

Psychiatric Rights (Rites?)

An Excerpt from the book by Mark Vellucci

“The mad truth: the boundary between sanity and insanity is a false one. The proper outcome of psychoanalysis is the abolition of the boundary, the healing of the split, the integration of the human race. The proper posture is to listen to and learn from lunatics... The insane do not share ‘the normal prejudice in favor of external reality.’ The ‘normal prejudice in favor of external reality’ can be sustained only by ejecting (projecting) these dissidents from the human race; scotomizing them, keeping them out of sight, in asylums; insulating the so-called reality-principle from all evidence to contrary.”

- Norman O. Brown, *Love's Body* (1990)

Is it possible that involuntary hospitalization of persons not convicted of a crime is a violation of basic civil liberties and rights?

The separation of medicine and the state, the politics of involuntary mental hospitalization, and the basic civil rights of our citizens are all essential components in the formulation of a strong theory advocating the abolition of involuntary mental hospitalization. The understanding of humanism, in its truest sense, is vital to the development of a theory that focuses on validating personhood in our society and affirms the right of the individual to be truly self-determinant (within the parameters of the law).

The abolition of involuntary mental hospitalization is a highly controversial concept. Dr. Thomas Szasz has reached his conclusions based on some fifty years of writing, researching, and participating in the psychiatric profession. His ideas, while referred to as “nutty” by the prominent psychologist Dr. Albert Ellis (Szasz & Ellis, 1977, Cassette Tape), may not be dismissed as easily by others who are truly concerned with the welfare of mental patients. An analysis of the language of mental illness, combined with observations on the nature of institutional psychiatry, has led many humanist thinkers to a position which, upon scrutiny, stands to reason. The re-establishment of the individual as a truly autonomous, fully human entity is essential in a society based on fundamental civil rights.

Abolition or Reform of the Involuntary Commitment Process

In order to establish criteria for involuntary mental hospitalization, psychiatry needed to develop a system of practices which appeared to be scientific in nature. The accomplishment of this goal has elevated psychiatry to a position where its findings and opinions are treated as scientific facts. The status enjoyed by the psychiatric profession has allowed it to maintain a system of involuntary mental hospitalization that is difficult to imagine existing in a country such as the United States. Nonetheless, such is the case,

and with the support of the criminal justice and legal professions, involuntary mental hospitalization is still a viable and thriving enterprise.

Many defenders of involuntary mental hospitalization claim that “mental health is more important than personal freedom” (Szasz, 1977, p.134), and that psychiatric interventions are necessary for the protection of the individual and the society. The problem with this, however, is in determining whether or not society is being threatened by a certain individual, and in what way. Legally speaking, the mental patient is “an innocent person incarcerated in a psychiatric prison” (p.136) and, as such, should not be subject to criminal-type sanctions.

In our system of justice, the individual has an inalienable right to pursue personal liberty unless he has been convicted of a criminal offense in a court of law. Involuntary mental hospitalization places great restraint on individual expression and self-determination. What Szasz has termed the “therapeutic rape of the patient by the psychiatrist” (1987, p.169), namely coerced interventions, are a threat to the personal freedoms of all citizens. Involuntary interventions “are not cures but coercions (p.169) and should be rejected by psychiatrists. Coercions, when performed by representatives of the state, are a political act. To presume otherwise is to miss the essential nature of coercion in involuntary mental hospitalization and its possible extension into other areas of social and political control.

Another fallacy sometimes presented as support for the involuntary institutionalization of mental patients is the idea that if “patients” can be treated and improved or cured, then hospitalization against their will is a good idea. I believe this is a case of the ends justifying the means -- the aims of treatments or interventions cannot be justified based on their perceived curative ability. Additionally, the patient is placed into a very self-incriminating position when confronted by institutional psychiatrists. If a person is unwilling to be institutionalized and realizes that if he is honest he will be, an accurate diagnosis of him cannot be given.

To remove the compulsion to be in a mental hospital is analogous, in some ways, to the repeal of slavery. In removing the compulsion to be there, the mental patient may choose to leave, but he also may choose to stay. Voluntary treatments, when consented to by adults, are part of a citizen’s rights. It is the process of emancipation that is essential in the regaining of individual rights - a process that would be destroyed by placing new or additional restrictions on the freedom to choose. To claim to know what is best for a person is to support the contention that it is ultimately in the best interest of society for such “expert” judgments to be made. I dispute that contention, believing that equal treatment under the law for all citizens is fundamental to a civil society.

By arguing for the improvement or alteration of a system, whatever it may be, there is an implied notion that by advocating change the system should continue to exist. In order to end involuntary mental hospitalization, the system of incarcerating mental patients does not require change, it requires *termination*. Advocating changes in the system legitimizes its existence (Szasz, 1977). On a purely practical level, any changes that would help the

involuntary patient on a short-term basis are welcome, but on an ideological level, advocating change in the system distorts and dampens the argument against involuntary mental hospitalization. Since the desired result is no less than complete abolition, then ideologically no effort should be spent on reform (p.90).

The state's involvement in medicine, particularly in psychiatry, takes the primary responsibility for the individual's health from him and places it with the government. The state entrusts the psychiatrist with the power to make decisions about a person's competence and his potential incarceration. The psychiatrist is asked to present his evaluation regarding a patient's mental health, and is not required to gain informed consent from a person deemed to be mentally unstable. If there were no mental health laws which create a separate "category of individuals who, though officially labeled as mentally ill, would prefer not to be subjected to involuntary psychiatric interventions" (Szasz, p.137), then the abuses that occur in caring for mental patients could not occur without recourse. This is true for the reason that mental patients would be subject to protection by laws that apply to all citizens, including protection of fundamental civil rights. The individuals responsible for creating and enforcing laws regarding involuntary mental hospitalization, should, in this context, be regarded as the "adversaries, not allies, of the mental patient" (p.137). The treatments and practices legally carried out by psychiatrists working in state-sponsored institutions are supported by most of society and, hence, by those individuals who form the society. Any harm that is done to citizens as a result of involuntary mental hospitalization is the responsibility, at least in part, of society, because society (as represented by the state) endorses involuntary mental hospitalization and pays professionals to work with involuntary patients. I believe the practice of involuntary mental hospitalization could not survive a massive public outcry, and would not continue to exist if pressure were brought to bear on society's representatives.

True Humanism

Humanistic principles, such as Personal Autonomy and the Right to Dissent are the ideological foundation of Szasz's work, from which his insistence on the abolition of involuntary mental hospitalization is based. Central to this construct are the rights of the individual, including the right to self-determination and the right to be treated equally under the law. In order to qualify as a humanist in Szasz's model, the proper use of language is essential (1977, p.88). Language is of paramount importance to the conveyance of ideas in a clear and precise manner. While the proper use of language will not automatically qualify an individual as a humanist, it is a necessary component of humanistic tradition.

Language is very important when applied to the field of psychiatry, and its abuse has been a source of continued irritation to those who practice the careful use of language. Sometimes mental patients do talk in an unconventional way, but that does not necessarily mean that their thinking is disordered. Freud and Jung both believed that mental patients do not talk gibberish, "but rather may speak in a metaphorical manner which we do not understand" (p.89). I believe that in addition to our ability to

understand, if we do not like what a person is saying, we also tend to qualify such speech as mental illness. Hence the expression “you must be crazy” is commonly used to express incredulity, but rarely is meant literally in every day speech.

A claim made by some psychiatrists is that while a person’s behavior may seem incomprehensible, it is more easily understood by psychiatrists than by that person himself (Szasz, p.95). This apparent contradiction is the basis upon which many diagnoses are offered and interventions undertaken. While some psychiatrists who participate in this process call themselves humanists, they do not act as such. The affirmation of the human being as uniquely individual and the rejection of control over our fellow citizens are essentially humanistic viewpoints. The adherence to a doctrine of control by language should be viewed with skepticism, and should be challenged whenever possible. Szasz believes that it is essential for “all humanists to realize the dual function of language” (p.95), which is for purposes of not only understanding people, but for controlling them. It is the true humanist position to be aware of and refuse to participate in the abuse of language.

In reviewing issues such as the rights of the mentally ill, a very important point is frequently overlooked. In advocating for the rights of a particular group of people, the individuality of those people is obscured by the label attached to them. In the context of true humanism, it is the right of the individual to reject any labels that he/she so chooses (excepting that of a convicted criminal). As Thomas Szasz has stated:

“We should stand steadfast for the right of men and women to reject those involuntary identifications or diagnoses that have traditionally justified and made possible, and often continue to justify and make possible, their inferior or subhuman treatment at the hands of those who ostensibly care for them but who actually scapegoat them” (1977, p.96).

It is a contradiction to call oneself a humanist and support any form of discrimination. Fundamental to the humanist approach is that each individual has the right to be treated as a self-determinant human being, provided he or she is an adult and is acting within the boundaries of the law. This means that individuals have the right to refuse treatment if they so desire and that all people, regardless of how different they might be from us, have the right to be treated as fully human. These rights come with corresponding obligations, and remain intact as long as the person lives up to those responsibilities. To put it another way, not only do “victims” of involuntary mental hospitalization have the right to be treated with dignity, they have the obligation to expect to be treated as equal to other citizens and to be responsible for their own participation in society.

Each member of society who has no current criminal convictions against him has the right, so we are told, to self-determination. If this were genuinely true, how then could we justify involuntary mental hospitalization? We could not, but yet involuntary mental hospitalization does exist. Some limitations on the right to self-determination go beyond criminal considerations. The use of rhetoric to justify incarceration is rampant. The protection of people from themselves, the removal of “potentially dangerous” citizens,

the protection of people who are too sick to realize they are ill, etc. -- all these excuses and rationalizations are presented for our approval, which we as a society often accept with open arms, perhaps not realizing the potential for disaster in such a stance.

Institutional psychiatry, in the political sense, is the enemy of humanism. The coercive nature of involuntary mental hospitalization makes psychiatry a powerful foe of humanism. Psychiatry has provided a way to describe unusual behavior in terms of illness, and has succeeded in distorting the famous phrase "I am a man, nothing human is alien to me" into "I am a psychiatrist, nothing alien is human to me" (Szasz, p.98).

The positions taken herein should not be mistaken to mean that there are no individuals in need of help or that assistance should not be available to those who choose it. Rather it is to say that involuntary mental hospitalization as it exists currently has no place in a free society. It is a system that suspends the rights of a group of citizens who are guilty of no crime. It is based on psychiatric principles that are often not well founded and are certainly fallible. In light of such obvious contradictions with the rest of our societal beliefs, it is clear that involuntary mental hospitalization should be abolished.

The following statement from Thomas Szasz's *The Theology of Medicine* (1977), while containing a harsh condemnation of psychiatry that may go beyond many of his followers' opinions, nonetheless provides some questions and comments that are worthy of serious consideration:

"When will we recognize - and publicly identify - the medical criminals among us? Or is the very possibility of perceiving many of our leading psychiatrists and psychiatric institutions in that way precluded by the fact that they represent the officially correct views and practices; by the fact that they have the ears of our lawyers and legislators, journalists and judges; and by the fact that they control the vast funds, collected by the state through taxing citizens, that finance an enterprise whose basic moral legitimacy I have called into question?" (p.139).

The questioning of our institutions, be they civil, political, or psychiatric, is of great significance to the maintenance of social justice, and is the originating point of social reform. Our willingness to be diligent in the pursuit of social justice will determine whether or not such equity will prevail.

Note for the reader: The book Psychiatric Rights (Rites?) is available for purchase through iUniverse, as well as available as a 4 credit continuing education course through CE-credit.com.

References

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