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MULTIPLE MODELS AND MENTAL ILLNESSES: REJOINDER TO "FAILURE OF A MORAL ENTERPRISE: ATTITUDES OF THE PUBLIC TOWARD MENTAL ILLNESS" BY T. R. SARBIN AND J. C. MANCUSO

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A critical analysis of "Failure of a Moral Enterprise: Attitudes of the Public toward Mental Illness" by T. R. Sarbin and J. D. Mancuso is presented. Reported data indicate that the public is (*a*) generally accepting of the medical model of mental illness, (*b*) optimistic about prognosis, and (*c*) able to identify the simple schizophrenic, the alcoholic, and the juvenile character disorder as mentally ill and in need of medical care. The public does not place a sizable social distance between themselves and those labeled mentally ill. These data contradict the claims advanced for a unitary social deviancy model. The authors argue that the medical model is neither rejected by the public nor discredited by current research. The need is not for the abandonment of medical and psychological models which have already demonstrated formidable heuristic value. What is needed is recognition that there are many different kinds of mental illnesses and that multiple models may consequently have value.

At varying points in history, organic, psychological, and social models have shown heuristic value in the study of what many still call mental illness." A certain reasonable tolerance facilitates mutual interchange between investigators whose work springs from differing models. Such tolerance has been disdained by some of the proponents of a social deviancy model; others have gone on to disparage all those who fail to share their persuasion. Writing in the pages of this journal, Sarbin and Mancuso (1970) find the investigation of clinical models of mental disorders a "moral enterprise" and label exponents of the medical-psychological model "entrepreneurs of morality."

The three conclusions which form the core of Sarbin and Mancuso's (1970) argument are as follows:

> A review of the studies of the public's attitudes toward mental illness and mental health demonstrates that the moral enterprise of promoting the "mental illness" metaphor has failed [p. 159].
>
> The survey data have shown repeatedly that only persons who exhibit the most exaggerated deviations will be regarded as mentally ill . . . [p. 169].
>
> An exemplar of the general public would place a sizable social distance between himself and those persons who are labeled mentally ill [p. 168].

These conclusions are apparently based on the literature dealing with empirical data from field surveys concerning public attitudes toward the mentally ill. Crocetti, Spiro, and Siassi (1972) recently completed an exhaustive review of the same literature for a forthcoming book on this subject. It can clearly be shown that Sarbin and Mancuso neither report correctly all of the data from the studies they cite nor do they report on all the relevant studies, as can be seen from brief review.

In Lemkau and Crocetti's (1962; Crocetti & Lemkau, 1963) study of Baltimore City, specially trained interviewers were used to survey a randomly selected sample. A response rate of 90% was obtained and a total of 1,738 people were surveyed. Most of the questions in this study were identical to those used in previous surveys and included three of the six Star[2] case descriptions. The sample was

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[2] S. A. Star. The public's ideas about mental illness. Chicago: National Opinion Research Center, University of Chicago. Unpublished paper, 1952.

relatively poor and uneducated. Nevertheless, 91% identified the vignette of the paranoid as mentally ill; 78%, the simple schizophrenic; 62%, the alcoholic. A majority identified all three and felt that the described persons should see a physician, and favored treating the mentally ill in the community. Eighty-one percent were willing to work with a formerly mentally ill person, 56% were willing to room with such a person, and 51% could imagine themselves as "falling in love with" such a person.

In 1963, the Columbia University School of Public Health and Administrative Medicine and the New York City Community Mental Health Board attempted to assess the feelings of adult New Yorkers about their mental health services (Elinson, Padilla, & Perkins, 1967). The survey also explored public conceptions of mental illness and attitudes toward the mentally ill. A systematic selection of 1,500 housing units yielded a random sample of 3,000 people, of whom 87% were finally interviewed. The results of this study were similar to those of the Baltimore survey. In the preface to their book, Perkins sees the idea of stigmatization and rejection of the mentally ill as overly simple and outmoded:

> The public does not globally reject the mentally ill. On the contrary, the public does have hope for a favorable outcome to treatment of the patient, and accepts the proposition that this should be as near home as possible [1967, p. X].

The overwhelming majority of the respondents in this study expressed the belief that "mental illness was an illness like other illnesses," "that there were many different kinds of mental illness," and that it should be included in regular health insurance coverage. Ninety percent wanted the government to raise and spend more money on mental health services.

The Kentucky Mental Health Planning Commission (1964) studied attitudes of Kentuckians toward the mentally ill as preparation for developing community health programs. One thousand people were selected through an area probability sample stratified by urban and rural residences according to the 1960 census. Ninety-seven percent of the sample was interviewed.

Using the usual identification and social distance questions, the results obtained were similar to those found in Baltimore and New York. An overwhelming majority identified the three Star (see Footnote 2) case descriptions as indicating mental illness, with 94% of the respondents advising that the paranoid schizophrenic should see a doctor; 92% giving the same advice for the simple schizophrenic; and 89% similarly agreeing for the alcoholic. Ninety-one percent knew that there were many different kinds of mental illness, while 82% agreed with seeking psychiatric help when one has strange ideas or behaves oddly. Eighty-nine percent said they would care for a mentally ill member of their family at home if a doctor thought it would not be harmful to the patient.

Social distance questions elicited that 81% of those interviewed were willing to work with a former mental hospital patient; 54%, to room with him; and 68%, to work in a mental hospital. When asked if they knew anyone who was or had been mentally ill, 67% replied affirmatively, with 27% referring to relatives and 40% to friends or acquaintances.

In 1967, Edgerton and Bentz (1969) surveyed a random sample of 960 adults from two predominantly rural counties in North Carolina. A 97% response rate was achieved. More than 75% of the respondents opposed the idea that little can be done for mental illness or that a mentally ill person can never be normal and healthy again. Seventy-five percent disagreed that few people who enter mental hospitals ever leave, while 65% felt that most discharged mental patients would make a good adjustment to the community. Almost everyone interviewed thought that mental illness was an illness like any other, with 87% agreeing that a great deal can be done to prevent it.

In response to social distance questions, 88% of the respondents were willing to work with someone who had been mentally ill; 67%, to rent him an apartment; 57%, to room with him; 44%, to conceive of falling in love with him; and 72% to work in a mental hospital. A majority of those interviewed did not perceive mental hospitals as similar to prisons, rejected the proposition that they were to manage patients rather than cure patients, and disagreed that little could be done for mental hospital patients except ensure their comfort and good feeding. Edgerton and Bentz inter-

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Six studies reported in the literature between 1960 and 1970 used the Star (see Footnote 2) vignettes as a test of the public's ability to recognize mental illness in described behavior (Dohrenwend, Bernard, & Kolb, 1962; Dohrenwend & Chin-Song, 1967; Kentucky Mental Health Planning Commission, 1964; Lemkau, 1962; Lemkau & Crocetti, 1962; Meyer, 1964). Of these studies, none reported less than 96% of their samples as identifying the paranoid schizophrenic as mentally ill; no study reported less than 67% as identifying the simple schizophrenic as mentally ill, and only one study (Dohrenwend & Chin-Song, 1967) reported less than 63% as identifying the alcoholic as mentally ill.

Of the nine studies reporting social distance data between 1960 and 1970 (Edgerton & Bentz, 1969; Elinson et al., 1967; Kentucky Mental Health Planning Commission, 1964; Lemkau, 1962; Lemkau & Crocetti, 1962; MacLean, 1969; Meyer, 1964; Phillips, 1964; Sydiaha, Lafave, & Rootman[3]), none show less than 73% as willing to work with the mentally ill and two show 90% or more as willing to do so (Edgerton & Bentz, 1969; Sydiaha et al., see Footnote 3). As might be expected, acceptance in the more intimate relationships of family membership is more qualified and too complex to be expressed completely in a simple statement. However, most studies show at least as much acceptance by the public of a former mental patient as a prospective family member as they do unqualified rejection.

The only two studies so far published in 1971 dealing with these questions (Bentz & Edgerton, 1971; Crocetti et al., 1971) offer additional confirmation of the above findings. A study of the attitudes of a blue-collar population showed that 89% of the 937 respondents believed that the mentally ill could be cured with proper treatment; 98% felt that people who are mentally ill require a doctor's care just as much as people who have any other type of illness; 94% would be willing to work with someone who had been mentally ill; and 64% would be willing to room with him. Only 13% would definitely reject the possibility of falling in love with someone who had been mentally ill (Crocetti et al., 1970).

In a study of a population sample of two rural North Carolina counties and one Virginia county ($N = 1,405$), Bentz and Edgerton (1971) used four of the Star vignettes. They found that the simple schizophrenic was identified as mentally ill by 78%; the alcoholic, by 71%; the anxiety neurotic, by 58%; and the juvenile character disorder, by 52% of their respondents. Using the same social distance items as Phillips (1964), they concluded that "the mean scores should be interpreted as acceptance rather than rejection."

The overwhelming impression created by a full review of the literature since 1960 is that (*a*) the "man in the street" has "bought the mental health story" and believes to the point of consensus that the mentally ill require medical care as do the sufferers from any somatic illness, and he is optimistic about their prognosis; (*b*) the "man in the street" is perfectly able to identify other than the most "exaggerated deviations" as mental illness and in fact does so identify the simple schizophrenic, the alcoholic, the juvenile character disorder, and others; (*c*) an "exemplar of the public" does *not* place a sizable social distance between himself and those labeled "mentally ill." Some clarification is needed here. A qualitative term such as "sizable" when applied to a quantifiable scalar measure without any specific reference points is simply meaningless. In a multigroup hierarchal society such as ours, no group is ever completely accepted by everyone in every relationship or completely rejected in all relationships.

The selective inattention in Sarbin and Mancuso's review of the literature is compounded by several partial misstatements and distortions of the findings of some of the studies they cite (Dohrenwend & Chin-Song, 1967; Elinson et al., 1967; Freeman & Kassebaum, 1960; Woodward, 1951).

Space permits the examination of only one. They say "the description used by Lemkau and Crocetti in the part of the study directed

[3] D. Sydiaha, H. G. Lafave, and I. Rootman. The importance of ethnic background in the determination of community definitions and expression of mental illness: A comparative study of a French and non-French Canadian town controlling for ethnic background. Unpublished paper, 1963.

to the question of who should be hospitalized did not identify the persons as being mentally ill [Sarbin & Mancuso, 1970, p. 170]." This is technically true. However, the actual wording of the question was "The doctor told____ that he could arrange for____ to go to a state mental hospital . . . or that____ could keep____ at home and that he would arrange for a special doctor and nurse to come and see her. . . ." It is difficult to believe that when a doctor tells you that a family member should be sent to a state mental hospital that the family member is not being labeled as mentally ill. More so since a majority of this population had already identified similar symptomatology in the Star stories as mental illness. Such distortions and heavy reliance on data obtained in the 1950s (Cummings & Cummings, 1957; Nunnally, 1961) color the report.

Their assertions suggest an underlying premise: that there is really no such thing as mental illness, but that there is simply deviant behavior. The implication is that mental illness is a recently invented or "mythic" category: an attempt to apply a medical model to what are essentially sociological phenomena. Studies of primitive cultures refute this point. Psychotic behavior often goes unpunished because it is assumed that it is not voluntary behavior. The concept of mental illness is far from being a twentieth century invention. The same tradition is very ancient in Western culture, dating at least from classical times. The two towering intellects of the Middle Ages, Albertus Magnus and his student Thomas Aquinas, both described the symptoms of various psychotics. They held that although such persons might have lucid intervals, their reason was impaired. They could not distinguish right from wrong, and thus they could not be held legally or morally responsible for their actions (Mora, 1967.) It was not until the emergence of industrial capitalism that this concept of the existence of a special kind of deviance, not subject to direct social sanction, began to be seriously challenged by spokesmen of the new ruling class of entrepreneurs. It would seem, therefore, that a social category functionally equivalent to mental illness predates by centuries the mental health movement. Thus it is doubtful that attacks on nomenclature without concomitant and fundamental reorganization of society or increased knowledge will significantly alter the social reality of the mental illnesses.

We use the term "mental illnesses" advisedly. Mental illness as such is an abstraction. An overwhelming majority of the public surveyed were aware that there are many different kinds of mental illnesses, and that people with the same mental illness do not always act in the same way. The medical model may be inadequate in some kinds of mental illness. On the other hand, the sociological model of simple deviance is frequently equally inappropriate, and in some instances even more so than the medical model. Whether the empirical consequences of the sociologic deviance model applied in fields such as delinquency, crime, and personality are so startlingly superior to the application of a psychological illness model to disorders like nonprocess schizophrenia and manic depressive disorder is at least debatable.

Few experienced clinical and consulting psychologists and psychiatrists would argue that the medical illness model is sufficient standing alone. Few would claim that adequate etiological theory exists or that diagnostic obscurity is not demonstrable. However, as the history of medicine attests, these are fatuous bases from which to deny the existence of disease. It would be tragic if psychophysiologic, psychopharmacologic, and other research were to be abandoned as a logical consequence of conceiving of mental illnesses as purely sociological phenomena. Sarbin and Mancuso not only ignore the cumulative impressions of recent major studies, but also the efforts of many state mental health planning commissions, statistics on voluntary hospitalization, outpatient services, the effect of the psychopharmacological drugs, and historical changes in general. The result is that important but arguable opinions are presented in such a manner as to create the illusion that they are established facts.

It is ironic that at a time when virtually all data point to the need for multiple models for understanding the variety of mental illnesses, a plea should be advanced for regression to an oversimplified unitary model of social deviancy. Such oversimplification runs counter to the mounting data from such diverse sources as

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BENTZ, K. W., & EDGERTON,
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Journal of Social Psychiatry
CROCETTI, G. M., & LEMKAU,
psychiatric home care in a
Journal of Public Health, 19
CROCETTI, G. M., SPIRO, H.
prejudice and mental illnesse
of Pittsburgh Press, 1972, i
CROCETTI, G. M., SPIRO, H.
ranks closed? Attitudinal so
illness. *American Journal o*
1121–1127.
CUMMINGS, E., & CUMMINGS
bridge: Harvard University
DOHRENWEND, B. P., & CHI
and attitudes toward psyc
problem of tolerance of de
logical Review, 1967, 32, 417
DOHRENWEND, B. P., BERNAR
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anthropology and existential epistemology; psychophysiology and behavioral psychology; sociology and neurochemistry; psychoanalysis and organic phenomenology.

As the various categories we now designate as mental illness are sorted out, different models may be found more useful with different mental illnesses. It seems unlikely that the social deviancy model will ever stand alone with all else discarded as a failed "moral enterprise."

REFERENCES

BENTZ, K. W., & EDGERTON, W. J. The consequences of labelling a person as mentally ill. *International Journal of Social Psychiatry*, 1971, 17, 156–167.

CROCETTI, G. M., & LEMKAU, P. V. Public opinion of psychiatric home care in an urban area. *American Journal of Public Health*, 1963, 53, 409–414.

CROCETTI, G. M., SPIRO, H. R., & SIASSI, I. *Stigma, prejudice and mental illnesses*. Pittsburgh: University of Pittsburgh Press, 1972, in press.

CROCETTI, G. M., SPIRO, H. R., & SIASSI, I. Are the ranks closed? Attitudinal social distance and mental illness. *American Journal of Psychiatry*, 1971, 127, 1121–1127.

CUMMINGS, E., & CUMMINGS, J. *Closed ranks*. Cambridge: Harvard University Press, 1957.

DOHRENWEND, B. P., & CHIN-SONG, E. Social status and attitudes toward psychological disorder: The problem of tolerance of deviance. *American Sociological Review*, 1967, 32, 417–433.

DOHRENWEND, B. P., BERNARD, V. W., & KOLB, L. C. The orientation of leaders in an urban area toward problems of mental illness. *American Journal of Psychiatry*, 1962, 118, 683–691.

EDGERTON, W. J., & BENTZ, W. K. Attitudes and opinions of rural people about mental illness and program services. *American Journal of Public Health*, 1969, 59, 470–477.

ELINSON, J., PADILLA, E., & PERKINS, M. *Public image of mental health services*. New York: Mental Health Materials Center, 1967.

FREEMAN, H. E., & KASSEBAUM, G. E. The relationship of education and knowledge to opinions about mental illness. *Mental Hygiene*, 1960, 44, 43–47.

KENTUCKY MENTAL HEALTH PLANNING COMMISSION. *Kentuckians' attitudes toward mental illness*. Louisville: Author, 1964.

LEMKAU, M. Professional and public attitudes regarding the care of mental patients in Carroll County, Maryland. Westminster: Western Maryland College, 1962. (Mimeo)

LEMKAU, P. V., & CROCETTI, G. M. An urban population's opinions and knowledge about mental illness. *American Journal of Psychiatry*, 1962, 118, 692–700.

MACLEAN, U. Community attitudes to mental illness in Edinburgh. *British Journal of Preventive and Social Medicines*, 1969, 23, 45–52.

MEYER, J. K. Attitudes toward mental illness in a Maryland community. *Public Health Reports*, 1964, 79, 769–772.

MORA, G. History of psychiatry. In A. M. Freeman & H. I. Kaplan (Eds.), *Comprehensive textbook of psychiatry*. Baltimore: Williams & Wilkins, 1967.

NUNNALLY, J. C., JR. Popular conceptions of mental health, their development and change. New York: Holt, Rinehart & Winston, 1961.

PHILLIPS, D. L. Rejection of the mentally ill. *American Sociological Review*, 1964, 29, 679–687.

SARBIN, T. R., & MANCUSO, J. C. Failure of a moral enterprise: Attitudes of the public toward mental illness. *Journal of Consulting and Clinical Psychology*, 1970, 35, 159–173.

WOODWARD, J. L. Changing ideas on mental illness and its treatment. *American Sociological Review*, 1951, 16, 443–454.

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EDITOR'S NOTE

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