AN ORGANISATION FOR PROMOTING UNDERSTANDING OF SOCIETY (OPUS)

Canada and the World at the Dawn of 2014
Report of a New Year's Listening Post

Encouraging The Reflective Citizen

Part 1. THE SHARING OF PREOCCUPATIONS AND EXPERIENCES:

In this part of the discussion, participants identified and explored societal pre-occupations, anxieties, and experiences.

In a moment where an international political spotlight is on the Toronto mayor and an apparent endless preoccupation with personality politics, our themes moved across issues of surveillance, governance and its relation to authority, the resentments of authority, and authority in the mind. While it seems that everyone in so-called democratic societies has a voice and has the capacity to speak out, no one is really able to influence these seemingly intractable systems and discourses. There is a view that the large systems around us and of which we are part, particularly the political corporatized systems manufacture problems which seem as though they matter, when they do not, rather than offering solutions to important and meaningful issues. Since technology permits aggregation to unimaginable numbers as well as disaggregation to the most minute, our sense of self in relation this technology creates a confusion of the one and singular with the many. How does this inform the making of a 'self'? And how does technology effect the sense of self? How do 'acceptable' ways of 'being' come to predominate?

We wondered how virtuality makes for a 'commons' in which younger citizens predominantly live, and yet even the younger participants spoke to the critical importance of actual physical 'commons' such as a squares or streets, as for example in the MENA region, which are necessary spaces for demonstrating resistances and alternative desires. We talked about the Canadian Health Care system and who makes use of it for what purposes and what this use might mean for reconsidering a 'just Canadian society'. There is a desire for change, some optimism that this is possible and some historical data to support this optimism, and yet skepticism as well.

Part 2. IDENTIFICATION OF MAJOR THEMES:

In Part 2, the aim was to collectively identify the major themes emerging from Part 1. From several presented these have been drawn together under the following three interrelated themes:

Theme 1: Surveillance and good governance:

This theme contained notions of how safety and danger are experienced; in the face of 'evidence' to the contrary, some hear fellow citizens express that they do not feel safe. Yet most members in this discussion did feel safe. While it appears that we do not like being surveilled, there is also considerable anxiety about 'not being seen'; a worry that there is no 'other' out there to acknowledge our presence. On the one hand, citizens experience the creation of order through surveillance and compliance, though not without resentment, they also need and utilize forms of surveillance for self-forming. This ambivalence raises questions about what it means to be 'safe' while being watched? And possibilities for being free to explore and experiment without prying eyes?

Related to this, there is a pervasive sense that good governance in Canada (and elsewhere) is a mirage. Our collective disgust related our mayor Rob Ford and his celebrity-halo of illegal and inappropriate conduct reshapes the notions of "good government". What does it mean when governance becomes more like a B-grade movie? For Canada, as well as many other Commonwealth jurisdictions, the phrase "peace, order and good government" is a legal expression used to express the legitimate objects of legislative powers conferred by statute. The phrase appears in many Imperial Acts of Parliament and Letters Patent, including the constitution of Canada as a whole. It represents an important socio-legal-political framework for a democratic Canadian society. The current problems of our society and our "poor government" are symptoms of both an accumulation of power in the hands of a few and our apparent willingness to entrust this accumulation to incompetent others. Our pervasive worry about the efficacy, reliability and durability of democracy is supported by a fact that only half of the eligible voters cast votes to bring the current mayor to power (though this was up almost 20% from previous municipal elections). If citizens do not take up their responsibilities, and become a passive audience, movie-goers, tax payers – and not citizens with rights - huge numbers of members of society are cut off from their societal entitlements and their responsibilities.

Theme 2: The socially just and good society.

The discussion of the Canadian National Health Care System brought us to the importance of this system in Canadian 'society in the mind'. Medicare in Canada is a government-funded universal health

insurance program established by legislation passed in 1957, 1966 and 1984. The concept of a publicly funded and administered, comprehensive, accessible hospital and medical services insurance plan has a long and complex history vested in the notion of 'universality' for health care. It is an essential and defining symbol for Canadians about what constitutes a healthy, socially just and good society.   One member wondered if social justice might be rethought as social prosperity – in the sense of shared and collective prosperity. And yet, as important as the universal health insurance program has been and is, it is not oriented toward health promotion or preventative health care. When only 5% of the population utilize 58% of the resources - a staggering 28.2 B of the available Medicare dollars - we need to ask what this means about our society and about this cherished system. This 5% are the most poor and vulnerable, who do not have access to the basic necessities of life (food and shelter) and tend to use emergency and acute hospital care to address chronic social problems, problems that the health care system cannot and does not address. Since acute health responses are completely inadequate to address and resolve chronic social problems, one member suggested with sarcasm, that it would be considerably cheaper to simply "kill them off" saving that almost 30 B dollars. An Emergency Medical Services staff in our discussion concurred that the majority of emergency calls they receive comes from this vulnerable group.   We believed if these facts were more widely known, if discussion occurred, it might provoke a rethinking of our health care system, a different distribution of resources and an enhanced use of community resources. At the same time, we were somewhat sceptical that 'the truth' could provoke change. This led us to questions of how to 'build a just and good community', and to 'the society in the mind' that might enable a rethinking of what is needed now. One member wondered how society frees itself from its history - a history such as Medicare system – so that it can think new thoughts.   How then does our social histories act as a disease that inhibits a deferential diagnosis and new treatments, which reconstructs desire, imagination and power.

Theme 3: The self and society:

We wondered what is this 'me' that I desire to be and what is the relation of subjectivity to the making of a good society. One member spoke about two contrasting learning experiences: one in which there was support and encouragement to effortlessly explore, another in which the self was restricted, constricted, experienced as insufficient and without freedom. Another spoke about the pressure to mirror 'acceptable ways to be', continually self-censoring, always being careful not to exercise a freedom that would embarrass or return at some future time, such as self-postings on face book. As the

ambivalent desire for surveillance increases – to watch and be watched - it becomes incorporated into a sense that one must be careful, that one must be constantly observant and must comport oneself to highly proscriptive and resisted normalizations. If this self is experienced as constrained and without freedoms, how are we to animate our desire to 'be' and further, how are we to articulate a shared collective change? As the subject is continually decentered, it is none the less quite difficult not to be narcissistically self-preoccupied or withdraw in defense. In either case we are unable engage actively as members of shared community.

What creates 'motivation' in a person and a society for learning, growth and development?   It seems that our societal systems our sense of 'us-ness' are breaking down, including our governance, our order, our very 'health', then how do we make or perhaps remake a 'common cause'? If our universal health care was once a symbol of 'one-ness' but no longer functions as such, what could or should be changed to what?

Part 3.   ANALYSIS AND HYPOTHESIS FORMATION
In this part of the Listening Post the members were working with the information resulting from Parts 1 & 2, with a view to collectively identifying the underlying dynamics both conscious and unconscious that may be predominant at the time; and, developing hypotheses as to why they might be occurring at that moment. Here the members were working more with what might be called their 'psycho' or 'internal' world. Their collective ideas and ways of thinking that both determine how they perceive the external realities and shape their actions towards them.

Analysis and Hypothesis 1: The failure of care

Analysis: The analysis was characterized by recognition that each of the themes interpenetrate each other, linking questions of how to characterize the experience of the self in relation to the society of which we are part.   How are we to re/animate an ethical community?

Hypothesis: Faced with the breakdown of good governance and rendered a caricature of itself and a failure of the caring systems (Canadian National Health Care System) in the CN consciousness, members of society face the trauma of diminished belonging and attachment. The result is an effort to re/work the 'self-in-relation to the Other' and sustain a depressive position for thinking which, however difficult, demonstrates the desire and possibility to reconfigure love and care together.

Analysis and Hypothesis 2. The shadow of shame

Analysis: We feel ourselves refracted by and wish to disavow the conduct of our political leaders (the Toronto Mayor is not the only municipal or provincial leader in Canada to be shown to be incompetent, unethical, irresponsible, simply one of the most notorious). His actions are met with impunity so there is a sense in which Canada 'the good' has eroded. We view this 'other' in particularly negative ways. What happens to our mind and our capacity to think in relation to shame and this fierce good-bad splitting?

Hypothesis: Because our societal values – of which we are part - have 'gone mad', members of society must contend with shame and work to evacuate persecutory feelings. This results in members of society having profound concerns about the forming of 'a self' and for re/forming the collective commons.

Analysis and Hypothesis 3. Erosion of the commons

Analysis: Everywhere we look the common architectural spaces are being transformed, narrowed or built-over. Without this physical space, it is impossible for citizens to imagine to collective space of shared aspirations and concern. Citizens feel 'uncommon' to each other and not able to identify with each other.

Hypothesis: Faced with an erosion of actual spaces for meeting and connecting, faced with the perpetually surveyed virtual and imaginative space (though the virtual space does seem to allow for some forms of collective action), members are forced back onto self-preoccupations. The struggle for collective thought and action, the struggle of grappling with the current state of governance, causes the individual some difficulty in maintaining a sense of integration. The loss of integration and return to paranoid-schizoid position makes it very difficult to think. But the attempt demonstrated by this group, gives hope that depressive functioning is not lost and a new integration is possible.

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