

ABSTRACT

The medicalisation of emotions in the workplace: The role of occupational health practitioners.

Emotions are a normal part of our lives, and, in most cases emotions are very adaptive and are designed to help us deal with situations and events. Obviously in some cases they become extreme and can impact upon our functioning in day-to-day life. This reflects the continuum that emotions are a part of. We have much understanding as to the normal psychological processes that we have that enable us deal with many life events and although such emotions can cause us symptoms outside of our normal day to day range within the context of specific life events these emotions are a normal and adaptive response to specific events and serve part of our ability to learn and adapt to our environments. In other words, even emotions that we perceive as negative such as anger, sadness and fear serve a very positive purpose and should not be removed without careful consideration.

In recent years there has been extensive research into the psychological interventions related to cognitive behavioural therapy. This is based on normal theories of cognition, emotion and behaviour. The most important area here is that this involves an understanding of firstly what is normal and then secondly the 'therapy' part is to understand and support people in recovery. It is paramount that normal emotional processing is not deemed as an illness or condition requiring medical intervention as this can prolong recovery or at the very worst actually cause illness.

This paper presents the idea that in order to ensure medicalisation does NOT occur, occupational health practitioners not only need to understand mental health problems but also normal emotional processing of events. In other words, not when to intervene but when NOT to! This requires a great deal of skill and judgment as well as the ability to clearly feed this back to the client and relevant parties.

Occupational health is a gateway to medicalisation and can prevent individuals entering into a "mental health career" bouncing between various NHS services for many years and OH practitioners should play a pivotal role in "Public Health Normalisation".

This paper will start to address the strategies of assessment and formulation of clients needs to address medicalisation and the role occupational health plays in reducing, what can be a debilitating course of events.

REFERENCES:

Goleman, D. (1996) 'Emotional Intelligence': Bloomsbury

Persons, J., B., Davidson, J., and Tompkins, M., A. (2001) 'Essential components of Cognitive-Behavioural Therapy for Depression': APA.

Richard, D., C., S., and Lauterbach, D., L., (2007) 'Handbook of Exposure Therapies': Academic Press

Wells, A. (1997) 'Cognitive Therapy of Anxiety Disorders': Wiley.