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On the Political and Economic Implications of Canadian Psychiatry

by

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This article undertakes an in-depth examination of one paper in the December 1973 *Canadian Psychiatric Association Journal*. To this point, the professional psychiatric literature has been doubly ignored by the left--first because few radicals have shown much interest in the field of mental health, and second, because most of us who are involved in the area have abandoned professional journals as being intellectually barren and a hopeless arena for serious debate.

Both of these points require re-thinking. Psychiatry is *not* merely an irrelevant 'superstructural' enterprise catering to the neurotic whims of the middle and upper classes. For decades its roots have spread into the working class, who have always made up the great majority of inmates in mental institutions (9, 10, 19). Two recent phenomena, the community mental health movement and the inclusion of psychiatric services under pre-paid medical plans, have greatly expanded psychiatry's area of encroachment in the day-to-day lives of working people. Mental health is a large, growing business whose ideological and bureaucratic functions are deeply enmeshed in the state apparatus. Radicals will find it politically valuable to pay more attention to its evolution.

The propaganda organs of the mental health profession provide a useful point of entree for political analysts. No expertise is required to understand the professional literature. Any literate person (if he/she can stay awake) can comprehend virtually any article in any psychiatric journal. Under the dull surface--often not far under--one can pick up the salient ideological communications being exchanged within a private society. Not nearly as stimulating intellectually as Reich, Laing, Marcuse et. al., it is mainstream mental health periodicals rather than radical sources which reveal the operational character of everyday psychiatric practice and thinking.

A recent attack on the 'human potential movement' by Toronto psychiatrist Andrew I. Malcolm (16) is especially illustrative of basic political and economic anxieties within the profession. Radical readers, many of whom have experienced at least a mild flirtation with encounter groups, sensitivity training or one of a proliferating host of fashionable Human Potential Movement (HPM) therapies, will likely be familiar with Malcolm's target. Leftists have criticised the HPM on the grounds that these techniques ultimately accomplish little more than sustaining a liberal illusion of the potential for individual 'growth'--thereby displacing, to a degree, energies that might be employed in collective political action.

If the HPM does not promise significant alterations in the status quo, why then does the phenomenon apparently pose such a threat to the mental health establishment? Though the HPM is the object of Malcolm's attack, it will only incidentally be a matter of substantive concern for our argument. We are interested in it only insofar as it provides a funhouse mirror in which psychiatry's own image is revealed. While it is arguable that Malcolm's views are not necessarily typical of psychiatric thinking, their appearance in the *Canadian Psychiatric Association Journal* is a pretty good warranty that they represent a significant sector within the spectrum of debate that constitutes the orthodox stance of the profession.

<u>The Menace of the Human Potential Movement</u>

Briefly, here is a precis of Malcolm's argument (all italics following are supplied by us to indicate points we wish to take up in rebuttal).

By way of providing an occasion for the critique, Malcolm notes that although "some of (the HPM's) numerous directions have been guided by *responsible and learned men,"* the movement is increasingly typified by a "flight into Utopia" which "has by now become a more *present and persisting menace."*

He points out that is is widely acknowledged "that effective *profes-*

sional organizations which might insist on minimal *standards of training and conduct* do not exist in their field." This absence makes the movement "extraordinarily vulnerable to the entry of *untrained*, if well-meaning, *enthusiasts, egotistical power seekers and outright quacks*." Thus, "the field is wide open for the *enterprising entrepreneur*." As the HPM proliferates, Malcolm's concern grows that "there is still no *legislation* in Canada to prevent anyone from calling himself a 'trainer' and accepting hopeful clients." He is dismayed "that anyone may *legally* counsel people or operate as a therapist without *training, experience or even an ethical intent*."

The single empirical instance of the hazards of the HPM cited in the paper consists of an extended account of an 'experiment' conducted in early 1972 by the Addiction Research Foundation (ARF) of Ontario as part of its Organiation Development Program--an HPM offshoot. Malcolm brands this "a most extraordinary incident" that illustrates the "*considerable potential for social and psychological harm* when (HPM) techniques are *unrestrainedly* applied."

In the ARF experiment, the subjects, who were also ARF staff, were put through a series of mildly humiliating experiences as part of a conference. They were not told that what was being investigated was their compliance with irrational authority. Malcolm condemns the experiment's perpetrators for not giving subjects "*any information regarding (their) actual intentions*." He suggests that "their real intent was to conduct an *unscientific experiment*."

In his view, all that was demonstrated was the 'self-evident' hypothesis that "*any designated authority can . . . control the behaviour of his subjects* even to the point of causing them to act in an absurd and childlike manner." He charges that the experiment was conducted "primarily as a *demonstration of its power*" and protests the victimization of subjects for such purposes. The experimenters "had demonstrated that men and women can be

abused by authority even when they are educated, intelligent and free people who are members of a helping agency and a liberal democratic society."

The conclusions Malcolm draws from his example are prescriptive in nature. With respect to Organization Development, which affects "employees of corporations and branches of government," he proposes "that there should be a *written code* guaranteeing the right of every employee to refuse to participate." He insists that the twin principles of *informed consent* and *voluntariness* be insured.

In a concluding section addressed to "the responsibility of the Canadian Psychiatric Association," Malcolm points out that "the validity of the claims of (the HPM) has never been either confirmed or disproved by the application of *properly designed, controlled research*."

Citing 19th century legislation regulating medical practice, Malcolm says, "It is certainly time for a further decision to the effect that the *private citizen* does not have the right to set himself up as a healer of the psychic ills of man. The mind is no better defended against the excesses of the *charlatan* than is the body." Reminding the CPA that its "primary interest must always be the protection of the mental health of the people of this country," he urges the Association to "recognize that the proliferation of *quackery* within its *undoubted field of competence* will rebound to the advantage of neither the profession nor the people."

<u>Quest for the Therapeutic Dollar</u>

Shorn of its endless chain of motherhood cliches, Malcolm's argument is reducible to a set of moral assertions and a single case instance. While he presents himself as a man deeply troubled by ethical qualms--which may well be the case--we should not ignore the possibility that very material concerns may (unconsciously) lie behind this form of moral argument. After all, in the political arena, for example, it is not infrequently the case that economic

self-interest parades under the banner of 'the common good.' Similarly, it is plausible that Malcolm's real goal is to protect psychiatry's monopoly in the mental health field against the upstart interlopers of the HPM.

He consistently implies that for every fault to be found in the HPM, psychiatry supplies the corresponding virtue. It is here that his argument simply does not stand up to scrutiny. In fact, his criticisms would carry some weight were they not launched by someone in a field doubly vulnerable to the same criticisms. We witness a classic instance of the pot calling the kettle black, endeavouring to keep the entire stove to itself.

In no case does the author engage in a shred of self-criticism. Not only does he ascribe sober virtues to psychiatry, but even advances inflated claims, as matters of obvious fact, on behalf of the profession. The backdrop to his contentions against the HPM is that, by dint of institutionalized psychiatry's bureaucratic and political entrenchment (which in Malcolm's vocabulary is dignified by the terms "professional organizations" and "standards of training and conduct"), his ilk have a God-given right to hegemony in the field. Further, they--in this case the Canadian Psychiatric Association--have an obligation to act as moral watchdogs within their "undoubted field of competence." One wonders what rarefied atmosphere Malcolm inhabits. Perhaps he has never borrowed a book from libraries filled with volumes doubting their field of competence (3, 12, 20, 22, 23, 26, 29).

A thread tying together many of his arguments is related to the assumption that most HPM 'therapists' or 'trainers' are unqualified at best and dangerous at worst. His concern that "there is still no legislation in Canada to prevent anyone from calling himself a 'trainer'"can be seen as part of psychiatry's thinly veiled campaign to maintain its stranglehold on the management of human misery. The HPM's success in intruding into this realm of management is measured by the degree of reaction evinced by Malcolm as a spokesman for the Canadian Psychiatric Association--the combined Propaganda

and Defense Ministries in the land of Canadian Psychiatry.

Although the attack on the HPM is couched in an ethical format, signs of Malcolm's indignation and sense of personal affront are unmistakable. Clearly, this threatening neophyte has gotten under the man's skin. His anger, expressed of course in genteel form, is indicative of considerable anxiety vis-a-vis the inroads made by the HPM into the psychiatric field.

If Malcolm's presentation is an ethical cover for psychiatry's insecurity and protectionism, they in turn mask the more basic issue of economics. A fiscal monopoly is being threatened. Every year on this continent, millions upon millions of dollars are flowing into the HPM coffers, money which would find a path into the pockets of mental health personnel if Malcolm had his way. It has been estimated that in 1970, 750,000 people participated in some kind of HPM group experience (21). While this figure is still dwarfed by the more than four million 'patient-care episodes' of conventional psychiatry in 1971, excluding private office therapy (6), it nonetheless represents a substantial clientele.

Yet one wonders how it can be the case that the HPM, a small shopkeeper compared to the corporate giant of psychiatry, poses an economic threat. Psychiatry is credentialed, professionally organized and legally sanctioned (as Malcolm never tires of reminding his colleagues). Canadian psychiatrists, whose average annual income is more than $50,000 (often augmented through investment portfolios),ought to be disposed at least to pay lip service to the concept of free enterprise commonly espoused by the business sector of their social class. Yet Malcolm's complaint that "the field is wide open to the enterprising entrepreneur" indicates that he and his colleagues cannot chance allowing the competitive values of the marketplace determine who shall triumph in the quest for the therapeutic dollar. Unless nipped in the bud, what is now a minor economic nuisance could become a serious economic threat.

Despite Malcolm's repeated assurances of professional competence, psychiatry's production record is so dismal--in terms of hospital, out-patient and private treatment--that it is too great a risk to let the consumer shop where he will for his therapeutic solace. He may just make the 'wrong' choice, as thousands now are doing. A venerable perspective that justifies the professional's making the 'right' choice *for* the patient is psychiatry's view of the'mentally ill' as people incapable of making rational choices. However, this view is largely inapplicable in the case of the HPM since most of its clientele fall beyond the limits of even the most elastic definition of serious mental illness. If psychiatry cannot coerce HPM followers into professional treatment, at least it can try to legally prevent them from seeking 'amateur' help. As it has so often done in the past when 'patients' endeavour to act as free people, psychiatry once again turns to the state apparatus to preserve its hegemony. Thus Malcolm's call for legislation preventing non-credentialed persons from setting themselves up as therapists.

The Unscrupulous Experimenter

To return to the dangers of HPM therapy as illustrated in the ARF experiment, the subjects were manipulated into "absurd and childlike" behaviour in the following manner. Expecting breakfast, which was withheld, they were instead subjected to a long, boring speech. The temperature in the room was raised to 90 degrees. After the speech they were directed to mill about the center of the room while the lights grew dim and loud music and traffic noises were played. The entire procedure dragged on for hours. Few resisted any of the manipulations. Following debriefing, the leader instructed the subject/victims to break into small groups to discuss how they felt about having been intentionally humiliated.

Malcolm is enraged by such irresponsible practices. Of course, the experiment is objectionable and his indignation would be credible were it

the case that his own discipline could stand up to similar examination. Then one might say, "Amen," and join his lobby for legislative controls. However, before rushing out to buy plane tickets to Ottawa, we should pause long enough to ask: How does psychiatry measure up to the charges levelled against the 'irresponsible' HPM? While the answers to this question may be familiar to many readers, a brief refresher course will serve to remind us that, despite a critique launched more than a decade ago, orthodox psychiatric practice has remained pretty much unmoved.

Consider Malcolm's objections.

The ARF experiment, as part of the HPM, contains a "considerable potential for social and psychological harm." No doubt many practices contain such a potential. One of the few things psychiatry has actually proven is its ability to translate this potential into systematic actuality. Relative to involuntary hospitalization, involuntary drug treatment, involuntary ECT and the stigmatization of mental patients brought about through the psychiatric concept of mental illness, the dangers of the ARF experiment deserve about as much outrage as would a corny practical joke.

Leaving aside psychiatry's more horrific practices, a documentation of one type of harm done by the mental health industry can be found in a reading of any psychiatric journal, in which drug ads routinely occupy positions of prominence. To take a random example, one listing of 84 adverse side effects for an anti-depressant in the family of tricyclic derivatives includes: "confusional states, hallucinations, disorientation, delusions, anxiety, restlessness, agitation, insomnia, panic and nightmares, hypomania, and exacerbation of psychosis."

Our objective is not to score easy points against psychiatry. We recognize that in some cases it may be beneficial to resort to drugs despite the hazards attendant to their use. But even the most generous apologist would

have to concede that they pose a clear danger. In the extreme, the ads for phenothiazines note that: "Sudden death, apparently due to cardiac arrest or asphyxia due to failure of cough reflex, has been reported," although the ads go on to shrug this off, adding that "no causal relationship has been established." Surely a distributor of these chemicals would be expected to think twice before issuing moral accusations against others in an adjacent field, especially against those who, as a matter of principle, refrain from encouraging the use of psychoactive drugs because of potentially harmful effects.

These drugs hardly present a picture of scientific precision, though ironically, the next stone thrown by Malcolm is the accusation that the ARF procedure was "an unscientific experiment." As is well known, the unscientific basis of psychiatry has been documented by scores of critics. As Scheff (27), for example, puts it:

> "There has been no scientific verification of the cause, course, (nor) site of pathology, (nor of) uniform and invariant signs and symptoms, (nor) treatment of choice for almost all of the conventional, 'functional' diagnostic categories. Psychiatric knowledge in these matters rests almost entirely on unsystematic clinical impressions and professional lore. It is quite possible, therefore, that many psychiatrists' and other mental health workers' 'absolute certainty' about the cause, site, course and symptoms of mental illness represents an ideological reflex, a spirited defense of the present social order."

Malcolm's harangue is precisely a defense, if not spirited, of the present social order.

Unstoppable, he goes on to protest that the ARF subjects were deceived by an unscrupulous experimenter. Looking at the professional literature, we find it packed with studies in which subjects are deceived into performing not only humiliating, but often frightening, acts. One gruesome study by Milgram (17, 18) is a classic, demonstrating that subjects will violate basic moral precepts when instructed to do so by an authority figure. For this experiment, Milgram has gained fame and prestige. One credentialed investigator studying panic reactions locked subjects in a room, injected

smoke under the door and yelled "fire!" (13). All this goes uncriticised, and even praised, in the name of science. Another example from this misanthropic repertoire finds the unscrupulous experimenter causing subjects to sort meaningless stacks of IBM cards for hours on end in order to demonstrate that when the table 'accidentally' tips over, they can easily be guilted into complying with further experimental manipulations (8). Lest the reader regard this a biased selection, one review of the social science literature revealed that the use of deception is alarmingly common in psychological experiments (28). Subjects are rarely informed of the experimenter's true objectives and are usually told explicit lies.

"Application (of the behaviour control technique was) primarily . . . a demonstration of its power" is another of Malcolm's complaints. He could have found many examples of the abuse of power closer to home, had he wished to. The studies cited above deomonstrate this abuse in the laboratory, but the literature is hardly deficient in examples of corresponding abuses in real-life situations. One psychiatric study describes the use of a "punishment program" administered by professionals to a 31 year old 'schizophrenic' woman to reduce her aggressive behaviour (14). She was shocked with a cattle prod whenever she "made accusations of being persecuted; made verbal threats; or committed aggressive acts." The authors admit that "the procedure was administered against the expressed will of the patient." One wonders whether moral outrage is inappropriate if the abused is 'mentally ill.'

A somewhat more esoteric area of psychiatric abuse pertains to the occurrence of sexual relations between male therapists (who make up 90% of the psychiatric profession) and female patients. This practice is common enough, however, to have generated a considerable literature, much of it highly critical of psychiatrists who take money and offer sex--all in

the name of therapy. Dahlberg, for example, describes instances of psychiatrists' seducing not only their female patients, but even the wives of their male patients (5). Chesler interviewed 54 female patients and ex-patients, 11 of whom had slept with their psychiatrists (2). The latter are described as "highly 'reputable' professionals in terms of legitimate medical or doctoral training, . . . psychoanalytic or clinical training (and) well-established practices." Summing up her findings, Chesler writes:

> "Although many of the women described being humiliated and frustrated by their therapists' emotional and sexual coldness or ineptitude, it was the therapist, more often than the patient, who ended the 'affair.' And in every case the woman was further hurt by the abandonment. After the therapist's withdrawal, one woman tried to kill herself; two others lapsed into a severe depression; a fourth woman's *husband* who was also in treatment with the same therapist Killed himself shortly *after* though perhaps not *because* he found out about the affair. This particular therapist's rather sadistic and grandiose attempt to cure this woman's 'frigidity' one night resulted in her developing a 'headache' that wouldn't subside for a year. His behaviour was depressingly typical."

Drawing upon a seemingly inexhaustible fund of objections, Malcolm also charges his competitors with such laxities as not providing "for the handling of . . . acute psychiatric crises," nor "for follow-up after discharge," nor for use of the principles of "informed consent" and "voluntariness." It is tempting to turn these, too, back on Malcolm, but why belabour the issue?

We do not want to desert him in the midst of his moral crusade, but then, in thinking about the ARF experiment, one perversely returns to the idea that it really was not so monstrous as all that. In fact it is likely that, given the infinite malleability of 'social science data,' the ARF report construed the experiment as a profitable experience for all concerned.

At worst, what happened? A few "educated, intelligent and free people" suffered a delay in breakfast, sweated a bit and wasted the morning playing a silly parlour game. Laid against the 'atrocities' and more subtle violence

of psychiatry, the HPM experiment is hardly a "remarkable incident." About the only thing remarkable in all of this is Malcolm's gall in attacking it. You shouldn't throw stones at people who live in glass houses if you happen to live in a glass palace.

'Philosophical Underpinnings'

Pausing in his rampage, Malcolm takes a reflective moment to provide a sophomoric overview locating the HPM in a socio-historical context that extends from the biblical era right into the present. A man still shell-shocked from the turbulent sixties, he neatly comes to terms with the unpleasant realities of the past decade by proposing a simple dichotomy: the "old culture" and the "new culture" (it is the latter which gave birth to the HPM, and the former which, supposedly, defines conventional psychiatry's values). Though lacking the dialectical grandeur of Freud's Eros and Thanatos, this pair of mythic antagonists nonetheless convey a crude but forceful vitality.

As opposed to the old culture, the new culture "emphasizes personal rights rather than property rights, co-operation instead of competition, communal ownership rather than private ownership, sexuality and love rather than violence and hate, openness instead of privacy, and immediate gratification rather than postponement and further striving."

We have our own disagreement with the HPM and its theoretical fore-bears, but fear it would be lost in the din of Malcolm's breast-plate beating. Given a simple choice, however, between his interpretation of the old and new cultures' values, it is difficult not to advocate those of the latter. Mal-colm seems to be unaware that the logic of his move boxes psychiatry into endorsing those of the former. In this recitation of what might charitably be called the 'philosophical underpinnings' of his argument, he never comes out in direct opposition to nasty values like cooperation, communal owner-

ship, sexuality, love and openness, but instead resorts to the method of guilt-by-association, linking the HPM both to the ancient fanatacism of millenial cults and to the modern scourge of drugs.

The Structure of the Psychiatric Market

Despite his heated denunciations, Malcolm not only refrains from calling for the abolition of the HPM, but even drops some clues that it might be salvageable. He grants that within the HPM there are some "responsible and learned men" (who no doubt bear a striking resemblance to him and his credentialed colleagues). His remark that "the claims (of the HPM) have never been either confirmed or disproved by . . . properly designed, controlled research" obviously leaves open the possibility that they might be confirmed (it is of course no mystery who Malcolm has in mind for determining what research is properly designed and controlled). The warning to his cohorts not to take for granted that HPM techniques are "either universally applicable nor wholly free of risk" is delivered in such tones of studied understatement as to suggest that it is not an admonition at all. It requires only a slight inversion of this proposition to yield the notion that these techniques are *sufficiently* applicable and free *enough* of risk as to be usable.

At first glance this may seem a curious about-face. An examination of contemporary psychiatric clientele, however, provides the rationale for Malcolm's merely proposing legislative *restraints* rather than harsher measures. Prior to the advent of the HPM, the population which came under psychiatry's jurisdiction consisted primarily of two crude categories of patients: 1) those who were 'crazy' and hospitalized (i.e., psychotics); and 2) those who were troubled and sought private treatment (i.e., neurotics). Psychiatry has maintained its control over this first group, despite shifting demographic

patterns in hospitalization, where, for fiscal and ideological reasons largely internal to the profession, absolute hospital populations have dramatically declined since 1955, somewhat masking a four-fold increase in psychiatric 'episodes' (6). Content to leave 'psychotics' to psychiatry (in most cases the HPM explicitly discourages them from joining its therapy groups), un-credentialed therapists pose little threat to the present management of this population.

With respect to the second category--the 'troubled'--the issue is quite different. Recent historical cross-currents significantly affecting psychiatry must be taken into account. These have to do with referral preference, stigmatization and disaffection. Prior to the widespread availability of psychiatric services, 'troubled' people commonly would be referred to such resources a family doctors, clergy and friends (15, 30). In the period 1960 to 1970, concurrent with a massive campaign to gain public acceptance for psychiatric practitioners (11)--beyond the acceptance already secured among those social classes who regarded the acquisition of such services as fashionably chic--studies demonstrate that psychiatry steadily moves up the ranks in referral preference categories (1, 7). Although the efforts to de-stigmatize psychiatry were no doubt partially successful in this period (4), the issue of stigma attendant upon receiving psychiatric care certainly persists and is a factor restraining many 'troubled' persons from seeking this aid (24, 25). The availability of the HPM as an alternate referral preference that answers the question, "Where should we send this troubled person?" in itself constitutes a threat to psychiatry's market. (We will return momentarily to the key to its attractiveness as a referral preference.) A factor running counter to this trend of psychiatric ascendancy is what might simply be called customer dissatisfaction. Thus, we could expect to find a significant proportion of HPM customers to be persons who have found

psychiatry to be ineffective in relieving their troubles.

Most important of all, the therapeutic clientele has been significantly increased as a result of a remarkable conceptual breakthrough achieved by the HPM. Operating on the metaphor of 'growth' rather than that of 'cure' (of illness), the HPM destigmatizes therapy to the point where it becomes a legitimate activity for *anyone*. The announcement, "I'm going to group," is increasingly heard, especially within middle class sectors, without inviting any pejorative reflection on the person involved in HPM therapy. Not only does the HPM attract psychiatry's disaffected and those troubled by the stigma attached to the profession, it opens an entirely new market of perfectly ordinary people suffering perfectly ordinary alienation. Its easy adaptation--in such forms as the Organization Development technique described by Malcolm--to everyday workplace situations is a hint of its market-expanding potential (as well as a comment on the political naivete of its advocates who simplistically assume that the HPM is 'anti-establishment'). If we posit the assumption that the logic of the psychiatric enterprise, like that of any commercial enterprise, is to maximally extend its clientele, it then becomes easy to discern the real material threat posed by HPM competition.

Thus, after all his moral harangues, the notion emerges that Malcolm may be angling for expropriation rather than anything like extermination of the HPM. Clearly, the point is not *what* is done, but *who* does it.

Call To Arms

Ending with a hortatory word to his business associates, the author reminds them of those challenging days in the late 19th century when physicians closed their ranks and, via legislation, prevented the private citizen from setting himself up as a "healer of the physical ills of man."

Psychiatry now stands on the threshold of a comparable challenge. In view of the impending economic crisis, Malcolm piously warns his co-workers that "the mind is no better defended against the excesses of the charlatan than is the body." Deftly striding through a metaphysical puddle that psychiatry has done more than its share to muddy, he draws the false, though now familiar, parallel between medical and mental illnesses. For those of his colleagues who may fear that, like the HPM, their enterprise is not "wholly free of risk" nor validated by "properly designed, controlled research," Malcolm offers endless comfort.

Seen as a political-economic enterprise rather than as a scientific one, psychiatry must regularly resort to the use of overblown rhetoric to convince its practitioners of the authenticity of the discipline and of their rightful place at the top of the mental health empire. Winding himself up into a crescendo of sanctimoniousness, Malcolm recalls psychiatry's role as the protector of the mental health of the people of Canada and as the guardian against the proliferation of quackery within its undoubted field of competence. His conclusion that the spread of the HPM "will rebound to the advantage of neither the (psychiatric) profession, nor the people" presents an equation that borders on delusions of grandeur. While in reality Malcolm is only tooting psychiatry's own horn, he imagines his readers to hear trumpets blaring as they man the barricades.

However defective psychiatry's perceptual apparatus may be in some respects, it is instructive to note that it is sufficiently in touch with *economic* reality to know when to marshal the troops.

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