ATTITUDES TOWARD MENTAL ILLNESS: A MENTAL PATIENTS LIBERATION PERSPECTIVE

(First draft) - February 11, 1974

It is well known that a vast literature exists on the subject of mental illness. Each year, armies of professional researchers and clinicians churn out mountains of books and articles in an ongoing effort to bestow "scientific" respectability upon the concept which forms the intellectual cornerstone of their enterprise. As the brainchild of the mental health industry, the notion of mental illness would naturally be expected to receive considerable attention.

In a fairly esoteric pocket of the voluminous mental health literature is a subject loosely called "Attitudes Toward Mental Illness." (Footnote: The main sub-topics in this category include attitudes of: 1) the public; 2) mental health professionals; and 3) mental patients, their relatives and friends.) The topic is regarded as sufficiently substantive to have secured its own listing in the Psychological Abstracts. The annual index registers upwards of a hundred studies in this category. The classification of subject matter in the Abstracts reveals much about the way in which social scientists estimate the relative importance of sub-areas in their desciplines. There are, for example, few listings in the categories of "Attitudes Toward . . ." Studies on attitudes toward various subjects are usually classified with other studies in that subject area. "Attitudes Toward Mental Illness" enjoys a peculiar status. It is accorded greater relevance than other topics in the opinion-survey literature.

The reasons for this begin to come into focus when it is considered that the management of mental illness involves a vast economic enterprise (Footnote: The U.S. National Institute of Mental Health estimated the "cost" of mental illness to have been 21 billion dollars in 1968, with the annual figure rising dramatically) located in the real world, annually affecting the lives of millions of people. Further it is the case that the researchers who investigate attitudes

toward mental illness happen to be colleagues of those who manage it. Because the mental health industry encompasses a series of applied desciplines, it functions effectively to the extent that certain of its ideological views are disseminated among and adopted by a significant portion of the broad mass of people (Crocetti, 1121?). A principal aim of public opinion research in this area is to evaluate the degree of general acceptance of mental health ideology.

Of course, ideological indoctrination is not left to chance. The psychiatric industry has established a burgeoning propaganda apparatus to spread its basic philosophical tenets among the public. This campaign, euphemistically called "mental health education," is conducted by an entrenched network of ~~xxxx~~ national and local mental health associations.which serve as purveyors of the "correct" attitudes toward mental illness. Wide exposure to these attitudes is achieved through increasing use of the mass media--ranging from comic books and billboards to television.(Bord 497). The main target of mass media advertising is the working class,who do not have access to the more sophisticated institutions of indoctrination, such as universities, where mental health ideology is systematically taught. Numerous studies reveal that education is strongly related to acceptance of psychiatric views (Guttmacher, Bord 497, Murray 117, Cohen 357, Lemkau & Crocetti-see Dohrenwend 119). The working class, deprived until recently of official propaganda, has shown resistance toward these views, which jar traditional methods of perceiving and dealing with certain forms of deviant behaviour. The public "educational" campaign has accelerated rapidly in the past quarter century since the formation in the U.S. of the National Institute of Mental Health in 1946 and the involvement of government in mental health programs in the late forties (Crocetti, 1121?). ~~In 1955, a~~ composite of 36 national and public organizations founded the ~~Joint Commission~~

Joint Commission on Mental Health and Illness, "the last word in the mental health establishment" (Sarbin 170). In 1961, the Commission published Action for Mental Health calling for the widespread dissemination of "information" on mental illness so that the public might be able to recognize it and take "informed" and responsible action toward the mentally ill.

As we shall see, there continues to be considerable confusion among the public about mental illness; but there is a definite historical trend among all classes toward acceptance of the mental health perspective. It must be emphasized, however, that public acceptance is far from complete--rejection may even still outweigh acceptance. The main point to keep in mind is that the variable under consideration is in a state of historical flux. Ahistorical studies, of which there are many, almost invariably miss the unidirectional changes occurring in general attitudes toward mental illness (re-word).

Academic research into public attitudes and the campaign to teach the public certain attitudes, whille addressing themselves to quite different audiences, are reciprocal (twin) components of a unified program designed to secure for the psychiatric establishment an expanging role in the management and control of social deviance. Far from being an area of neutral investigation, the research is closely linked to the didactic objectives of the campaign. It serves as a yardstick to measure success of indoctrinational programs, and more specifically, to spotlight the failures, thus informing the evolution and direction of further propagandizing strategies.

The central idea which the mental health movement ostensibly endeavours to inculcate is captured in the shiboleth that MENTAL ILLNESS IS AN ILLNESS LIKE ANY OTHER. Lacking any epistomological basis for this proposition, the professional establishment promotes the idea supposedly in order to destigmatize mental illness, to free the sick person from public rejection.

In a section entitled "Rejection of the Mentally Ill," the Joint Commission asserts that "The principle of sameness as applied to the mentally sick versus the physically sick . . . has become a cardinal tenet of mental health education" (Italics in original, Sarbin 170). In fact the consideration of mitigating public rejection is really quite secondary, a point we shall return to momentarily. In any event, destigmatization of mental illness has not occurred. Research quite consistently shows that the public continues to view mental patients with fear and suspicion (refs). In fact behviour which is labeled mental illness is rejected moreson than the identical behaviour not so labeled (Phillips & refs). Similarly, a person receiving psychiatric treatment is tolerated less than he would be were he not under such care (Phillips, Yamamoto-Rabkin 159, etc). It has been pointed out that increased awareness of the psychiatric perspective should not be expected to lead to decreased rejection of mental patients (Bord 503). Ascription of mental illness not only fails to alleviate stigma, but in fact heightens it. (Petroni - Erikson: difference between medical and psychiatric sick role - stigma etc.) If the idea that MENTAL ILLNESS IS AN ILLNESS LIKE ANY OTHER is really intended to enhance acceptance of the mentally ill, it has clearly failed in its mission. The notion is so intellectually vague, threadbare and ultimately preposterous that no one would be expected to take it literally, still less to have it dictate s similar reaction to a mental patient as to someone suffering from bronchitis. The slogan would have a more authentic ring if it asserted that "Mental illness is an illness like V.D."

The failure of the mental health catch-phrase to mitigate stigmatization, however, does not imply a failure in the real aims of the educational campaign. The slogan, after all, is not really to be taken seriously, and in one sense is even designed to be rejected. The case can be made that it is actually advantageous for the mental health profession if the public rejects the mentally

ill--though this idea need not be, and almost certainly is not, conscious in the minds of individual professionals. (At least two studies however (Crocetti 1123) have proposed that mental health professionals <u>should</u> maintain social distance between themselves and their patients.) Structurally, though, public rejection of conduct labeled mentally ill implies a refusal of the community to deal with these problems, and concomitantly, a tendency to call upon professional intervention, a state of affairs representing an ultimate goal of the mental health movement.

What then are we to make of the notion that MENTAL ILLNESS IS AN ILLNESS LIKE ANY OTHER. It does not ameliorate the factor of intolerance. It is confusing, incredible and virtually meaningless. Still it is tenaciously promoted by the mental health industry, and in one sense <u>is</u> taking hold in the public ideology. That is to say, people increasingly pay lip service to the idea (Cohen, Bord 497, Crocetti etc.). Thanks to a systematic campaing of inculcation, it is ascending into the etherial category of public myths which are reflexively endorsed without being seriously examined. Again, the point is that the slogan is not to be taken literally. The illness-like-any-other notion is <u>supposed</u> to be encircled in a nebulous aura of uncertaintly which leads people to throw up their hands when confronted with certain problematic behaviours. It is supposed to function only as a vague conceptual backdrop to prime the public into acceptance of its sequel (corrolary)--the real message of the mental health campaign--that MENTAL ILLNESS IS AN ILLNESS THAT REQUIRES MENTAL HEALTH PROFESSIONALS. Deviant conduct qua mental illness is thus transformed from everyday moral, social and economic problems into technical, medico-scientific ones which only the mental health expert is equipped to handle. A primary aim of research into public attitudes is to evaluate how well the public has learned that mentally ill persons ought to be referred

to professionals. This lesson, as we shall see, is being learned increasingly well.

However, before the public can refer, or agree to the referral of, mentally ill persons to professionals, it must first be taught to IDENTIFY MENTAL ILLNESS. This task lies at the root of the educational campaign and has not proven easy. Early studies conducted in the forties and fifties show subjects highly resistant to endorsation of the psychiatric diagnostic system (refs). Most people found it baffling and out of line with their ordinary cultural perceptions of what mental health experts would unquestioningly call mental illness (re-word). Though normative deviations are not perfectly synonymous with mentally ill behaviours, there is a high correlation, and thus researchers have shown a persistent interest in the degree to which subjects will identify certain deviant behaviours as mental illness. Disappointingly, the early studies revealed a disinclination on the part of the public to "correctly" identify as mental illness, or even as abnormal behaviour, what middle-class researchers took to be clear examples of both. As might be expected, class differences emerged in the willingness--called "ability"--of subjects to label certain behaviours mental illness. The working class showed a consistently broader definition of"normality" than did the middle and higher classes (Sarbin, Dohrenwend etc. see map). In a 1951 study (Cumming and Cumming) which endeavoured,and failed, to modify community attitudes in the direction of the mental health perspective, the authors express their dismay at the psychiatric ignorance of their subjects who were asked to evaluate case histories of a "simple schizophrenic," "alcoholic," "anxiety neurotic," etc. "The definition of mental illness," they write, "is much narrower in the minds of the lay public than in the minds of psychiatrists and the professional mentalhhealth workers. . . . Our interviewers were shocked at the respondents' denial (sic)

of pathological conditions in the case histories, because they assumed that lay people could accept less behaviour as normal. But a very wide spectrum of behaviour appears to be tolerated by the laity--at least verbally--as reasonably close to normal . . . (p.101 - Sarbin 169 & Dohr. - italics added). It should be added that the findings in this study are quite representative of others conducted in the early and mid fifties.

Thus, the task facing the public mental health campaign was clearly delineated. There was much "educating" to be done.

Skipping ahead for a moment, we find that a not atypical study (Lemkau & Crocetti - Dohr 422), undertaken in 1960 and using some of the case descriptions employed in the previously described investigation, revealed that the percentage of subjects identifying the "simple schizophrenic" and the "alcoholic" as mentally ill had more than doubled. In 1951, the respective percentages were 36% and 25%; by 1960 they had risen to 78% and 62%. These histoffcal changes cannot be ascribed to different sample pepulatøons or to the use of more educated and "sophisticated" subjects in the later study. The median education of subjects in the second study was only 9.7 years of schooling. ("Educational levels not as important as dates studies were done (Dohr. 421)). As we have implied, these two studies are selected for their representativeness. We shall return to others which further highlight chronological increases in the public's inclination to lable a wide variety of behaviours as mental illness. In the period 1950 to 1960 the mental health campaign had taken enormous strides, and continued to do so throughout the sixties. Lemkau and Crocetti candidly interpret their findings that subjects were more willing to call the case histories symptomatic of mental illness as a triumph for efforts at mental health education (Dohr 422). Using an apt metaphor, these authors state in a later report, "The 'man in the street'

has 'bought the mental health story.'"

We began with an examination of the premise that mental illness is an illness like any other. This is the formula which defines the MEDICAL MODEL approach to the range of phenomena under consideration here. There are other models, though they tend to be dwarfed by the relatively towering predominance of the medical view. The SOCIETAL REACTION MODEL (Scheff & ref in 1 paper) asserts that "'Mental illness' is the resultant of a social labelling process applied to certain deviant behaviours." A third model, which we are proposing here, might be called the POLITICAL-ECONOMIC MODEL, and would rest on the hypothesis that "'Mental illness' is a business like any other." Inferences from this model would suggest a consieration of the ways in which the mental health industry operates, both conceptually and pragmatically, to maximize its political control and economic gain.

Thus, the educational campaign to teach the public 1) to identify mental illness, and 2) to refer mentally ill persons to professionals is ultimately designed to enlarge the psychiatric clientele, to increase the ranks of mental health experts (especially at the lower levels) and to expand the fiscal scope of the mental health empire.

A primary objective, then, of teaching the public to identify mental illness is to increase referrals to professionals; and we do, in fact, fact, find a causal relationship between these two events. Dohrenwend and Chin-Shong (422) state: ". . . the higher the tendency to recognize mental illness in these cases, the higher the tendency to recommend help from the mental health professions. Indeed, judgments that the behaviour is mentally ill are better predictors of whether referral to the mental health professions will be advocated than judgments that the behaviour represents a serious problem." This quote goes on to present an apparent paradox in the conceptual goals of

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the mental health movement, a paradox which furnishes some basic insights into the movement's actual aims.

> ". . . fictitious persons showing identical behaviour were more likely to be rejected on a social distance scale if they were said to be receiving help from a psychiatrist than if they were said to be receiving help from a physician or clergyman or were not getting professional help. . . . Thus, the increased use of the lable 'mentally ill' for various kinds of behaviour might be helpful or not, depending on the aim. If the aim is to have more of the individuals who show such behaviour referred to the mental health professions, increased use of the lable may do so. If, however, the end is to reduce social distance between disturbed persons and the community, then use of the label 'mentally ill' would be a hindrance" (422-423).

The answer to this dilemma is easily found in the unyielding tenacity with which psychiatry clings to the notion of mental illness. The aim is to increase referrals, not to reduce social distance. We have earlier alluded to the possibility that a largely unconscious aim may actually be to <u>increase</u> social distance, though this hypothesis is highly speculative. Politically and economically, it is at best irrelevant whether the public accepts or rejects the mentally ill. It is only referrals which generate professional control and augment professional income. "Social distance" is neither a political nor economic consideration, but a <u>moral</u> one. Despite the position taken by most writers---some highly critical of psychiatry (Sarbin)---it is our contention that the mental health movement is <u>not</u> a moral enterprise and that it is thus a mistake to judge its success in moral terms. Of the three main mental health lessons ("Mental illness is an illness like any other," "mental illness is an illness requiring professionals," and "X is mental illness") it is only the first which makes any appeal to moral issues, and, at that, only indirectly and, as we have shown, very ineffectively and half-heartedly. As we have suggested, the illness-like-any-other idea is simply pro forma packaging surrounding the real messages which have serious political and economic correlates.

Having successfully begun to teach the public that "X is mental illness," the campaign logically turns its attention to expanding the range of behaviours in the set "X." Evidence for this assumption is plentiful. As Szasz has pointed out, there is a tendency to turn "mental illness" into a "panchreston," an explain-all (33?). As the spectrum of behaviours increases which are evaluated according to the mental health reference point, the door is flung open to ever-increasing numbers being judged as mental illness. Because the concept is not a scientifically or empirically defined entity, as is for example, tuberculosis, it is readily adaptable to virtually any "clinical" criteria. (Footnote: For further documentation of this point, see Scheff (1966 & 1970), Mechanic (index card), and the somewhat spectacular demonstration by Rosenhan (1973) that virtually anyone regardless of "symptoms," can be diagnosed as mentally ill and admitted to a mental hospital.)

In a review of the literature, Dohrenwend and Dohrenwend (Sarbin 171) point out that the more recent the study, the higher the percentage of the population judged to be psychiatrically disordered. They dismiss the possibility that this trend can be attributed to the refinement of diagnostic techniques, arguing that there are still no scientifically valid measures of mental illness. While it may be true that the culture is progressively driving more people crazy, the mental health professions have yet to produce the instruments required to meaningfully detect an increase in psychological disorders. It is far more plausible that the historical "increase" in mental illness arises from the expansionistic logic which is central to the psychiatric mission. We witness the promotion of a world-view which Laing has called "pan-clinicism," and Szasz, "psychiatric imperialism."

The fuzziness of the mental illness concept fits nicely into this world-view. On the one hand mental illness serves as a blank check on which the public

can enter almost any figures. On the other hand, because illness is a medical entity, only mental health experts can sign the check. That the amounts continue to rise can be attributed both to the success of the educational campaign and to a natural tendency for a perceptual category to absorb more and more events into itself. In support of both hypotheses, Bord (50%) writes: "What one 'sees' is largely a function of what one is ready and capable of 'seeing.' It seems not unreasonable to suggest that the more the general public is 'educated' into the psychiatric perspective, the more incidences of mental illness will increase. Not only will relatively innocuous behaviors . . . be more often labeled by others as indicating mental problems (Footnote: In Bord's study, subjects rated the degree of seriousness of problems for several abstracts describing various behaviours. For the "normal" abstract, only 58% judged the problem as "not serious." Forty-two percent felt the problem was serious to varying degrees. At least in a research setting, ordinary people are strongly inclined to detect problems in others' behaviour, and more and more often to call these problems mental illness.), but those engaging in such behaviours are more likely to view this as evidence of a personal problem. The recent tripling, in some areas, of percentages of those classified as mentally ill may be a direct product of this phenomenon." Finally, we might note that the historical increase in the incidence of mental illness has been ascribed to "the tendency of the mental health professions themselves to widen the variety of behaviors labeled as mental illness" (Dohrenwend and Chin-Shong, 432). Quite clearly, a definable series of events conspire to lump an expanding set of behaviours under the psycho-medical definition.

In referring to the fairly unequivocal success of the mental health campaign, we are making an inference which is not universally shared among researchers on public attitudes toward mental illness. In the literature of

the past five years, a heated controversy has occurred on both sides of the issue of "success." The fact that there is a dispute, with most arguing that the campaign is proving effective, is in itself revealing. Through the forties, fifties and most of the sixties, the undeviating finding reported was that the mojor premises of the psychiatric perspective were unaccpptable to the public. Four classic studies (Star, (Crocetti 1122) Cumming and Cumming, Nunally and Joint Com.) found that most people's attitudes were characterized by fear, stigmatization and rejection; that only extreme "psychosis," accompanied by assaultive behaviour was incorporated into working definitions of mental illness; and that the medical model, along with the mental health professional, was generally rejected. Undaunted by such a bleak picture, the campaign intensified its proselytising (sp?) efforts. One review (Sarbin 170) states that virtually none of the studies in the opinion-survey literature "suggested that the mental illness concept might be unacceptable. Every investigator took a confident stand toward the 'truth' that the public should 'see the mentally ill in the psychiatric way.'"

Behind this stand lay a persistent myth which occupies a peculiarly important status in the educational campaign. Simply stated, the myth is that of the "Good Guys and Bad Guys." The former are represented by the mental health professional and the medical model; the latter by the public and--here we find a quite naive political assumption--the government that represents them. The psychiatric missionary presents himself as faced with a wall of ignorance which extends from the ghetto to the corridors of the legislature. The "unfortunate pawn" in this tragic drama is the mental patient, on whose behalf the mental health establishment struggles to enlighten the public and their elected representatives. The myth finds expression in a variety of

forms. The Joint Commission on Mental Health and Illness states: "Psychiatry has tried dilegently to make society see the mentally ill in its way and has railed at the public's antipathy or indifference" (Sarbin 170). Cohen and Struening (349) claim that ". . . the success of reintegrating former mental patients into the community is affected by the attitudes of the general public toward mental illness, and that these attitudes play a role in determining the support of mental health programs by the general public as voters and taxpayers" (italics added). It is our contention that the myth plays a central role in advancing the aims of the educational campaign, which are ultimately economic--a point hinted at by Cohen and Struening. Crocetti et. al. (1121) state it more directly. They claim that, at the outset, the "primary concern (of the "Attitudes Toward Mental Illness" literature) was evaluation of the popular support needed to endorse the expenditures required by (psychiatric) programs." They go on to say that "Success of community psychiatric programs and the development of alternatives to hospitalization for persons suffering from mental illness depends in large measure upon a favorable climate of opinion in the community." (Footnote: Though it lies beyond the scope of the present paper to document the point, we assert that the movement toward "community mental health,"--psychiatry's most dominant trend in the past decade (Rabkin 153), and one which depends all the more upon a "favorable climate of opinion in the community"-represents a fiscally more lucrative option for psychiatry.) We will pick up in a moment the hypothesis that government expenditures are related to public opinion, but we might note parenthetically that if the two are related, the fiscal outlook for psychiatry is bright. Elinson, Padilla and Perkins (Crocetti (2) 2), in a random survey of 3,000 people, found that 90% wanted the government to raise and spend more money on mental health services (more refs?). Beyond

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question, significant shifts have occurred in the attitudes of the "bad guys," which was of course the operational point of initiating the myth. As the psychiatric perspective taks a deeper hold in the public ideology, support of mental health programs has increased to the point where a) the public endorses greater expenditures, and b) the government is spending more (ref - Chesler?).

The relation between public opinion and government action is problematic. The fiction of bourgeois democracy has been exposed many times over. In countless instances governments act in opposition to the public will, though they tend to couch their programs in terms of the common good--especially when these programs are highly visible. Taken at their word, why do mental health researchers feel it necessary to demonstrate public approval in order to acquire government funds? Why do they not concentrate their exclusive efforts in persuading parliament or congress to spend more, irrespective of public opinion. The answers to these questions are complex. In the first place, though government officials are interested in controlling social deviance, they too are resistant to the psychiatric perspective. "Correctional" and related programs already provide broad non-psychiatric strategies for contending with psycho-social problems. Also, falling in the field of social welfare programs, psychiatric problems are well down the list vis-a-vis fiscal priorities. Third, because mental health programs require the acquiescence of the affected public--if not of the patient, who more often than not is treated involuntarily, at least of his family or friends--public attitudes can hardly be seen as irrelevant, as they might be in the case of many military and industrial expenditures which are removed from open view.

Historically, there has been governmental resistance to adoption to the mental health position and to the allotment of funds for these programs, which have been viewed as "soft" problems, hardly crucial to national welfare

or security. We find that the ruling bureaucratic circles are not monolithic, but that there are at least two groupings within it arguing over the correct approach to a problem of social engineering. Coincidentally, one ~~xxxxx~~ of these groups, the mental health establishment, has access to and control over the research instruments employed in the assessment of, among other things, public opinion. Given government resistance, it is far from irrelevant that researchers can demonstrate such "facts" as 1) the rising incidence of mental illness and 2) public acceptance of psychiatry. Confused themselves over methods for dealing with problems of social deviance, legislators would be expected to be impressed with the "scientific" demonstration of these facts. Accordingly, the purse strings have been loosened considerably over the years.

Thus we gain a deeper understanding of the political rationale behind the considerable energies employed in the examination of public attitudes toward mental illness. Further, the significance emerges of the relationship between the research and the educational campaign. Research investigations are an inherent aspect of the campaign. Their aim is to reinforce lobbying efforts designed to spring loose more government funds, and to bestow increasing legitimated power upon the mental health professions. The campaign can be seen as biing waged on several levels. One of these is via the mass media and is earmarked for public consumption. Another makes use of professional journals to keep mental ~~xxxxx~~ health experts abreast of the campaigns's success in infiltrating public ideas. A further use of the professional literature is in bringing the results of the public campaign to officials in government funding agencies.