

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. ~~Of course~~ As the branchchild of the mental health industry, the notion of mental illness would naturally be expected to receive considerable attention.

In a fairly ~~ostentatious~~ <sup>voluminous</sup> pocket of the mental health literature is a subject loosely called "Attitudes Toward Mental Illness." footnote literature includes mainly 'published' att's 2) mh pro's att's + 3) mph + friends + relatives att 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 <sup>estimate</sup> the relative importance of sub-areas in their disciplines. There are, for example, few listings in the categories of "Attitudes Towards..." 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<sup>2</sup> (Footnote<sup>2</sup>: The U.S. National Institute of Mental Health estimated the 'cost' of mental illness to ~~be~~ 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 disciplines, 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. A principal aim of public opinion research in this area is to evaluate the degree of <sup>general</sup> acceptance of the 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 so-called 'public.' This campaign, euphemistically called 'mental health education,' is conducted by an entrenched network of national and local mental health associations, <sup>advertisers of</sup> <sup>purveyors of</sup> ~~the~~ which serve as advertising agencies for 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. <sup>Board 497-82</sup> The main target of mass media advertising is the working class who do

not have access to the more sophisticated institution 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 (Guttman et al. 1977, Bord - 497 Murray 112, Leinhardt, Crocetti - 20, Duke 97)

The working class, until recently, deprived 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 1971, p. 1121). In 1955, <sup>a composite of 26 national public organizations founded</sup> the Joint Commission on Mental Health and Illness <sup>with last word in the mental health establishment" (Sabin 1970)</sup> was ~~for~~ established, and in 1961 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 <sup>a</sup> 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 <sup>even</sup> still outweigh acceptance.

<sup>The main point to keep in mind is</sup> ~~and~~ that the variable under consideration must be in a state of historical flux. Ahistorical studies, of which there are many, consistently almost invariably miss the unidirectional changes occurring in general attitudes toward mental illness.

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Academic research into public attitudes and the campaign to teach the public certain attitudes, while addressing themselves to quite different audiences, are <sup>reciprocal symbiotic</sup> twin components of a unified program designed to secure for the psychiatric establishment an expanding 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. (I still don't understand/agree with the cross-over scheme re ostensible & actual aim.)

The central idea which the mental health movement ostensibly endeavours to inculcate is captured in the shibboleth that <sup>CAPS</sup> "Mental illness is an illness like any other." Lacking any epistemological basis for this <sup>proposition</sup> assertion, the professional establishment promotes the <sup>idea</sup> slogan <sup>ostensibly</sup> supposedly <sup>in order</sup> to destigmatize mental illness, to free the sick person from public rejection. In fact this consideration is quite secondary, a point we shall return to momentarily. In any event, destigmatization of mental illness has not occurred. Research consistently shows that the public uniformly views mental patients with fear and suspicion (refers). In fact, behaviour which is labelled mental illness is rejected <sup>the identical</sup> more so than behaviour not so labelled (refers). Similarly, a person receiving psychiatric treatment is <sup>tolerated</sup> accepted less than he would be were he not under such care (Phillips <sup>Yama moto (Rabkin 1959)</sup> et al). The

503 BORD <sup>revised documents</sup> <sup>the identical</sup> <sup>decreased rejection</sup>

Ascription of mental illness not only fails to alleviate stigma, but in fact heightens it. <sup>BOARD 498 acceptance of the perspective of acceptance of imp's</sup> 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 a 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 program-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 <sup>if</sup> to have the public reject the mentally ill -- although this idea need not be, and almost certainly is not, conscious in the minds of individual professionals. <sup>Crocetti 1123 - studies - p 70 - and maintain distance from patient</sup> Structurally, though, public rejection of conduct labelled 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 is taking hold in the public ideology. That is to say, people increasingly pay lip service to the idea (refers - Cohen + Strickling, MH Ideology, Scale). Thanks to a systematic campaign of inculcation, it is ascending into the etherial category of public myths which are <sup>reflexively endorsed / not seriously examined</sup> publicly endorsed and <sup>dismissed</sup> privately questioned. Again, the point is that the slogan is not to be taken literally. The illness-like-any-other notion is supposed to be encircled in a nebulous aura of uncertainty 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 (corollary) -- 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 <sup>economic</sup> ~~political~~ 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 it ought to refer <sup>& in person</sup> mentally ill persons 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 endorsement of the psychiatric diagnostic system. <sup>(ret's)</sup> Most people found it baffling and out of line with their ordinary cultural perceptions of what mental health professionals would unquestioningly call mental illness. <sup>is word</sup> Though normative deviations are not perfectly synonymous with mentally ill behaviours, there is a good deal of overlap, and thus researchers have shown an abiding 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 (Sabin, Dohrenwend etc, see map). But researchers were frankly astonished by the wide spectrum of tolerance among both the working and middle classes. 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. <sup>The definition of mental illness is much more common in the minds of the lay public than in the minds of psychiatrists and the professional mental health workers.</sup> "Our interviewees," they write, "were shocked at the respondents' denial 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] (Garbin 169) (italics added). It should be added that the findings in this study were quite representative of others conducted in the early and mid fifties.

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

Shipping ahead for a moment, we find that a not atypical study (Lemkau + Crocetti - Dohrenwend 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 historical changes cannot be ascribed to different sample populations or to the fact that the later study used 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. <sup>Dohrenwend 421 "educational status" in data study was done</sup> 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 label a wide variety of behaviours as mental illness. In the period 1950 to 1960 the mental health campaign had made 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" (Document 422). <sup>as in</sup> "or as they put it in a later study, 'the 'man in the street' has brought 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 one 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 consideration 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 <sup>scope?</sup> limits (portfolio?) 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, 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, judgements that the behaviour is mentally ill are better predictors of whether referral to the mental health professions will be advocated than judgements that the behaviour represents a serious problem." This quote goes on to present an apparent paradox in the conceptual goals of the mental health movement, a paradox which furnishes some basic insights into the movement's actual aims.

"... fictitious persons showing identical behavior 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 label 'mentally ill' for various kinds of behavior might be helpful or not, depending on the aim. If the aim is to have more of the individuals who show such behavior referred to the mental health professions, increased use of the label may do so. If, however, the aim is to reduce social distance between disturbed persons and the community, then use of the label 'mentally ill' would be a hindrance" (422-3)

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 an unconscious aim may actually be to increase social distance, though this hypothesis is highly speculative (inferred). Politically and economically, it is at best irrelevant whether the public accepts or rejects the mentally ill. It is only referrals which generate professional profit and augment professional income. "Social distance" is neither a political nor economic consideration, but a moral one. Despite the <sup>position</sup> taken by most writers -- some highly critical of psychiatry -- it is our contention that the mental health movement is not 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. Again, we have suggested that 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 Gray has pointed out, there is a tendency to turn "mental illness" in a "panchreston," an explain-all (33?). As the spectrum of behaviours increased 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, for example, tuberculosis, it is readily adaptable to virtually any "clinical" criteria. FOOTNOTE

(refers = Schiff, Mechanic (index card))

Numerous studies have

Dohrenwend + Dohrenwend (Sabin 171) in a review of the literature point out that the more recent the study, the higher the percentage of the population judged to be psychiatrically disordered. <sup>see Schiff - Rosenbaum on card re possibility of change</sup> 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 + more people crazy, <sup>the mental health professions have yet to produce the instruments required to</sup> <sup>reliably</sup> <sup>on increase in</sup> detect psychological disorders. It is far more plausible that the historical "increase" in mental illness arises from the logic of expansion <sup>of psychiatric diagnosis</sup> which is central to the psychiatric mission. We witness the promotion of a world-view which Lewis has called "pan-chimerism," and Azary, "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 <sup>the public can enter any figures.</sup> any figures can be entered. On the other hand, because it <sup>is</sup> <sup>illness is</sup> ~~is~~ supposed to be a medical entity, only mental health <sup>experts</sup> professionals 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 <sup>tendency</sup> phenomenon for a perceptual category to absorb more events and more events into itself.

Arguing <sup>in support of both</sup> to the latter hypothesis, Bord (507) <sup>writes</sup> states: "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, <sup>FOOTNOTE B</sup> but those engaging in such behaviors 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."

FOOTNOTE A - bottom p. 11. For further documentation of this point, see Schiff (1966+1970), Mechanic (index card), and the somewhat spectacular demonstration by Rosenhan (1973) that

virtually anyone can be admitted to a mental hospital <sup>diagnosed</sup> as mentally ill + admitted to <sup>mental hosp.</sup>

FOOTNOTE B - In Bord's study, subjects rated the degree of seriousness of problems for several abstracts describing various behaviors. For the 'normal' abstract, only 58% judged the problem as 'not serious'. 42% felt the problem was serious to varying degrees. At least in a research setting, ordinary people are strongly inclined to detect problems in others' behavior.

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 + Chesney 432).

Quite clearly, a definable series of events comprise to <sup>bring</sup> ~~have~~ an expanding set of behaviours stamped <sup>under</sup> ~~within~~ 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 to mental illness. In the literature of the past few years, there is a heated controversy has occurred on both sides of the issue. The fact that there is a dispute, with many arguing that the campaign has proven effective, is in itself revealing. Through the fifties + most of the sixties, the undervaluing <sup>finding</sup> opinion was expressed that the major premises of the psychiatric perspective were unacceptable to the public (ref: Crockett, Rabkin, Selwin etc) <sup>Joint Com.</sup> Four <sup>classic</sup> studies (Star, <sup>Walsh 1972</sup> Cummins + Cummins, and Nunally) <sup>Joint Commission on Mental Health + Illness</sup> found that most people's attitudes were characterized by fear, stigmatization + rejection; that only extreme psychosis, accompanied by asocial behaviour, was incorporated into working definitions of mental illness; and that the medical model, <sup>along with mental health professionals</sup> was generally rejected. Undiscouraged by such a bleak picture, the campaign intensified its proselytizing (sp) efforts. One review (Earlin 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 - Bad Guys". The former are represented by the medical model + the mental health professional; 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 <sup>the legislature.</sup> Congress. The 'unfortunate pawn' in this tragic dilemma is the mental patient, on whose behalf the mental health establishment struggles to enlighten the public + their elected representatives. The myth finds expression in a variety of forms.

The Joint Commission on Mental Health + Illness states: "Psychiatry has tried diligently to get the public to make society see the mentally ill in its way and has failed at the public's antipathy or indifference" (Sarbin 170). Putting it more explicitly, <sup>It is our contention that</sup> the success of the myths <sup>is</sup> ultimately ~~and~~ sought for economic reasons. Though it lies beyond the scope of the present paper, com' mks is more lucrative fiscal

Cohen + Streuning (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 + taxpayers" (Cohen added)

As suggested by Cohen + Streuning, It is our contention that the myth's success is ultimately sought for economic reasons, a point hinted at by Cohen + Streuning. Crocetti et al (1121) state it even more directly. They claim that, at the outset, the

"primary concern of (of the "Attitudes Toward Mental Illness" literature) was evaluation of the popular support needed to endorse the expenditures required by <sup>community, etc</sup> psychiatric programs," and <sup>they</sup> go on to say that "Success of ~~these~~ <sup>development of</sup> programs <sup>alternatives to hospitalization</sup> depends upon a favorable climate of opinion in the community." Footnote through it

lies beyond the scope of the present paper to document the point, we conjecture (?) that the movement toward 'community mental health,' psychiatry's most dominant trend in the past decade, <sup>Reblin 153</sup> and one which depends all the more on a "favorable climate of opinion in the community," represents a socially more lucrative option for psychiatry.

We will pick up in a moment the hypothesis that govt expenditures are related to public opinion, but we might note parenthetically that if the two are related the outlook fiscal outlook for psychiatry is bright. Etinson, Padilla + Sarbin (Crocetti (2) 2). in a random survey of 3,000 people found that 90% wanted the government to raise + spend more money on mental health services. (more refers beyond question, significant shifts have occurred in the attitudes of the 'bad guys,' which was, of course, the operational point of imitating the myths. As the psychiatric perspective takes 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 govt is spending more (ref).

