
Beyond Clinic Walls. The Madness Establishment. Madness Network News Reader. The Mental Hospital and Human Services. Models of Madness, Models of Medicine. Politics, Medicine and Social Science. The Pursuit of Mental Health.

Francis X. Grollig

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BOOK REVIEWS

- BEYOND CLINIC WALLS edited by ALAN B. TULIPAN, CAROLYN L. ATTNEAVE and EDWARD KINGSTONE. The University of Alabama Press. Bibliographys; charts and figures; footnotes. 1974. Pp. xii + 241. \$8.50 cloth.
- THE MADNESS ESTABLISHMENT by FRANKLIN D. CHU and SHARLAND TROTTER. New York: Grossman/Viking. Charts and statistical tables; index; chapter notes. 1974. Pp. xxii + 232. \$7.95.
- MADNESS NETWORK NEWS READER by SHERRY HERSCH and ASSOCIATES. San Francisco: Glide Publications. Illus.; footnotes; analytical charts and tables; appendices. 1974. Pp. 192. \$5.95 paper.
- THE MENTAL HOSPITAL AND HUMAN SERVICES by HERBERT C. SCHULSBERG and FRANK BAKER. New York: Behavioral Publication. Biblio., indexes, analytical and statistical tables. 1975. Pp. xvii + 385. Cloth.
- MODELS OF MADNESS, MODELS OF MEDICINE by MIRIAM SIEGLER and HUMPHREY OSMOND. New York: Macmillan Publishing Company, Inc. Biblio., indexes, tables. 1974. Pp. xxi + 287. \$8.95 cloth.
- POLITICS, MEDICINE, AND SOCIAL SCIENCE by DAVID MECHANIC. New York: Wiley. Chapter notes, index, tables. 1974. Pp. x + 306. \$12.95 cloth.
- THE PURSUIT OF MENTAL HEALTH by MELVIN HERMAN and LUCY FREEMAN. New York: Macmillan. Index. 1974. Pp. 135. \$6.95 cloth.

*Francis X. Grollig, S.J.**

In the literature on the topic of mental health there are nearly as many perspectives as there are authors and editors. Moreover, in the last decade a trend that can be praised or damned—but not ignored—is the reorganization of mental health delivery services on a community basis, or within a “catchment area,” to use a now favored word. In this review

we consider some of the works presented in 1974-1975 by these authors and editors as they explore some of the facets of community mental health.

What was once, perhaps, a simple one-to-one relationship between a practitioner and a patient now, more frequently than not, must reckon with a third component, the federal government. The patient himself once dealt with a person, his or her psychiatrist for example; now he deals with the health team at the hospital. The latter institution, in order to qualify for certain funds, must in turn comply with federal regulations. How did all of this come about?¹

In the field of mental health the Community Mental Health Centers Act (CMHCA)² is a sort of watershed. Passed in 1963, one of its goals was the reduction of the numbers of patients, mainly in state mental hospitals, who were in custodial care. To qualify for federal funds community mental health centers must provide "inpatient and outpatient care, emergency services, partial hospitalization, and consultation and education."³

Beyond Clinic Walls, published by the Psychiatric Outpatient Centers of America, clearly supports the CMHCA goal, but regretfully "[t]he great dreams held out for the Community Health Center Movement have not been realized."⁴ The contribution, "Mental Health Outpatient Centers: Relevant or Irrelevant to Mexican Americans?" by Grace Burrue and Nelba Chavez is a fine analysis of the culture-value component in health care for minorities. This component is illustrated in the Tucson hospital, La Frontera, which serves a geographic area that is composed largely of Mexican Americans.⁵

Another contribution to this volume is the "Symposium: The Right to Treatment" in which the contributors have done a splendid job in presenting pertinent legal matter. Attorney George Dean discusses the legal re-

* Professor and Chairman, Department of Anthropology, Loyola University of Chicago. A.B., A.M., Loyola University of Chicago; Ph.L, S.T.B., West Baden College; Ph.D. (Anthropology), Indiana University.

1. See generally *MEDICINE AND SOCIETY IN AMERICA* (C. Rosenberg ed. 1972). This series of forty-seven volumes purportedly covers every phase of the relationship between medicine and society since the end of the eighteenth century. It also provides an in-depth analysis of the historical background for some of the legal issues involved in the rights and duties of patients and physicians vis a vis the growing governmental control of health programs.

2. 42 U.S.C. § 2661 (1970).

3. H. SCHULBERG & F. BAKER, *THE MENTAL HOSPITAL AND HUMAN SERVICES* 23 (1975) [hereinafter cited as SCHULBERG & BAKER].

4. *BEYOND CLINIC WALLS* xi (A. Tulipan, C. Attneave & E. Kingston eds. (1974) [hereinafter cited as *BEYOND CLINIC WALLS*].

5. See *id.* at 108-30.

sults of the landmark case *Wyatt v. Stickney*,⁶ and adds some of the practical results including "[e]ven George Wallace has gotten religion."

The final contributors to the symposium, James Morris and Thomas Fanning, indicate that since the public served by the outpatient clinics "are not involuntarily committed," they are given "the right to treatment as an ethical and moral obligation" but not as a legal one under the construction of the *Wyatt v. Stickney* case.⁷

The Pursuit of Mental Health by Melvin Herman and Lucy Freeman laments that President Kennedy's "bold new approach to mental illness"⁸ embodied in the CMHCA has become a dream that "has been halted by the Nixon administration."⁹ This little (135 page) volume has not footnotes, no bibliography, and no statistical tables to get in the way of the "average" reader or to help the scholar, and the number of very short sentences seems excessive. There is no preface or introduction, and nowhere did this reviewer find the credentials of the co-authors.¹⁰

The political implications of the use of Dr. Ellsberg's files and of the psycho-slanted political problems of Senators Eagleton and McGovern are discussed.¹¹ No one would disagree with the "unfulfilled needs" briefly commented on in the closing chapter of the book. These "needs" include skilled therapists, more federal funds, services for children and improved facilities.¹²

The Mental Hospital and Human Services is a scholarly work by Herbert C. Schulberg and Frank Baker. There is a summary for each chapter

6. 325 F. Supp. 781 (M.D. Ala. 1971) (holding that the mentally ill and the retarded have a right to treatment, an adequate staff, and that a humane environment must be provided by the state to cope with this right to treatment). The state must conform to standards "if it is to operate a mental health and retardation program." BEYOND CLINIC WALLS at 147.

7. See BEYOND CLINIC WALLS at 156.

8. M. HERMAN & L. FREEMAN, *THE PURSUIT OF MENTAL HEALTH* 29 (1974) [hereinafter cited as HERMAN & FREEMAN].

9. *Id.* at 31.

10. The dust jacket of the book identifies Melvin Herman simply as the "executive secretary of the National Association of Private Psychiatric Hospitals . . . [who] writes a monthly column for the *Science Digest*." The Library of Congress lists Lucy Freeman as the "joint author" of this book while the dust jacket lists her as "the well known author of more than a dozen books." Ms. Freeman is also the co-author of *The Two Assassins*, a work which was referred to as a "quick book" by *Time* magazine. *Love Thy Analyst*, *Time*, Mar. 24, 1975, at 76.

11. A politician's job is in jeopardy if the confidentiality of psychoanalysts' files is not respected. Psychiatrists and psychoanalysts in an annual convention (Honolulu 1973) issued a formal protest against "the use of such information to discredit an individual or to influence the political process." HERMAN & FREEMAN at 14.

12. *Id.* at 127-35.

and a fine flow throughout the book. "Human services" is the razor's edge for survival: "Other mental hospitals which for societally determined or organizationally induced reasons are not functioning within a contemporary framework of systematically related human services should be phased out and closed" within a period of years.¹³ The authors support their conclusions with twenty-three pages of documentation.

Once more the theme recurs: the CMHCA is a lever that will be used to tip the balance in health-care "from institutional, inpatient services to community-based, outpatient ones."¹⁴ The authors present an open systems study of mental health organizations, intending it to serve as a model for others. The open organizational system is devised to show a multi-goal model that can provide patient care, research and training through four interacting aspects: input (the total case histories of both patient and staff), throughput (the internal operating and management subsystems of a hospital), output (the sum total of patients released, students trained, research accomplished), and feedback (the patients, other people, and data subsequently supplied to the hospital from other environmental systems) "which determine the state of the system at any time."¹⁵ It will probably take at least a decade of tough testing to prove the worth of this complex and expensive conceptual guide to organizational change.¹⁶

The Madness Establishment is Ralph Nader's Study Group Report on the National Institute of Mental Health. From beginning to end there is a devastating criticism of the lack of accountability of the centers established under the CMHCA. Ultimately, this means that "all centers, no matter what they are doing, continue to receive public money from NIMH."¹⁷ This bit of information came from an "Internal NIMH memo"—possibly never meant for publication. One cannot but be amazed at

13. SCHULBERG & BAKER at 350.

14. *Id.* at xi.

15. *Id.* at 99.

16. Equally important will be the training of professionals to handle this organizational change. See Schreiber, *Anthropology in a Public Health Curriculum*, to be published in the Proceedings of the Forty-first International Congress of Americanists (1974).

17. See F. CHU & S. TROTTER, *THE MADNESS ESTABLISHMENT* 201 (1974) [hereinafter cited as CHU & TROTTER]:

Those centers which are doing a better job are doing so because of their leadership, not because NIMH has required them to do so. The lack of accountability of the Centers means that all Centers, no matter what they are doing, continue to receive public money from NIMH. If a Center is not doing what it said it would, NIMH is not really interested in knowing. This is the heart of the problem—the slow, sad steps which lead to a minutet of mutual deception.—Internal NIMH memo.

the vast amount of information this book has documented by the simple notation of the month in which the interview took place with the person whose opinion is given.¹⁸ In the words of the authors themselves, this volume is not to "be construed as a blanket condemnation of psychiatry," but rather it is concerned "about the increasing vulnerability of American psychiatry to political and institutional manipulation and its propensity for extending itself into ever-widening spheres of interest."¹⁹

Models of Madness, Models of Medicine is co-authored by Miriam Siegler and Humphry Osmond, both well known for their numerous contributions to the literature in the field of mental illness. Paul E. Huston explains the stance of the authors:

They defend the medical model of madness because they believe it has the most to offer the patient, his family, and society, and defend it by comparing their conception of the medical model with seven non-medical models of madness: the moral, the impaired, the psychoanalytic, the family interaction, the psychedelic, the social, and the conspiratorial.²⁰

Of these eight, the medical and the first two models above "put forth a partial or restricted rather than a global view of the problem of madness,"²¹ while the last five have "the implication that unseen but potentially understandable forces control the lives of us all."²² Such an element of control involves, obviously, determinism (in contrast to free will) as a prevailing factor.

In a comprehensive table the authors analyze each of the eight models with respect to twelve components.²³ Perhaps for us the testing of the three "rights" categories for their legal implications would be most interesting. These categories are: (1) rights and duties of subject, (2) rights and duties of families, and (3) rights and duties of society. After briefly commenting on a visit to a new community mental health center the authors lament: "Community mental health has no model. It uses a goulash of models . . ." ²⁴ So, unfortunately, we cannot analyze the prod-

18. Most of the interviews took place between March and July, 1972—about the time it would take to write a good college term paper.

19. CHU & TROTTER at xx-xxi.

20. M. SIEGLER & H. OSMOND, *MODELS OF MADNESS, MODELS OF MEDICINE* xvi (1974).

21. *Id.* at 21.

22. *Id.* at 42-43.

23. *See id.* at 16-18. The twelve components are definition/diagnosis, etiology, subject's behavior, treatment, prognosis, suicide, function of institution, personnel, rights and duties of subjects, rights and duties of families, rights and duties of society and goal of the model.

24. *Id.* at 166. The authors have provided in forty microfiche, their accumulated research notes for the past twenty years, *i.e.*, approximately 3,600 pages.

ucts of the CMHCA in one of these model categories.

Madness Network News Reader has an ultimate goal: to put an end to the degrading and alienating practices of the psychiatric system and to create instead a process that validates human beings and their rights to express themselves."²⁵ The *Reader* is divided into three sections: the Madhouse, the Cure and the Resistance. The third of these probably will be of greatest interest to the legal community because it deals with the legal aspects of psychiatry. From the very beginning, there is a call for change: the "professional help" that a mental patient now gets is soundly denounced "by people who have experienced first-hand that kind of 'help.'"²⁶

In one *Reader* article, "Pursuing Spychiatric Pill Pushers," (is that a typographical error or a neologism?) Dr. Caligari, a pseudonym, explains the effects of psychiatric drugs on human beings. The legal implications of the use of drugs that are said to do permanent brain damage and cause "semi-temporary" side effects of body and muscle reactions seem to this reviewer not small, but they are not even mentioned by the author.

This volume will come to an end none too quickly for many readers. But it does have a reading list with hundreds of items neatly divided into such topics as "Fiction," "Inmates and Asylums," "Orthodox Psychiatric Sources" and "Heretical Sources." For those who respect the system, this book will be disturbing, as it was meant to be.

Politics, Medicine, and Social Science is an impressive volume by David Mechanic, in which he does so much so well it is difficult to single out specific aspects for comments. He addresses himself to a complex series of problems:

to identify the various points at which the social and political context affect health and the practice of medicine; to examine social and organizational dilemmas in medical care, to clarify the intimate relationship between medicine and psychiatric concerns, and to specify how social-science analysis and behavioral perspectives can contribute to the formulation of health policy in the future.²⁷

Below the ripples of "the rights of patients and their families to be treated with dignity"²⁸ can be discerned the current of legal realities involved in health-care delivery and autopsy procedures. As a matter of fact, the legal implications of many of the health problems surface very

25. MADNESS NETWORK NEWS READER 11 (1974).

26. *Id.* at 11.

27. D. MECHANIC, POLITICS MEDICINE, AND SOCIAL SCIENCE vii (1974) [hereinafter cited as MECHANIC].

28. *Id.* at 64.

easily in this volume, *e.g.*, when the recent battles over contraception and abortion are touched upon by the author.²⁹ The skeptical reception with which birth control endeavors of the whites are being received by the blacks in the Republic of South Africa is attributed partially to the culture value that having children carries for the black people.³⁰ American urban anthropologists and lawyers will be interested in the discussion of cultural differences in identification and response to illness. In New York City, for example, the response to pain for Jewish people (emotional) differs from that of the "Old Americans" (stoical) and the Irish, who "more frequently denied pain." Moreover, if the reaction to pain is psychiatrically based, rather than physically based, the patients may expose themselves to a variety of unnecessary medical procedures.³¹

The volume brings together some of Dr. Mechanic's papers which have been previously published, but most of the material is new. A chapter entitled "The Right to Treatment: Judicial Action and Social Change" discusses *Wyatt v. Stickney*, to which we have already referred. Mechanic develops the historical background of this case and goes on to discuss Judge Bazelon's decisions in *Rouse v. Cameron*³² and *Durham v. United States*.³³ In the former the Judge created "[t]he major precedent for the right to treatment;"³⁴ in the latter, he proclaimed the well-known "product or mental disease or defect" test for criminal insanity.³⁵ Mechanic equates the subsequent endeavor to extend this rule to nonpsychotic conditions to an "attempt to boot-leg rehabilitation to persons charged with criminal offenses by exculpating criminal responsibility."³⁶ The author insists that the courts "develop more competence in making judgments concerning mental illness on the basis of the facts with greater awareness of the appropriate bounds and limits of medical and psychiatric evidence."³⁷

Mechanic walks the right-rope between use and abuse when he admits that "drug therapy is the most significant treatment modality available to

29. *Id.* at 10.

30. *See id.* at 28.

31. *Id.* at 129-31.

32. 373 F.2d 451 (D.C. Cir. 1966).

33. 214 F.2d 862 (D.C. Cir. 1954).

34. MECHANIC at 233.

35. *Durham v. United States*, 214 F.2d 862 (D.C. Cir. 1954); *see also* MECHANIC at 238.

36. *Id.* at 239.

37. *Id.* at 243. The problem here is that acceptance at face value, without further evaluation, of the medical and psychiatric evidence of "insanity" deprives the defendant-patient of the due process of the law in so far as the courts' willingness to buy medical labels turns a judicial process into a medical or psychiatric evaluation.

psychiatry” but cautions that medication “has been one of the most frequently abused means of ward maintenance and patient control.”³⁸ The volume concludes with a consideration of the development of an internally consistent national system of health care.

In brief, there is a tremendous interest and a vast amount of literature being published in the field of community mental health care. The ensuing decade will probably see a multiplication of legal battles testing whether the people who are served by the institutions under the guidance of the government are subjected to a mental health care program that is a marvel or a monster.

38. *Id.* at 243.