the economic imperatives of capitalism, for the growth of optimal mental health a society is required which corresponds with human needs.

Enhanced mental well-being is predicated upon abolishing the exploitation of wage-laborers, empowering members of society with democratic economic control and providing opportunities for meaningful work. Such labor often corresponds with the provision of goods and services which encapsulate need values, rather than exchange values, such as providing housing, education, health care, leisure, art, and environmental spaces. A society is required whose economic system is underpinned by the provision of need through collective organization, it opposes production for production's sake to return a profit which stimulates alienation; it shatters the meaningless pursuance of materialism in a vain search for fulfillment and it combats a pervasive acquisitive individualism. A society where work has meaning, the fulfillment of human need is central, and solidarity between its members prevail, is the foundation for the growth of positive mental health.

Notes

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7. See Davies, op cit.
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12. James Davies, "Political Pills: Psychopharmaceuticals and Neoliberalism as Mutually Supporting," in James Davies, *The Sedated Society: The Causes and Harms of our Psychiatric Drug Epidemic* (Basingstoke: Palgrave Macmillan, 2017).
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