

Book Reviews

Psychiatry's White Coat

In the Name of Mental Health. The Social Functions of Psychiatry. RONALD LEIFER. Science House, New York, 1969. 282 pp. \$8.95.

We shall have solutions for our human dilemmas proposed to us in the language of medicine, in terms of techniques for combating mental illness and promoting mental health, so that we cannot disagree unless we are wicked or mad. This can serve only those in power, who will promote their causes under the banner of medical progress. We shall have been bewitched by "experts" about our nature and our destiny. And this bewitchment will be eagerly sought by its victims—justified and exalted "In the Name of Mental Health" [p. 242].

This is the essence of the warning issued by Ronald Leifer, M.D., himself a psychiatrist, a psychoanalyst, and an associate professor of psychiatry at the State University of New York Upstate Medical Center. The author is an iconoclast—an image breaker in an era of image making—who will surely generate as much warm support for his point of view in the mental health establishment as did Thomas Szasz (*The Myth of Mental Illness*, Hoeber-Harper, New York, 1961), whose writings appear to have provided inspiration for this book.

Critics, especially perceptive, scholarly ones like Leifer, are enormously important to any society. Are not his clear insights into the illogic and even deceit that surround the treatment of the "mentally ill" refreshing—a much needed antidote to official pronouncements from both professional and governmental sources? If so, then one could look forward eagerly to the correctives he would apply to a thoroughly bad situation. But, first, let us look at his statement in more detail:

Psychiatry, the author asserts, purports to be a medical specialty and draws upon the prestige and power of the healer of disease, but is in fact concerned with "disabilities in social performance" and the related psychological distress. Thus the arguments

advanced in applying the medical model to psychiatry are specious:

First, the fact that one man *suffers* from an undesirable bodily state and another *suffers* from undesirable social status does not mean that both are diseased. To extend the medical concept of disease to psychiatry is "circular," "incomplete," and "obscurantist" (because it clouds important differences between physical ailments and social behavior).

Second, linking physical illness to "mental" illness on the basis of a presumed physiological reductionism is confusing a logical possibility with an actual finding. Even the possible discovery of new and subtle organic brain disorders which adversely influence behavior is not grounds for assuming that all behavioral phenomena currently described as "mental illness" are products of a diseased brain.

Third, the fact that psychiatrists are physicians and sometimes carry out medical functions does not make their every activity medical. Some physicians are philatelists, but that does not make stamp collecting a medical activity.

Fourth, the fact that psychiatrists use drugs and electroconvulsive shock treatments does not make these treatments medical. Their aim is to alter patterns of thought and behavior. Some brainwashing techniques involve the use of drugs and physical manipulations, but they are never described as medical treatment.

Fifth, pleas that the current use of the word "disease" is too narrow and should be extended to all or most evils of human existence—poverty, illiteracy, crime, delinquency, war—do not rest on new discoveries but on a growing sophistication of psychiatry in philosophy and social science.

With the bar sinister now firmly affixed to psychiatry's escutcheon, Leifer goes on to describe what the profession *really* does under the cover of its undeserved white coat. What psychiatrists are doing is intervening in behavior of their patients which should be "sub-

ject to the regulation of custom, morality, and law." *"This means not only that psychiatric practices may conflict with law and morality, but also that they may be employed by legal and moral interests as a method of controlling and influencing human behavior"* (pp. 35–36, author's italics).

The particular ways in which psychiatrists can be in conflict with the law and become tools of "the interests" are now reasonably well known. Citizens are converted into patients and locked up in barren "hospitals" for indefinite periods, perhaps for life, without having committed a crime. Criminals, on the other hand, escape or are refused justice by the same legerdemain—they are converted into psychiatric "patients" and are deemed incompetent to stand trial or are judged not guilty by reason of insanity. They are often sent to jail—spelled "hospital"—for indeterminate sentences without trial. Psychiatrists, of course, make pronouncements on "responsibility," criminal and otherwise, as if they were medical scientists discussing an x-ray in an accident case when, in fact, they have no grounds whatsoever for pretending that their word should carry more weight than that of the layman.

Individuals seeking *medical* treatment for their distress are instead subjected to a more or less rigorous, value-laden, socializing experience by thought policemen. Community psychiatry is merely a continuation of these establishment-sponsored social-control activities of psychiatrists by other means; the "patient" cannot even exercise the choice whether or not to subject his thoughts and behavior to correction—he will be sought out. One sees just around the corner the frightening specter of flying squads from a Mental Health Sanitation Department which will allow no behavior deviation to escape.

The long indictment read, we now await the author's instructions on how psychiatry must purge itself.

First of all, he does hint that psychiatrists, like the rest of us, are products of their time, they can behave only as their training and experience dictate. Thus, the author, half-heartedly at least, pleads diminished responsibility for psychiatry by reason of culturally induced blindness to the implications of its own practices.

Second, Leifer is a crypto-utopianist. He suggests that on some sweet day in the future when poverty and crime are eliminated psychiatry will be relieved of its onerous chore of locking up and

normalizing social deviants for "the interests." However, he worries about psychiatry's being too cozy with NIMH and therefore susceptible to being drawn into "monolithic" government-sponsored solutions to social problems.

The real solution, a genuine surprise, is *psychoanalysis*. Not by institutional psychoanalysts, because "they" have largely sold out and play the medical game, but by some unknown number of psychoanalysts, presumably laymen as well as physicians, who practice "educative psychotherapy." The educative psychotherapist absolutely disowns any attempt "to control and mold the patient's behavior in specific cultural directions." Moreover, he communicates only with the patient, rejects psychiatric responsibility for the patient, and absolutely refuses to intervene in any decision the patient makes, consequential or otherwise. This therapeutic posture counteracts the "ethnicizing" influence inherent in the Oedipal situation.

Since there are at a minimum several million individuals in chronic or acute psychological distress whose keenly experienced problems will not disappear by being renamed and, apparently, very few educative psychotherapists, Leifer's solution does not seem altogether practical. One can therefore only suppose that the author's intent is messianic; "there are only a few of us," one imagines him saying, "but our gospel has the power of truth and will be carried to all mankind."

It seems rather perverse to say that one largely agrees with Leifer's analysis and yet is dismayed by it. Yes, mental hospitals are terrible places; yes, the logic by which psychiatry operates under the cloak of medicine is faulty; yes, some psychiatrists are prone to make fools of themselves testifying in court; yes, the imperialism of some psychiatrists who pronounce on a wide array of social issues in which they have no competence is amusing in its pretentiousness; yes, psychiatry can be seen by its power maneuvers against deviation and protest as taking the heat off legitimate demands for social justice. Yes, yes, yes!

There is, regrettably, an accusatory quality to the author's rhetoric not unlike that of the stern adolescent who has discovered the hypocrisy of his elders. Of course psychiatry should not impose social controls under the guise of offering medical treatment, just as justice should not be contami-

nated by politics, education by the personnel needs of big business, science by the power fantasies of the military, and so forth and so on, yet who should know better than Leifer, a student of human behavior, that when self-interest competes with logic, logic almost invariably gives way. People tend to want what they want and to rationalize later, if at all, and since there are so many competing interests and we have not really abandoned social Darwinism as an ethic, the cunning, the merely strong, and the unscrupulous often prevail.

But there is another side: (i) Psychiatrists are not all cut from the same cloth, and they distribute themselves widely with respect to their participation in the "conspiracy" that the author describes. (ii) Currently many more nonmedical specialists in emotional and behavioral problems are being trained than psychiatrists. There is increasing genuine collaboration between these (mainly social scientist) specialists and psychiatrists, in the course of which they use a common language that is not necessarily the "rhetoric of medicine." (iii) There are very many human crises which appear to call for intervention on humanitarian grounds. These crises are not created or sought out by mental health specialists but thrust upon them. The trend—and it is distressingly slow in mobilizing itself, like most social processes—in meeting these emotional and behavioral problems is to offer the suffering person the help he can use at the time rather than what the establishment may think is good for him. Some people do indeed voluntarily seek total shelter from life's vicissitudes for longer or shorter periods; others, and this is shameful, still have it thrust upon them. There is, however, movement in conceptualization and practice with respect to meeting the emotional crises of individuals which goes beyond mitigation, beyond painting flowers on the cell door. Moreover, many current innovations appear not to be drawn in terms of the medical model. The movement is slow, but it will certainly be perceptible by the time Leifer assembles and trains the several hundred thousand "educative therapists" who will clearly be needed if they are to be *the* solution. Moreover, when he recruits as many as 100 they will surely want to form an association, establish training institutes, and develop their own ideology, which will be resistant to external criticism.

As a one-time teacher of sociology,

Leifer seems singularly uncharitable to psychiatrists, who are, by and large, not really malicious but, like everyone else, closely confined in social structures and processes from which they cannot extricate themselves with any ease. By the same token, social change is best viewed as a process in which changes are not deliberately caused, either by criticism or affirmative proposals, but simply emerge from the countless limited but deliberate efforts of individuals and groups, the many accidental contributions of people who were aiming at something else, and the purely fortuitous effect of events no one foresaw.

One is grateful to the author for his sharp perceptions but less than certain what we are to do in consequence of them. What is the clear and present danger of which he warns us? For a hundred years or so psychiatry enjoyed a monopoly position in dealing with individuals with obtrusive disorders of thought and behavior, but its area of interest was narrowly defined and the number of clients relatively small. Now that we are entering an era in which not only the government at all levels but other institutions as well are becoming significantly involved with how citizens feel about themselves and others—their degree of psychological satisfaction, if you will—the monopoly of psychiatry is rapidly evaporating. There are many competing models for "helping," if one prefers that rubric, or "social control," if that is the concern one has—some of which may be more insidious than the medical model despite their being more logically and directly applicable to social behavior.

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Preying Man

Prehistoric Animals and Their Hunters.
I. W. CORNWALL. Illustrated by M. M. Howard. Praeger, New York, 1968. 216 pp. \$7.50.

Recent discoveries have extended the fossil history of the hominids back to some 14 million years ago, but so far we are little informed about the mode of life of such early forms, although there have been reports of smashed animal bones in East African deposits of that age, interpreted as possible evidence of prehuman activity.