

Book Reviews

Persistent Uncertainties

Mental Health and Social Policy. DAVID MECHANIC. Prentice-Hall, Englewood Cliffs, N.J., 1969. xviii + 174 pp. Cloth, \$5.95; paper, \$2.50. Prentice-Hall Series in Social Policy.

When the National Mental Health Act was enacted in 1946, there were more than 500,000 patients in hospitals for the long-term care of mental patients in the United States. From the mid-18th century, when state after state built huge asylums where the mentally disordered could be stored out of sight and out of mind, until just after the Second World War, our basic pattern for dealing with mental illness was one characterized by "isolation and denial," as the Cummings noted some years ago. Mental disorder was a problem for the states to struggle with; neither local communities nor the federal government were appreciably involved. Every decade saw the number of patients in state hospitals increase, limited primarily by the number of beds available.

The National Mental Health Act provided federal funds for training professional personnel and for research into the diagnosis, treatment, and prevention of mental disorder. Relatively small amounts of money were allocated to the states on a matching basis, to help them in the development of outpatient services. No funds were provided for the improvement of mental hospitals, but with the stimulus of federal funding for research, training, and community health services, the states enormously increased their expenditures for staffing and improving mental hospitals.

Until the mid-1950's, the number of patients in our mental hospitals continued to increase, though at a somewhat diminished rate. Then came an inflection in the curve: discharges began to exceed admissions. Despite population increase, each year since 1955 our mental hospitals have confined fewer patients at any one time. The frequency of mental illness has not declined, but our social policy toward mental illness

has changed markedly. This change was facilitated by the introduction of the tranquilizers, but much evidence attests to a prior shift in professional attitudes and practices as a consequence of research and personnel improvements following the establishment of the National Institute of Mental Health.

David Mechanic has provided a cogent sociological analysis of American social policy toward mental illness. He explores the many facets of mental health policy as these reflect conceptions of the nature of mental illness, the relative valuation of psychological comfort and control of performance, and the alternatives available to and preferred by various professionals involved. Social planning inevitably entails a relative ordering of desired outcomes in dealing with a problem and a choice among alternative courses based on available resources, knowledge, and assumptions regarding the consequences of various combinations of action and circumstances. When the nature of the problem is unclear, the task of formulating policy is of course very difficult. As Mechanic notes, psychiatrists themselves do not agree on the nature of mental illness. Are we dealing primarily with diseases, with psychodynamic processes that affect personal adaptation, or with problems of living? The scope of control methods, the focus of intervention, and the kinds of professional skills to be involved in planning and in action programs will all depend to a considerable degree on one's answer to that question.

Epidemiological studies of mental disorder have shown a high prevalence of symptoms of psychological distress in the general population and especially among the poor and deprived. If severe, chronic mental disorders are part of the same continuum as are lesser symptoms of emotional distress associated with problems of living, we might assume that early intervention in such problems would help prevent chronic and severe mental disorder. If, on the other hand, psychoses and problems of living are

fundamentally different phenomena, then it would seem most sensible, Mechanic observes, to allocate treatment resources to those patients who are most clearly sick. Indeed, to treat transitory problems of living as mental illness requiring psychiatric assistance is to run the risk of inducing a change in the individual's self concept and rendering him persistently ineffective. In the last analysis, Mechanic notes, the development of an intelligent public policy depends on the answers given to specific empirical questions: What conditions and problems become chronic if they go untreated? Which services and policies limit disability and which tend rather to exacerbate it?

In some respects, the very concept of mental illness is dysfunctional, Mechanic suggests, especially when used to refer to a wide constellation of difficulties. The concept is associated in the public mind with the stereotype of severe psychosis, with its connotation of total unreasonableness and incompetence. Even for the professional, there is a risk that loose use of the global category "mental illness" will obscure unique characteristics of mental disorders and crucial differentiations that must be made in planning for the best use of psychiatric resources.

Severe mental disorders are manifest in behaviors that disrupt or threaten the individual's anchorage among his fellows. The symptoms may vary greatly. The afflicted person may be miserably unhappy and depressed, or irritable, or angry, or confused. Such persons are hard to live with. Their families and associates respond to their moods and behaviors, not to a concept of illness. Regardless of the underlying cause, the patient and those nearest to him are likely to be in turmoil and in conflict. Defining the problem as mental illness may help to attenuate feelings of hurt and blame, and brief hospitalization may provide an opportunity for renewed sympathy and a changed perspective toward the prior episodes of turmoil, but the labeling of mental illness carries subsequent costs. The former "mental patient" is subject to having his words and deeds discredited simply because he was once so designated. The problem is not, of course, merely a matter of terminology, but when a stigma attaches to a term that is not readily defined, one had best use that term sparingly.

Although he devotes a brief chapter to tracing the development of mental

health policy in the United States, Mechanic is not so much interested either in delineating historical trends or in characterizing existing policy as he is in analyzing the issues that any coherent policy must confront. The most striking recent change in policy is that suggested at the beginning of this review, the more limited use of the mental hospital. The rate of hospitalization has not markedly declined but the duration of confinement has. Patients are being returned home once the acute phase of disorder has subsided. Outpatient services have enormously increased in the last 20 years. Nevertheless, their role in preventing hospitalization is not entirely clear. There is no question but that even schizophrenic patients in the acute phase of disorder *can*, for the most part, be maintained in the community with the use of tranquilizers and home visits, but the burden placed upon their families may be extremely taxing. Outpatient services may permit some patients to avoid breakdown and may help others to function more effectively after a brief period of hospitalization. There is no reason to expect that we can do away with mental hospitals, but we are learning to use them selectively.

During the past decade, mental health planning in the United States has been dominated by the model of the community mental health center offering emergency and in- and outpatient services for the acutely mentally ill along with educational and consultational services, all presumably tailored to the needs of a specified local population. Ironically, efforts to transcend the limitations of the medical model of mental illness sometimes serve to turn highly trained psychiatrists away from the care of the mentally ill toward concerns in which their competence is far less impressive. Mechanic sees much benefit in the use of community centers as means of integrating diverse services, but notes with apprehension the grandiosity of some psychiatrists who view the community mental health center as a potential seat of psychiatric control over the human problems of a population.

In a particularly thoughtful chapter, Mechanic examines legal aspects of social policy relating to mental illness, especially commitment procedures, the judgment of competency to stand trial, and the insanity defenses. The proportion of voluntary admissions to mental hospitals has increased greatly, but many patients are still legally com-

mitted against their wishes. Mechanic cites recent research which establishes beyond a doubt that commitment proceedings often do not adhere to legal requirements for depriving the individual of his liberty. Hearsay complaints against the person may be accepted at face value; the decision to commit is a probable outcome *unless* the prospective patient is represented by counsel. The interests of the community will probably continue to demand mechanisms for containing the more deviant manifestations of mental illness, but Mechanic suggests the need for continual assessment to insure that such procedures will be as humane as possible. This is equally true when a person charged with a crime is found incompetent to stand trial and is then sent to a mental hospital. Many have spent the rest of their lives in the hospital, despite the fact that they could have been returned for trial within a short time.

Mechanic writes from a sociological perspective, but not narrowly so. He is critical of those sociologists who have categorically damned the mental hospital without considering the needs of distressed patients and their families. He argues for more attention to the chronic patient and for efforts to develop more largely educational approaches to rehabilitation. There is a need for linking the new community facilities to the hospitals for longer-term care. He notes that much more attention needs to be given to providing help for the aged in a variety of contexts.

The range of topics touched on in the brief compass of this volume results in occasional feelings that one is flitting on too quickly when it might be desirable to explore at greater length. There is little that is new in the perspectives that are presented, but much merit in the way that they are juxtaposed and their implications explored. Recent efforts to develop community programs that do some of the very things that Mechanic advocates are not discussed, nor is there adequate consideration of the potentials of new categories of mental health personnel. Nevertheless, Mechanic has an impressive command of relevant knowledge, and his thoughtful formulation and analysis of issues make this an excellent point of departure for the examination of mental health policy.

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The Sense of the Body

Perceptual and Cognitive Aspects of Body Experience. FRANKLIN C. SHONTZ. Academic Press, New York, 1969. xii + 254 pp., illus. \$11.

This book has three clearly stated purposes: first, to provide a general survey of research and theory on perception of the personal body; second, to report the author's research on body perception; and third, to clarify key issues in the study of body perception.

The author has adequately achieved his first purpose, and this book provides the only survey of this kind since Schilder's *The Image and Appearance of the Human Body*, published in 1935. A useful distinction is made between the tradition of research that took its inspiration from Henry Head's concept of the body schema and has been concerned with the perception of body parts, particularly in neurological patients, and that other tradition, the body-image tradition, which has been concerned with the relation between body percepts and personality traits and which is typified in the work of Schilder. The literature in both traditions is reviewed and the conceptual and methodological weaknesses in both are revealed. It is particularly refreshing to see a critical review of the extremes of theoretical obscurantism which have been manifest in the body-image tradition. This part of the book is recommended as a most useful and sane review of the subject.

The part of the book in which the author's own work is reviewed makes dull reading. Subjects were asked to estimate the sizes of certain parts of the body under a variety of stimulus and response conditions. Certain patterns of over- and underestimation were found which were stable under various conditions. However, the conclusion from these data is that "there is yet no adequate explanation for the specific form assumed by the pattern of error scores for body parts." After this, one's interest in such material inevitably flags, although the particular experimental methods may interest those who are working in this field. The chapter on correlational investigations is even more boring; one's interest flags to zero when one reads, "This procedure yielded a total of 270 statistical tests, of which 16 (or about 6%) were significant at the .05 level."

The third purpose of the book is only partly achieved, and the final