

Cognitive disorder in the context of the socialisation of behaviour

Cognitive disorders can interface with the socialisation of behaviour. It follows that if we have the aim of creating a social structure of intercommunication of the people within it, the psychological condition of these people is significant in determining rationally objectives in which they can work together as a common aim.

I observe within myself several differences from the norm, some of which are defects, and some which may be called enhancements in certain circumstances. These variabilities are natural in human beings, and it is irrational to try to create a system of social interaction based on theories which do not address the actual condition of people within it.

It may be that a large number of the features of personality are fixed, and only a small number are environmentally determined. This statement can be made exact, but I am not the person to do it. My aim is to raise issues, and allow others to modify the articulation of these issues so that they may be discussed more comprehensively and in more detail. It is necessary in opening up debate to state that I am ignorant on a lot of specifics here. This should be taken into consideration. It may well follow that after discussion and investigation the conclusions reached will be overturned. That possibility I think should be on the back of our minds.

For people whose personality seems to them in need of modification for some conditions where no medication or treatment will effect an improvement, under medical advances forms of adjustment may later be available.

We are confronted with the awkward fact that the monitoring and control of personality and its interaction with the social systems of the people contained in them, raises itself the alarming issue of by what criteria do any adjustments to personality take place, and corresponding to the social system, can the social system consisting of these people satisfy, in effect, personality disorders? In that case, and I believe strongly this is so, the question then one of control. By what process of control does the social system itself change itself to modify its behaviour, and how does that interact with the desirability or otherwise for people to be treated for their conditions?

This then raises issues on the philosophical direction adopted by the society and its physical attributes and with the environment in which it is embedded, and how this interacts with individuals having systems of belief and physical conditions, of which mental states are a subset, which the individual may wish to modify by his or her own analysis of what they are.

If we are to adopt a criticism based on freedom of choice, which is actually I believe not the case, but often appears so because we have no method of education which will lead us to a sure prediction of what will exactly happen in the future, then it would seem that any clash of what is desirable between the social system and the individuals within it on the condition of behaviour should remain unresolved.

It is further an issue that there is an imbalance of power here, between the individual and the collectivity of people in a social system. Since it is often the case for social systems in history, that they are used to direct the behaviour of individuals within them, and very often these social structures are hierarchical so that authoritarian control directs from one person above what the people below should do, and this is unequal, it is often stated that to maintain the socialisation of behaviour in the system, even the authoritarian structure is not evident but a contingent

possibility, that it is wise in all circumstance that the will of individuals in the social system should prevail, even if then dysfunctionality in the social organisation is introduced. This is the individual statement of human rights.

For systems based on reason we do not have to lift this constraint, but there are new issues related to the knowledge of individuals within it, and the knowledge of the functioning of the social system. We are also aware, which is a deep problem for complicated things like human beings and the social structures themselves, that the methodology of theoretical knowledge adopted by the society is itself a product of the social system. This theory may not, and very often is not, a complete or accurate description of what is there. In fact, social theories of the current era, it is my contention, are often erroneous and completely inadequate in describing fact.

In the absence of any complete methodology, I would suggest that it is appropriate for social mechanisms to acknowledge that the availability of information on medical disorders and social disorders of the society should be available for discussion in some way or other. The main question might be one of privacy, which is again an issue.

If an individual wished to divulge information about him or herself so that the social system could operate more effectively, then I would say this is desirable. However, a social system consists of many individuals. It then might be the case that in an interaction, one individual divulged information but another did not. A possible resolution might be that categories of information are available about individuals, and there is a negotiation between individuals on what categories of information are divulged. A problem here is that almost invariably no information will be provided that can be verified, because one person can block the process and then that applies to everyone. No one who wants to give information so that the social system can make a more rational choice is allowed to do so, on the reasonable grounds that every individual within it should be treated equally.

As we are often aware in political issues, the information provided by self-assessment of individuals, and derived by them from systems of organisation or otherwise, is often inaccurate and usually deliberately misleading.

On the topic of social provision, we also realise that not all environments need be economic. There is no essential reason why all activity of a society with the infrastructure to provide for the needs of its inhabitants should be entirely or even mainly economic. This provides outlets for the creative endeavours of disabled people, their sporting activities, and other methods of socialisation which they may provide for themselves, or in interaction with the social system which surrounds them.

A society which has as its ethos the socialisation of behaviour will have at its core a developmental programme for the increment of such provisions, and the determination to provide an ample set of resources to do this.

We turn now to the situation where a mental condition is anti-social. This involves, I think, sometimes extreme difficulty in its resolution, and careful consideration of all its aspects. We are clearly not dealing with one type of mental condition, but very, very many.

There is a category of conditions where a defect in one area or another may be understood by someone with a condition, and although medication may not be available for its physical

treatment, behavioural training may be provided which is at least partly effective in reducing the problem, and in some cases effectively solves it. This treatment may need persistence in its application, and often monitoring, but this introduces social criteria on the desirability of control, so that behaviour does not go outside what might be thought of as parameters that either the individual, or the social structure, would wish.

A thorough analysis of these cases, a sufficient health system which provides care, and liaison with outside organisations is important here.

Often the outside organisations liaising in these cases have a different function than those of the maintenance of health. This is undesirable. Certainly these organisations need within them individuals trained in the application of principles which lead to mental health. These outside agencies may themselves be systems of behavioural control which some others in society think act against them, and these people may think that these organisations, and the culture that goes with them, behave in a way that is socially undesirable themselves. This is a separate issue which needs consideration and a system of authority and an ethos of social behaviour that limits this. It needs internal monitoring of the social system so that identifiable deformities in its operation are addressed and changed.

Here, an additional problem is the enormous bureaucracy that develops in monitoring and control. I believe, wherever possible, this should be minimised. There may be the case where isolated, or perhaps sporadic but continuous incidents happen, and this leads to a vast bureaucratic system to prevent these. I think in this situation, it is preferable to say that no society is perfect, and it is preferable that intensive systems of control in these circumstances should be strictly limited, even if it leads to identifiable tragedies. This arises principally not in the allowance of these tragedies, but that the system of control may be deficiently diagnostic and even corrupt, so the intrusion they provide is a greater social deformity than the problem they are set up to solve.

Providing socialisation of behaviour is extremely difficult when strong processes without control are allowed in the opposite direction.

Having resolved nothing except for the statement 'beware', let us go on to the direct issue of medical conditions which are physical, and those which are mental and then anti-social because of this.

Whilst medical conditions which are physical may sometimes have no direct impact on mental states, the social treatment of such people which does not provide sufficient care can indeed affect their behaviour. Also the opinion and behaviour of people elsewhere, to the detriment of such people, may impact their mental state. It is obvious that a social system designed to help people with physical disabilities must make considerable effort to ensure that physically disabled people are treated with respect by social injunctions on the behaviour of people around them. They should be treated as far as possible with equality, and if that is possible on a system of 'positive discrimination' for people in their condition might well be encouraged, and effort should be taken to ensure this is obtained in practice.

Whilst mental conditions are physical ones, in terms of the socialisation of behaviour the situation might be different. For situations where the mental condition does not result in antisocial behaviour, it seems reasonable on the face of it that the treatment of these conditions should proceed in a manner analogous to physical ones. In cases where the mental state

definitely results in antisocial behaviour, I think a separate category needs to be allocated here. The objective in both cases should be the care by the social systems of individuals within it. I believe where an antisocial mental condition is present which is untreatable, it should be an injunction on the society to provide love, even when the condition does not enable that it be reciprocated. Otherwise we are in a moral and ethical abyss.

An important issue here is, as is obvious, the employment of disabled people will often result in performance which the social structure sees as detrimental to its efficiency. A just and equal distribution of such people can be considered where in various sectors an acknowledged level of inefficiency is allowed in organisations, and those organisations are rewarded for this.

Where a defect in one function leads to its compensating increment in another, a socially useful procedure would be to greatly encourage the employment of people with such compensating abilities, to develop for them their abilities, and to promote these people so that they attain levels in the social structure in advance of their capacities.

It may well be that the social interaction of people with disabilities is a vital component in their social behaviour, and facilities where this is available, even in employment, should be planned in the society to good effect.

We are well aware that the acquisition of knowledge by one party in a transaction and its denial to another, results in an imbalance in the power relationship between them.

A social question is, if the system wishes to maintain equality between its individuals, how can information be supplied equally to all parties? Conversely, if the individuals in an organisation wish to be enabled to keep the social structure in check, they should have the same information available to them as the social system which surrounds them.

These are all idealisations which may be subverted in practice.

Rational systems must enable the questioning of their knowledge bases so that the truth may be found. In a sense this means all knowledge is opened up to everybody. Almost entirely people brought up in a system that intrusively modifies their behaviour against their will object to this. On the opposite side of the fence, those who wish to protect their knowledge base so that they can pursue unequal transactions with others in the social structure, including the predominance of their own control, take the same position.

The question here is mainly one of stability. If the social system, even initially based on some ethical principles, is unstable, and in danger of being taken over by an unethical and antisocial system of individuals within it, or outside it, then the restricted availability of information on individuals within it, and correspondingly the ability of people to interrogate the knowledge base of the society around them, is of advantage in maintaining a social system with ethical principles.

As a first cut, this is desirable. There are subsidiary issues that need resolution.

For people with antisocial mental conditions my views are more authoritarian than those developed elsewhere. The freedom, and physical and mental state of these people should be maximised, but there are more important considerations. My view is that when behaviour is antisocial, and it is clearly identified as a mental condition which cannot be treated, it is inconsiderate of the social system to say the least, that the impact of their behaviour elsewhere

which is antisocial, should be allowed to proceed, and only judicial requirements which are not proactive on some form of constraint are needed. We may identify in the UK many individuals with antisocial behaviour who have climbed the tree of control of organisations, whose behaviour is essentially self-serving, antisocial, and at the same time this is derived from some form of mental illness.

Whereas we might wish to allow other people who are self-serving and antisocial to continue in their state of mind as an aspect of the freedom inherent in a society, and the free choice of such people within it, their combination with people who are at the same time suffering from mental conditions which induce verifiably dangerous behaviour, and their elevation to positions of high office where these conditions are not publicly available in the surrounding community to affect this choice, is not itself a society which is well-organised in the conduct of social behaviour.

It is a matter of considerable debate whether the behaviour of anybody is a matter of free will anyway. I believe not, and this viewpoint conditions my attitude to the surrounding social structure and the norms which it may wish to impose on the people within it. In the first case, if antisocial behaviour is innate and not a matter of free will, it is inappropriate to apply painful experiences to those suffering from it in order to condition their behaviour so that it is not repeated. This induces immense debate on the structure of the prison system, the conditions of people within it, particularly systems of aftercare which an antisocial system of control may deem is inappropriate or to be minimised, and issues of social integration of people with apparently non-mental but otherwise antisocial behaviour. Secondly, this raises issues of rationality itself, and how a system of rationality may arise when it is not derived from conditions of free will. Are rational systems in some sense irrational?

It would seem that the confinement of people with deep antisocial behavioural conditions is necessary. Its implementation is fraught with difficulty in conventions of just behaviour of the social system, which allows behaviour until a transgression of it is monitored.

I think when the social system enables a hierarchical control, where this is a socially derived, legal or conceptual need, then some monitoring of the occupancy of these roles by people with mental health problems is needed at least in these cases. At minimum, people should be made aware of this condition, and procedures should be in place, whilst just, that do not allow this occupancy of posts to lead to antisocial behaviour which gets out of control. In this minimal circumstance controls are necessary, and this is far more important than the erection of bureaucratic systems designed to protect the occasional tragedy arising from behaviour which the majority of people might consider to be perverted, or otherwise arising from a great lack of social awareness.