Where in the World are You?
Miraculous cyber; insidious dislocation

David Zigmond

What do mobile communications, Internet sex and modern over-schematised mental health systems have in common? – a computer mediated disconnection of intended content from embedded human context.

What happens?

Introduction

Our increasingly easy and instant access to knowledge and products is usually regarded as 'progress', yet, paradoxically, often deprives us of more organic forms of discovery, connection and creativity. This is a growing problem that we are ingeniously and expediently disregarding. Mobile phones, Internet sex, Sat Navs and computer-systematised mental healthcare are exampled and explored.

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'*A thing in itself never expresses anything. It is the relation between things that gives meaning to them*'

– Hans Hofman, *Search for the Real* (1967)

I miss the call. I recognise the number but cannot identify it: I call back. The voice is reassuring in its immediate familiarity; a softly musical, slightly apologetic lilt, a faint West Country burr. It is a voice I have known for many years; it is so clear that I know she must be calling from somewhere close by. Yet she has recently talked of imminent departure for a late-career gap-year; she needed to court mystery again – travelling to long-envisioned, little-known, distant places.

I continue to misconstrue: 'Where in the world are you?' I ask, part genuine enquiry, part misjudged tease about her (wrongly assumed) unstarted travels. 'Oh, I'm in Ashqabat' she says prosaically, as if this should be self-evident. I make some opaque but friendly sound to deflect attention from my geographical ignorance and misfired humour. 'That's in Turkmenistan' she explains without comebackance.

Later I look it up in an atlas: I had no idea of its existence.

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Still later I am pondering this now ubiquitous greeting from Terra Firma to Mobile: 'Where are you?'. Thirty years ago such an utterance was non-existent: if you called someone on the phone it was a Landline, so you also knew their location; if you did not know where they were you could not contact them. Such a question would have been nonsensical or ironic metaphor. Contact then required locational, and usually personal, knowledge.

Even more has the Internet rapidly dislocated such previous preconditions for communication. We can now convey precise and instant messages with no identifying features of person or location. The *content* is all: the *context* increasingly unnecessary or lost. As our electronically mediated messages and data become more crystal-clear, their human and vernacular ambience becomes more fog-like. This new world of combined clarity of content and obscurity of context had some early and interesting explorers. Internet sex has managed (for countless many) an astonishing uncoupling from experiences and activities mostly – until our digital revolution – rooted in the primacy of the interpersonal and physically sensate. Internet users could now, with unprecedented ease, replace these with an instant, synthetic composite of the depersonalised and abstracted: a screen glowing with generic alphabetical signs (words) conveyed featurelessly (text) by an unknown person. Even the latter may be wishful thinking: such cyber-erotica could have been *generated* by computer. Yet even if the transmitter of Virtual Delights is human, that human form may have little resemblance to the one constructed by the recipient: there is no touch, sound, smell, taste, face, gaze, or even a real name. There is no evolved mutuality or history. We have, instead, highly abstracted, electronically transmitted signals, which the recipient then conjures into a desired fantasy of desire. Such are our substitutes for 'intimacy' when we choose to eliminate context with content.

Such computer-mediated dislocation inevitably darkens with opportunities for malign perversity. We are now a mere few clicks away from masking our spying, intrusions, threats and assaults on others: cyber-bullying and graphic sexually framed humiliations or terrors are the shadow of cyber-erotica. Under a cloak of anonymity it is easy for us to do our worst: we have

democratised *Jack the Ripper*. We do not even need to leave our secure home comforts.

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Such cyber-dysrotica may be one guise of Satan in our Digital Age and brings to us, the bystanders, a dark wonder of strangers, fear for our children and unsettling frissons of doubt about partners. The most egregious of these will bring us salacious headlines.

The rapid development of such social disjunctions is largely due to digital signalling and communications. There are many other forms that are now so commonplace as to arouse little thought or comment, yet generate new types of oblivion. These oblivia usually incur losses and while the short-term effects of these may seem benign and superficial, the longer-term consequences will turn much less trivial. Here are two apparently disparate examples of evolving dislocation.

i)   Where am I? Ask the Sat Nav
I am lost in a part of Norfolk unknown to me. There is a complex cluster of non-motorway road junctions with inadequate and discrepant signage that may have recently been changed and does not conform to my map. Close to the junctions is a large petrol station with several drivers filling up. I ask six drivers about the signage and designation of the nearby major roads and they are all amiably and helpfully unhelpful: they do not know.

What is happening? I think this small story is part of a new and growing trend; it would not have happened twenty years ago. Clearly, this is not yet science: my sample is small and there is no Control Group. I may just have been unlucky in choosing six consecutive non-locals who were all as new to the area as myself. Maybe, but I have other, similar experiences that indicate something more interesting and important is happening: just as we increasingly do not know our neighbours, we are losing personal knowledge of our neighbourhood, our terrain and location. A key to understanding this story is that most (all?) of the drivers had Sat Navs and, I believe, were

decognitised by their devices. They habitually tapped in required destinations, thus delegating all navigational decisions: this leaves them 'free' when driving to wander the mind, to chat and to phone. The technology thus unburdens them: they now need little sentience of their journey and surroundings: personal knowledge of whereabouts hence ceases to have any useful function. Whatever needs to be known can be accessed instantly in the vast annals of cyberspace; omniscient and omniprescient – like a secular deity. By constructing this supra-ordinate intelligence we human users are relieved of the burdens of having to plan, notice, remember or make decisions when journeying: our surroundings become irrelevant and we are freer to go on our personally oblivious, computer-sighted way – a procession of antennaed, encapsulated cyber-solipsists.

This computer-mediated oblivion of our geography may be thought inconsequentially expedient and thus benign. I think this is mistaken: such losses may start subtly, but later the price paid is serious. This is currently becoming painfully clear when similar computer-enhanced oblivion loses sight of people.

What then happens?

ii)   Who is he? Ask the computer
Stuart is sitting with me again, trembling and harrowed, in my consulting room. His partner, Jill, has brought him to the surgery with tender but tiring vigilance and now stays with us – he needs many mooring points to stop his drift out into an imagined ocean of perils, unhorizoned and tempestuous.

Stuart is in his mid-forties and after many less catastrophic premonitory symptoms, his mental cohesion and integrity are now, at last, breaking down. He has no clear or coherent language for this disintegration: at first he described his frightening experiences in physical terms, then he learned to talk from a basic psychological but impersonal lexicon – of panics, disturbances of mood and emergency escapes by impulsive actions. Healthcarers apply their usual organising and administrative terminology.

Stuart's manner is of a frightened, wary, resentfully hurt child who wants to find someone to trust but fears making that decision. There are good reasons for this, which he has been encouraged to share in numbed or painful fragments. His life was conceived from a careless and doomed union by a young couple, and his father had disappeared, forever, several months before he was born. His young mother did not want – and then could not cope with – an infant son, but she was blessed with parents who were happy to do both these things.

Stuart had five loving, devoted, stable and happy years with these grandparents before a sudden destructive disruption: his mother found a new partner whom she wished to marry and intended to accelerate the formation of her family group by reclaiming Stuart. The loss of his grandparents was litigious and he saw little of them after the battle-dust settled. Worse was to come: his mother never conceived again and his stepfather's initial tolerance toxified through indifference to contempt and hostility, to eventual violence that ineradicably and intensely frightened and humiliated the boy. Fearful of and for her marriage, Stuart's mother colluded with the stepfather. Stuart's contiguous, through different, mistrust of men and women took root.

Stuart survived these early betrayed attachments later in his youth by various kinds of numbness, denial, structure and displacement – alcohol, drugs, sexual promiscuity, drunken fights, emigration, army service – but by his middle years his defences are crumbling. His estranged ex-wife and two adult sons are long lost to him and emigrated in the wake of his many years' flailing and dissonant defences; buttresses against his ancient grief, rage and mistrust. But these could bring only partial and fleeting respite – the spectres would surely return. This they did when he attempts, with confused terror, to reciprocate Jill's wholesome and unconflicted love: Stuart's bedevilment reconflagrates, but this time he does not attempt to escape.

Instead he breaks down.

If Stuart is to now turn this breakdown into a breakthrough, he will need the kind of caring and understanding stability that he once received from his

grandparents. To heal such deep and chronic wounds he will need long contact with, and containment by, a kind of extended 'loving family' in which there are several overlapping and complementary roles. For healing 'love' – a patient, non-possessive, non-controlling, benign, disinterested interest – is most fertile when it can flow between several angles and strata. Jill's love is primal, domestic and personal. What I offer is necessarily more boundaried and ritualised by professional role – though heartfelt for us both. Yet this is massively if symbolically significant for Stuart: I become the benign and committed father who does not leave.

But the strains on me in doing this are great: I, too, need a supportive and therapeutic extended 'family'. I will need my psychiatric colleagues to widen the net and share the strain.

Alas the NHS psychiatric services that I ask to help me help Stuart do not now have the kind of consciousness or organisation to step into this kind of role – one guided by powerful metaphorical realities of stable family surrogacy and loving therapeutics. Instead they offer a carouselled medley of long, formulaic interrogatory assessments, risk-management protocols, behavioural modification programmes, Treatment Plans and (transient) Care Coordinators to attempt cohesion and comprehension.

Such institutional devices flail and fail: Stuart often sees someone different each time he attends, and when he does so they ask him similar and repetitive questions without, apparently, any growth of personal or mutual understanding. This is negatively reflected in Stuart's recall: he cannot remember their names, job designations or much of what was said. 'They look at the computer a lot and seem to be mainly interested in whether I'm taking my tablets and whether I intend doing something pointless or horrible. They keep on asking the same questions like some kind of Official Inspector … No, I don't think they're really interested in me, only what I might do …'

The depersonalised fragmentation of care worsens with time, as Stuart's possible attachments never develop naturally; instead they are recurrently displaced by administrative formulae, timetables and plans. Over several

months he is passed between many different teams, which he cannot remember, but I do.* All of these encounters of *Therapeuticus Interruptus* add to his core sense of futile and despondent unwantedness and the inscrutable, random, uncaring, unreliability of others and their power.

Stuart understandably loses faith in them, but not (yet) in me. I make several phone calls over these months in an attempt to retrieve and repair the situation. I speak to Team Managers, Care Coordinators, Duty Desks, various types and grades of Psychiatrists and – eventually – the Clinical Director of these services. The pattern becomes familiar: the responsible practitioner may have been briefed about Stuart, but rarely know much more about him.

Yet I am told this is not significant: '*all relevant mental healthcare workers can locate him on our shared (computer) System*'. No, they cannot have a more detailed discussion with me, but my concerns will be noted for the next Team Meeting. They politely deflect my suggestion for more personal continuity of care: '*Stuart's Patient Journey is carefully considered and planned by each Multi-disciplinary Team. In all this we follow our NHS Trust protocol as an assurance. There is thus no need for any one practitioner to have the more particular knowledge or longer-term commitment or relationship you speak of. Our System will tell us what we need to know.*'

Despite Stuart's lack of meaningful engagement with these professionally sequestered colleagues I still want him to attend to see them. They may not offer what either he or I need, but at least they are around to provide a modicum, or symbolic presence, of caring: I do not want to be left to struggle as a 'single father'. Neither do I want him to collect a fresh label of 'uncooperative patient': his ancient label of 'illegitimate' is already more than he can bear.

<p style="text-align:center">*</p>

I am thinking of similarities between Internet sex without personal intercourse, the Sat Nav directed drivers who can designate their destination but never know their journey, and the Mental Healthcare workers who know

how to access Stuart's healthcare data but are not concerned to personally know Stuart. All assume a supra-ordinate system that short-circuits the need for personal connection, responsibility or sentience – all elements of *relationships*. The cyber-knowledge of the Sat Nav impoverishes our *relationship* with our traversed geography. The cyber-knowledge of the Healthcare Computer too easily replaces our *relationship* with people whose lives we accompany at critical times. The healthcarers I spoke to talked of Stuart – often, I thought, to their complete self-satisfaction – as if they had successfully Sat Naved him on his Patient Journey, and no further discussion was necessary. Such cyber-parenting may reassure the institutional healthcarers, but is experienced quite differently elsewhere. Now I must largely cope alone as a 'single father', without an extended therapeutic family. For Stuart it is far worse: his ancient history of family instability, unpredictable strangers and recurrent powerless subordinations to others' decisions is re-experienced painfully by him, but never discussed with them. Their relationship is mostly with their System; Stuart may be granted some of this, if he conforms – if he is 'cooperative'.

<p style="text-align:center">*</p>

Holism – our humanly flawed attempt to see wholes – can never be perfectable or completeable and is thus an eternally precious but doomed project. It is an aspiration, an inspiration, a philosophy and an ethos: we travel, but never finally arrive. It is the antithesis of expedience, device or procedure – although we must certainly, sometimes, make compromises with these. Amidst all this, holism is untidy and risky: we must employ imagination to make unobvious connections with the apparently diverse – activities that cannot be measured, managed, packaged or proved. Holism thus needs, at least, our tolerance of – at best, our creative play with – ambiguity, uncertainty and unproveability.

Paradoxically, it is when we risk and venture these that we develop our most meaningful understandings of one another. Just as the Sat Nav's crisp, authoritative certainty may blind us to our geographical journey, an over-

systemised, computerised healthcare system may unsight us to the hidden humanity of our fellow journeyers.

The short-term expedience our technology can now bring us comes at considerable cost. So often we are eliminating more nuanced fruits: those borne by the delayed and the less convenient.

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'The quest for certainty blocks the search for meaning. Uncertainty is the very condition to impel Man to unfold his powers'

– Erich Fromm, *Man for Himself* (1947)

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[*] In one year Stuart was seen by the following Psychiatry and Psychology Teams: Hospital Liaison Psychiatry (three hospitals); Community Mental Health: Assessment and Brief Therapy; Mood Anxiety and Personality; Increased Access to Psychological Treatment Services; Emergency Psychiatry; Home Treatment; Hospital Inpatient; Early Discharge; Assertive Outreach.

The putative integration of fragments is called a Patient Journey.

The administrative fragments themselves can be seen to be propagated, defined, reified and justified by an increasing volume of tautological (often) academia, derivative algorithms, and think-tanked services-redesign documents.

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