Critical Psychiatry: The Politics of Mental Health
by David Ingleby (ed)

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Mental Health and the Law
by John O'Sullivan

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For some time a critical awareness of the operations of psychiatric systems in Australia has been developing (if sporadically) amongst legal workers in this country. What has been noticeable about the level of debate between legal workers and psychiatrists is its correlation to the comings and goings of potential statutory reform in the area (particularly in N.S.W.). Equally as noticeable (and more crucial) has been the limited nature of the debate. The legal attack on the mental health system has adopted a staunch civil liberties/anti-psychiatry approach that has relied mainly on criticisms of the abuses inherent in therapeutic (psychiatric) paternalism and of provisions in existing mental health legislation.

I am not suggesting that this approach is invalid or unnecessary. My concern is that it ignores some important assumptions that must be examined if these criticisms are to have any force. These assumptions include both an unquestioning acceptance of *why* psychiatry occupies a monopoly over "mental illness", and of the reasons for the existence of mental health legislation in *any* form. This has an important consequence: at the same time as the political dimensions of positivist psychiatry are

being overlooked, so too is the opportunity to link a critique of psychiatry to a wider (radical) critique of capitalist society.

The reasons for the limited focus of the attack, and its limited effect, can probably be traced, in part, to the form that popular critiques of psychiatry have taken over the last 20 years. The anti-psychiatry movement — typified in the approach of R. D. Laing, with its a-political and romanticised view of the mentally ill person as a "culture-hero" — has left the psychiatric establishment unscathed. Similarly, Thomas Szasz's view of mental illness as a myth has not broken with, and in fact openly supports, a view of psychiatry as mediating between undefined concepts of the "individual" and "society".

Perhaps another reason that the attack on psychiatry has been defused is found in an expansion in the ideological emphasis of Western psychiatry in recent years. Alongside institutionalisation, a generalised notion of "community care" receives increasing support. The explanations for this shift are varied, but they do acknowledge the need for psychiatry to develop as a legitimate "helping-force" in advanced capitalism. Of course the important thing is to understand that "need" — by whom is it expressed, and to what ends? A critique of orthodox psychiatry must answer this and at the same time grapple with the everyday significance of "mental illness".

As a contribution to this approach the collection of essays in *Critical Psychiatry* is invaluable. As David Ingleby states in the Introduction:

> "Questions about what mental illness is, who should treat it, and how, have become such perennial ones as to raise the suspicion that they are not, in the last analysis, open to factual solutions at all. One premise shared by all the contributors to this book is that mental illness is, in fact, a *political* issue" (p 8).

Beyond that premise, the seven papers collected in this book depend on a variety of approaches and concerns including political-economy and sociological inquiry. This diversity is important as it suggests that a theory of "Critical psychiatry" in the Western world must take account of politically, culturally and intellectually specific sources. For while Ingleby's aim is "to bring out the essential similarities of the situation of countries which have in common the capitalist mode of production" (p 14), the book ultimately demonstrates that the opportunities for change in any given psychiatric system must be informed by a theory that recognises the historic uniqueness of that system (compare, for example, the papers by Basaglia and Haugsgjerd). Nor do the papers in this book suggest that this critique exists in a completed form: Ingleby acknowledges that the book makes "no more than a start on this critique, but hopefully the book itself will encourage a debate out of which better solutions can emerge" (p12).

The opening paper (by Ingleby) presents a philosophical inquiry toward "Understanding 'Mental Illness'". The paper is concerned with examining problems of orthodox psychiatry; it is "a reappraisal of the kind of explanations we should be looking for" (p 24). In effect, the paper presents an understanding of conventional ways of understanding mental illness. It is structured around two fundamentally opposed views of psychiatry, labelled by Ingleby as the positivist and interpretative approaches. Positivist psychiatry, with its scientific and medical

conception of "mental illness", dominates Western psychiatric thought. This means, then, that critiques of the "medical model" of mental illness are more fundamentally critiques of the positivism inherent in medicine. The paper argues that positivism, with its emphasis on objective, impartial observation and judgment, is inherently inappropriate as a means of focusing on human activities and states of mind. Indeed, it is pointed out that psychiatrists admit this by the presence of "clinical (*ie* professional) judgment" in the process of psychiatric description. Moreover Ingleby argues that "most diagnoses forfeit their claim to be objective descriptions for the simple reason that their basic function is not a descriptive one: . . . [it] represents an administrative decision, which is governed by many other considerations besides the actual state of the patient . . . " (p 33).

This critique of positivist psychiatry is not defused by the recent emphasis on "community care" mentioned previously. While this new focus stresses the relevance of environmental factors (the family, stress producing conditions at work etc.) in determining a person's "mental illness", Ingleby argues that it nevertheless underlines a positivist preoccupation with *causes*. People are no longer seen as "rational agents"; instead their behaviour is caused by their situation. By relying on a (falsely) objective search for causes, environmental theorists are in fact "pre-supposing something about the relation of conduct to its surroundings which it should be the task of research to question, not to assume" (p 41).

Coming to interpretative approaches to psychiatry, Ingleby firstly isolates "normalising" approaches. These approaches (of which R. D. Laing is perhaps the best known) try to demonstrate that psychiatric conditions can be understood as intelligible responses to social conditions, by focusing on a person's self-understanding. Omitting the details of his critique, Ingleby's conclusion is that while such approaches do abandon positivist ideals of objectivity and causal explanation, nevertheless they tend to over-emphasise the role of common sense and free-will in understanding mental illness. Ingleby is correct — in these approaches the positivist's objective determinism receives an overly subjective reply that misses out on what Jacoby (1975: 78) has called a "society-individual antagonism". In either instance the creation of the concept of "mental illness" as a political construct is ignored. What is required is both an account of the meaning people derive from their acts (*ie* self-understanding), and an approach which can "distinguish insight from illusion or . . . rise above the self-images of different ages and societies, through comparison" (Unger 1976: 15).

Ingleby's suggested alternative is to explore the opportunities presented by a psychoanalytic approach, relying on "Freud's conception of man as fragmented, self-contradictory, and alienated from his own experience" (p 60). This apparent fall back onto the psychoanalyst's couch should not be mistaken for a reinforcement of the "doctor-patient" relationship of orthodox psychiatry. Ingleby and others throughout the book point out that the prevalent form of psychoanalysis in Western society is one that is specific to the historical development of psychiatry in Britain and the United States.

Freud's theory, seen as a threat to established positivist theory, was re-modelled and brought into line with mainstream psychiatry. As Joel Kovel argues: "What was great in Freud — his critical ability to see the need, if not beyond, the established order — was necessarily jettisoned; while what was compatible with

advanced capitalist relations — the release of a little desire, along with its technical control and perversion was necessarily re-inforced" (p 90).

Psychoanalytic technique, as a means of linking "psychic economy and political economy" is a recurrent theme throughout *Critical Psychiatry*, which draws from a wide range of work that has investigated "Freudo-Marxism" *eg* that of Fromm, Marcuse, (and later) Habermas and Lacan. The possibilities inherent in non-institutionalised psychoanalysis are revealed in Sherry Turkle's discussion of "French Anti-Psychiatry". Such is the difference between American and French psychoanalysis that Turkle comments that while "in the United States, anti-psychiatric stances have tended to imply anti-psychoanalytical ones . . . the critique of psychiatry which began to emerge in France after World War II did not develop against psychoanalysis but developed in close alliance with it" (p 151).

The recurrent point in Turkle's paper is the interconnection between French anti-psychiatry and radical political thought. Immediately, this distinguishes the French experience from the Laing/Szasz inspired rebelliousness that has characterised anti-psychiatry in the U.S., Britain and Australia. The body of Turkle's paper is taken up with an explanation of the work of Jacques Lacan, and the "schizoanalysis" of Deleuze and Guattari. This is not the place to repeat that explanation (and risk a further injustice to the theory); however, to indicate the direction of the work some comments by Turkle are appropriate:

> "Lacan has spent his career attacking the American psychoanalytic tradition which he sees as adaptationist and bureaucratised . . . For Lacan, madness is not a negation of normality with normality defined as bad and madness as privileged or as an 'absolute' good. Madness is quite simply a kind of communication or expressed demand." (pp 156-157).
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> "For Deleuze and Guattari the ego is a capitalist construct; capitalist social systems make a self-contained or 'private individual' with a sense of an *autonomous self* just as they make the nuclear, atomised family and private property" (p 163).

Obviously these comments are no substitute for Turkle's full analysis, nor indeed for the original works, but they do convey what is unique about anti- (or critical) psychiatry in France. There is an emphasis on the relevance of people as active agents within their dialectical relationship to the historical-political situation. But perhaps one of the more important aspects of Turkle's paper comes out of her description of a developing "grass roots" anti-psychiatry, composed of groups of former mental hospital patients. The campaign of these groups is to stress the need to protect patients from society (rather than the reverse), and more importantly, to be critical of "anti-psychiatric theorists, and their showplace institutions", who have abandoned "the door-to-door organising that could actually make a difference in the fight against psychiatric depression" (p 177). This is a criticism that a developing theory of critical psychiatry cannot ignore. While Ingleby (in the Introduction) is correct to point out that "past experience shows that the task of theory-construction cannot be skimped" (p 12), that theory must not become detached from the *reality* of psychiatric distress. One must avoid the formation of a "radical chic" (Turkle's term) that converts the concerns of people into intellectual property.

Joel Kovel's paper on "The American Mental Health Industry" builds on the ideas already established in Ingleby's paper. His historical explanation of the growth of American psychiatry proceeds through an analysis of the social conditions within capitalism that create the need for such an industry (by stressing "the notion of the control of everyday life by capital"). Kovel observes that social existence within capitalism is based on a false rationality and perverted forms of desire which are necessary to preserve the *dominant* social mode of existence. It is argued that this "alteration of the structures of experience" was secured, initially, by the Mental Hygiene movement — as Kovel states "it becomes a task of special significance for late capitalism to secure the boundary between madness and normality. To this frontier minions of the mental health industry have been despatched in ever growing numbers" (p 78).

Although this passage suggests an overly functionalist attitude, Kovel's analysis of the notion of "mental hygiene" goes on to locate it deep within the form of capitalist social relations. Ultimately, this notion objectifies emotional conditions: "it allows for an exchange value to be placed on states of mind" (p 81). Thus objectified, it is easily subsumed into medical categories of health and illness. The ensuing critique of medical psychiatry nicely complements Ingleby's attack of positivism: on the ideology of the medical model of mental illness for example, Kovel argues that "what is repressed out of . . . [that model] . . . is that dimension which considers the person as an active agent, determined by what class, community and history are meant for him" (p 86). In examining the contemporary American provision of mental health services, Kovel inevitably comes to the advent of community psychiatry. The first thing he notes of the widespread movement in the U.S. is that it has been inextricably linked — via funding and accreditation needs — to the state. In other words, the community orientation has never threatened the prevalence of the dominant medical psychiatry — indeed (as Ingleby also shows) it has reinforced it. Moreover, what Kovel identifies as "the general rightward swing of public policy in the 1970s" has meant that *any* potential in the movement or a politicising of psychiatry has been effectively nullified.

A more important and immediate consequence of community care is hinted at in the paper of Treacher and Baruch ("Toward a Critical History of the Psychiatric Profession"). In developing an excellent criticism of the conservatism of British psychiatry they arrive at an explanation of *why* a community orientation has emerged: "while development of community care was linked closely to its success in preventing prolonged hospitalisation, it also involved more effective methods of social control" (p 142). As Cohen (1979) has noted, in Britain and the United States the movement towards community care has ultimately tended to increase both the amount of state intervention directed at "deviants" as well as the number of people subsumed under that intervention. But bare "social control" does not of itself explain the development of community care; much more remains to be answered — why is community care considered appropriate? And why is it only a comparatively recent trend? An explanation must take account of specific economic and political factors along with a broader account of "the changing nature of productive and social relations under capitalism" (Mathews 1979: 113).

The paper by Peter Conrad ("On the Medicalisation of Deviants and Social Control") is the weakest in the collection. Certainly, its sociological stance is

critical of positivist conceptions of illness: he argues that "illnesses are human judgments on conditions that exist in the natural world. They are essentially *social constructions* . . . " (p 105). But it is when Conrad examines the relationship of illness and deviants that his argument loses its political force. An important failing in the argument is an uncritical reliance on the notion of the "sick role" developed by Talcott Parsons. This has been described elsewhere as follows:

> " . . . people occupying the sick role are not held responsible for their incapacity and are exempted from their usual obligations. However, in return, they must *want* to leave the sick role and get well, and are thus obliged to seek and comply with appropriate medical advice. A failure to behave in accordance with these conditions may result in the removal of the right to be thought sick" (Doyal 1979: 353)

Conrad adopts the sick role as an explanation of why social responses to crime and illness differ, concluding that "implicit in the sick role is the notion that medicine is an institution of social control" (p 108). It is not entirely clear whether Conrad agrees with this function; and indeed the word "function" indicates the gap in Conrad's argument. For Parsons, the sick role is one part of an overall theory of structural functionalism; the sick role prevents disruption to the smooth operation of a capitalist society. However as Doyal (1979: 16) notes, within Parsons' approach "the scientific, curative activities of mental illness are therefore accepted [and] medicine is given an added function as an agency of socialisation and social control — a function of which Parsons entirely approves". Conrad's paper seems to ignore the problems inherent in Parsons' theory; certainly to simply borrow them under the guise of critical theory is unconvincing.

Having dispensed with these preliminary arguments, Conrad goes on to outline various conditions necessary for the medicalisation of deviants. Again, the problem is that the enquiry does not go far enough. Take as an example of these conditions the statement that "when previous or traditional forms of social control are seen as inefficient or unacceptable, it is likely that medical controls will appear. Forms and methods of social control change" (p 112). The last point is hardly enlightening, and the best explanation that Conrad can give is by appealing to Durkheim's view that "as society has developed from simple to more complex, sanctions for deviants change from repressive to restitutive or . . . from punishment to treatment or rehabilitation" (p 108). The question that Conrad doesn't ask is "why?". An answer to that question involves an awareness of the contemporary needs of the advanced capitalist social system for scientific and medical rationality, of the economic and social forces that shape those needs, and of the historical specificity of those forces. Conrad's argument ends up as an unsuccessful amalgamation of abstract sociological constructs, and a pessimistic "anti-medicine" view that obscures as much as it reveals.

The last two papers by Basaglia and Haugsgjerd outline the recent development of the mental health industry in Northern Italy and Norway respectively. From an Australian perspective, where the hopes of psychiatric reform are only beginning to emerge from beneath self-imposed theoretical restrictions, these papers provide surprising insights. As an example, Basaglia discusses the dismantling of the asylum in Trieste and the building up of new forms of psychiatric services:

> "For the mental health worker, this means an entirely new role: instead of acting as a go-between in the relationship between patient and hospital, where [they must] enter into conflicts in the real world — the family, the work place, the welfare agencies . . . they have to face the inequalities of power which engendered these crises, and put themselves wholeheartedly on the side of the weak . . . they gain a heightened awareness of the political nature of people's problems, and of the ultimate link between [their] work and the wider class struggle . . . [there is a] continuous debate among the team — nurses just as much as doctors — over the nature of their work, and the constant quest for new opportunities to extend their role" (pp 190-191)

Similarly, Haugsgjerd details the involvement of mental health workers in the successful struggle against Norway's inclusion in the European Common Market. His conclusions are important, for they suggest that this growth of political unity (and awareness) in the mental health field is unlikely to last. This is due mainly, he argues, to the extent of state intervention in the delivery of mental health services: "a contradiction between considerations of efficient administration and development of the professional quality of services offered becomes more and more apparent" (p 207).

In view of the effect of the current funding crisis on state psychiatric systems in Australia, Haugsgjerd's comment offers little hope for mainstream changes to psychiatric practice. Overall, the strength of this book in the Australian context is that it does suggest the possibility of overcoming the theoretical boundaries that anti-psychiatry has imposed on itself in Australia. It moves beyond a structural view of the link between psychiatry and capitalism, and relates specific forms of psychiatric practice to specific needs within the development of capitalist social relations. Not only does this suggest why the anti-psychiatry movement of the 1960s-1970s has been fragmented, it also underlines the point that the approaches explained throughout this book must be *adapted*, and not merely *adopted* within the Australian context.

In contrast to *Critical Psychiatry*, O'Sullivan's book *Mental Health and the Law* is disappointing. Its significance is that it is the first Australian attempt to deal comprehensively (*ie* in book form) with an area that in the opinion of many, including Mr Justice Taylor, is one in which lawyers ought not to be involved (O'Shane, 1978:110). As such, the book might promise much for legal workers interested or involved in the area of mental health. Yet the book offers nothing but stereotyped arguments based on unacknowledged assumptions that will do little to change the opinions of those who agree with Mr Justice Taylor. As a source of inspiration for a developing legal involvement in this area, Ingleby's book offers far more than OSullivan's.

To some extent, O'Sullivan has pre-empted much criticism of his book with his introductory disclaimer:

> "The aim of this book is to provide the general reader with a guide through the Mental Health Act of each State and Territory and a summary of the main rules of common . . . law applicable to the mentally ill" (p ix).

The implication, one presumes, is that this dispenses with any need for a theoretically informed understanding of the issues. At the same time one is also left with the impression that O'Sullivan cannot resist the temptation to "guide the general reader" in a particular (and retrogressive) direction.

This is especially apparent in those chapters where he deals with "Mental Illness", "Involuntary Committed Patients", and "Psycho-surgery and Electro-Convulsive Therapy". The remaining chapters of the book present practically useful but otherwise unenlightening guides to the comparative situations in all States on topics such as discharge of patients, control of estates etc.

No work on the topic of "Mental Health and the Law" should avoid discussing the notion of "mental illness" and O'Sullivan does not flinch from his task. However what he presents is not an analysis of the production and uses of the *concept*, but an argument against "the unwisdom of a facile acceptance of the view that mental illness is nothing more than behaviour problems and the unwisdom of attempting to solve mental problems without a rigorous physical examination" (p 5).

Thus, the so-called "medical model" is defended against the criticisms of a loose and stereotypic collection of approaches labelled variously as the psycho-analytical, family, conspirational and social models (adherents of the latter arguing that "mental illness will more-or-less disappear when massive reforms do away with the wrongs of society" (p 4)). According to O'Sullivan, the debate is one over an *a priori* concept with neither historical nor political antecedents, being waged between those who are either pro-Medicine or Szasz-ian, and the latter quite simply are wrong.

In his endeavour to tackle the issue of whether the notion of mental illness is being accurately applied, O'Sullivan simply overlooks a number of opportunities to raise some more fundamental questions. For example, he notes in passing that —

> " . . . ideals are necessarily fixed on an arbitrary basis and . . . questions of degree are involved in determining whether a given person's deviation from the ideals is severe enough to justify his being categorised as mentally ill" (p 2).

He observes later (with disgust)

> "the development of the tendency for some psychiatrists to play politics" (p 3).

These points are not developed, and the result is that we end up back in familiar territory — an appraisal of the (obvious) inadequacies of any statutory attempt to define mental illness.

The polarising of attitudes is continued in the discussion of the situation of involuntary committed patients. Arguing that there are matters of liberty and civil rights at stake, O'Sullivan notes the gathering momentum towards legal involvement. With more than a hint of disapproval he observes that:

> "There is not enough money to be made in the mental health field for the main stream of lawyers to become involved so the advocacy of the legislation of mental health is likely to be the province of young radical lawyers and academics with a good deal of enthusiasm but little knowledge of the reality of psychiatric and medical practice" (p 25).

O'Sullivan's concern highlights two aspects of any increase in legal involvement. Firstly, he suggests that the imposition of a zealous lawyer-client relationship will lead to patients "suffering with their rights on". However, the point is not pursued

by suggesting any alternatives and one is left wondering whether he feels that lawyers should not withdraw altogether. Certainly he is correct in objecting to the prospect of superimposing legal paternalism on medical dominance. But there are other options. Elsewhere it has been argued that what should be encouraged is a form of "patient advocacy", which constitutes

> " . . . a democractic dialogue with that client. It is not a structural relationship but a generative one . . . based on mutual input and autonomy, out of which is generated an agreed solution" (Boehringer and O'Shane, 1978: 193).

His second concern is that patients who successfully resist the involuntary committal process will be left in the community without assistance. Again the concern is well founded — there is increasing evidence of the "ghettoization" of discharged mental patients in nursing homes and half-way houses. But once more, O'Sullivan ignores that the point is to seek and develop alternatives to institutional treatment and the dominant forms of the therapeutic relationship. Examples of alternatives already exist both in Australia (in the form of inadequately funded self-help groups) and overseas (see Basaglia's chapter in *Critical Psychiatry, supra*).

One final example of the narrowness of O'Sullivan's view is in his discussion of electro-convulsive therapy (ECT). His position is that:

> " . . . there can be no serious argument that ECT has not a valuable and therapeutic role . . . Those concerned over ECT in fact instead of making ill-founded assertions as to its efficacy would be better advised to concentrate on trying to ensure that it is used where it has the best chance of effecting improvement" (pp 102-103).

The argument over the use of ECT is not one that can, or should, be resolved solely on empirical grounds. To do so ignores the role that therapy (in its various forms) performs in attempting to smooth over the problems created within the capitalist social environment. Kovel has argued that it is a process whereby therapists become "technologists of behaviour and value" (Kovel, 1976-7: 73). While this sort of enquiry might be beyond the scope of "a guide for general reader" it is equally misleading to present the issues as theoretically unproblematic.

The arguments for legal workers becoming increasingly involved in the mental health area should be approached cautiously. The autonomy and integrity of psychiatrised patients, already shattered by medical involvement, should not be further impinged upon. This raises the larger question (alluded to unintentionally by Mr Justice Taylor) of the relevance of the law (in any form) for the mental health system in Australia. An answer requires historical and political analysis of the type presented in *Critical Psychiatry*.

O'Sullivan's book merely presents us with an array of missed opportunities. It relies on well rehearsed and restricted arguments that will do nothing towards developing informed reasons for legal involvement in this area.

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