
'IS MENTAL ILLNESS A FIGMENT OF THE IMAGINATION?'

by

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When I started training as a psychiatric nurse I couldn't see how some of the patients were sick. I accepted that as being due to my inexperience, but now, fourteen years and several post-registration qualifications later, I have gone full circle and feel the same way.

So what is mental illness? The compilers of the Mental Health Act, 1983 failed to find a satisfactory definition for it.

The medical model of psychiatry has been challenged by the anti-psychiatrists since the 1960s. Thomas Szasz claims that as it is not possible to describe how a 'normal' mind works nor show what happens when it apparently malfunctions, the diagnosis of mental illness cannot be justified. It is, he says, rather a question of having problems with living. (1)

Szasz's opinion that no one is mentally ill is shared by Dr. R.D. Laing, another anti-psychiatrist. He is very critical of psychiatric practice, especially in regard to schizophrenia. He claims that in some families only 'irrational' behaviour makes sense, and refers to such families as pathogenic institutions. (2)

A strong case against 'medicalising' or 'psychiatrising' problems was made by Ivan Illich, a radical sociologist, when he pointed out that people are becoming increasingly dependent on doctors and drugs and less able to deal with personal problems on their own. Expectations of a problem-free life lead people to seek medical help for life's problems instead of looking for other solutions. (3)

In the original Act of 1959, compulsory admission with personality disorders could only be enforced under the age of 21. This age restriction has been removed, potentially extending the power of the psychiatrist to curb deviant behaviour.

Howard Becker, author of 'Outsiders' argues that deviance is created by people who make rules which are accepted by society. Those who then break these rules are labelled outsiders. When someone is successful in getting a new rule established, he may become a moral crusader - 'a professional discoverer of wrongs to be righted, of situations requiring new rules'. (4)

In 1966 sociologist Thomas Scheff applied labelling theory to mental

illness. He argued that the behaviour exhibited by psychiatric patients is basically rule-breaking behaviour. Some norms are so taken for granted that breaking them seems bizarre. Besides the rule-breaking which is categorised as crime, bad manners or sin, Scheff refers to rule-breaking for which society provides no explicit label. These include symptoms such as hallucinations, withdrawal and continual muttering (5). He claims that the mentally ill behaviour results from the act of labelling, that without labelling the original symptoms would go unnoticed. (6)

This is supported by a study of admissions and discharges in three state hospitals in America. It was found that the psychiatrists were not concerned with finding out what illness, if any, the patient suffered from, but with the attachment of a medical label to those rule-breakers brought to them by families and courts. The study concluded that they acted as agents of social and legal control. (7)

Erving Goffman, another sociologist, describes how stigmatised people are seen as less than human (8). Naturally, then, mental patients have to be very careful about the impression they make. Sometimes they are afraid of arguments for fear that it might be taken as a symptom of mental illness (9). People often treat him as if he is sane, although they are not sure that he is; or as insane, when he knows he is sane. (10)

With all this, plus research findings which show that the general public tends to expect the mentally ill to be

unpredictable, inexplicable and dangerous, it is not surprising that ex-mental patients feel it necessary to try to conceal their past.

A study of one mental hospital in Washington found that there was a standard strategy for patients re-entering the community. To get their first job, it was necessary for the employer to know about their stay in hospital - but there was always the insecurity of not knowing who else knew. After six months, another job would be obtained on the strength of this work record, where no one knew about the hospitalisation.

The tendency for stigmatisation to spread to a person's associates often results in former relationships being broken. (12) Thus the ex-mental patient's feeling of rejection and isolation could add to his problems.

The Review states that sexual deviance and dependence on drugs and alcohol are no longer mental illnesses. They could, however, be interpreted as personality disorders.

The American Psychiatric Association took a vote on homosexuality in 1974 and decided it was not an illness. So since then homosexuality ceased to be an illness in America. While one could hardly imagine such a vote taking place on duodenal ulcers or diabetes, whether an individual is physically ill also involves a negotiation between himself and his doctor.

In the Reith Lectures of 1980, Ian Kennedy argued that illness is not an objective fact but a judgemental term. Any claim to illness needs to

be endorsed by a doctor. Conversely, the doctor might apply an unwanted label of psychiatric illness. (13) Psychiatrists more readily label those from the lower classes mentally ill.

Illness, both physical and psychiatric, is a deviation from the norm, according to time and culture, and what constitutes deviation varies. Some of those accused of witchcraft in the seventeenth century would now probably be defined as suffering from epilepsy or Huntington's Chorea instead. Nowadays it is undecided whether alcoholism and drug addiction are illnesses or vices.

Admitted to a mental hospital, the patient ends up with hardly any relationships or rights and the staff set about convincing him that his

attitude to life is wrong. (14) In order to become a person, he must be seen to change. The case notes are used to show how he is sick and why he should be in a mental hospital. (15)

The substitution of diagnosis for situations formerly dealt with by religion and law holds a certain menace. If differences in behaviour are seen as illness, it seems reasonable to correct them. In Russia dissidents have been defined as mentally ill.

While medical psychiatry provides a necessary service for some people, there is the danger that unlimited spread of psychiatric interpretations could reduce individual freedom in the name of mental health. (16)

References

- 1 'The Mentally Ill in Contemporary Society' by Agnes Miles (p.6)
 - 2 Ibid (p.9,10)
 - 3 Ibid (p.198)
 - 4 'Outsiders' by Howard S. Becker (p.153)
 - 5 'The Mentally Ill in Contemporary Society' (p.14)
 - 6 Ibid (p.16)
 - 7 Ibid (p.17)
 - 8 'Stigma' by Erving Goffman (p.72)
 - 9 Ibid (p.26)
 - 10 Ibid (p.57)
 - 11 Ibid (p.116)
 - 12 Ibid (p.43)
 - 13 The Reith Lectures, 1980 (Unmasking Medicine) - Ian Kennedy.
 - 14 'Asylums' by Erving Goffman (p.125, 139)
 - 15 Ibid (p.144)
 - 16 'The Mentally Ill in Contemporary Society' (p.205)
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