

OPEN DOORS OR CIVIL RIGHTS FOR MENTAL PATIENTS?

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Stone walls do not a prison make.

—RICHARD LOVELACE (1618-1658)

The history of the hospitalized mentally ill is a monotonous tale in which one ineffective reform follows another, each leaving the patients scarcely better off than they were before.

Philippe Pinel (1745-1826) is celebrated among psychiatrists for having struck off the chains from the mentally ill. Despite this classic, and by now fairly ancient, historical precedent, the recent trend to unlock the doors of state mental hospitals has been propounded and received as if it were a revolutionary advance in the care of the mentally ill. But to lock and then unlock the doors of mental hospitals is reminiscent of the behavior of the "crazy" person in a not very funny psychiatric joke. When asked why he kept banging his head against the wall, he replied: "Because it feels so good when I stop."

Every so-called reform in the history of the modern mental health movement was followed by a regression to earlier conditions. Often, the care of the mentally ill sank to an even lower level. The unlocking of doors in mental hospitals, although probably a step in the right direction, may prove to be another smoke screen to hide the oppression and mistreatment of patients.

If we truly desire progress, not merely activity, in the mental health field, we must take a fresh and more searching look at the entire problem of mental illness. First, we shall have to disabuse ourselves of certain basic misconceptions. Chief among these is the notion that mental illness is an illness, and that the care of the mentally ill is principally a medical affair. It should not be too difficult to correct this idea, despite its great popularity today. It is becoming widely appreciated that public health and the care of the aged are complex socio-political, rather than exclusively medical problems. Similarly, in the mental health field, we are confronted with problems of social action and social planning, involving many people and professions, including medicine.

Another basic issue that must be clearly understood and squarely faced, before there can be much hope for the fate of the hospitalized mental patient, is the dual and often mutually incompatible functions now entrusted to mental hospitals.

There is nothing new about these two functions. The first — to care, rehabilitate, or treat — is the function invariably advertised to

the public. We have renamed our asylums "hospitals," and our inmates "patients" — deceiving ourselves that by giving them more elegant names we are being good to them.

The second function of the mental hospital is to safekeep the patient from harming himself and others. The more the safety of the community is emphasized, the greater conflict there will be between the custodial and the rehabilitative functions of the hospital. When newspaper headlines blare: "Escapee from state hospital assaults wife and sets house on fire," the implicit demand is to reinforce the safekeeping or prison function of the hospital. I do not wish to minimize the importance of this social function of both penal and psychiatric institutions. I believe, however, that it is hypocritical to maintain that persons considered dangerous to others are detained and treated against their will in order to help *them*. Mental patients are handled in this fashion to insure the public safety.

My argument is that it makes little difference whether we call people mental patients or inmates, or even whether we keep them in open or locked buildings — if the persons affected are *in fact* in legal and social jeopardy! It could be objected that this is merely my personal opinion. Let me therefore state the facts and the reasoning which support this view.

When psychiatrists ceremoniously unlock the doors of mental hospitals, this only reaffirms their power to lock or to open them. But if the legal rights taken from patients by virtue of commitment (or by laws authorizing observation in a mental hospital) were restored to them, there could be no question about the doors being open or closed! In that case, physicians would be deprived of the social power to keep people under lock and key. Psychiatrists would no more have the privilege to "free" mental patients from locked wards than you and I have to free our neighbor from his house where we have incarcerated him.

This means the abolition of civil commitment. The therapeutic and custodial functions of the mental hospital would have to be separated, and the function of each specified. To achieve this, I suggest the following modifications in current mental hospital practices.

1. Therapeutic institutions (hospitals) should serve only voluntary patients. Society should not expect protection from potential assaults by members of this group. Institutions of this type should not assume responsibility for the patient's self-damaging or suicidal acts. Any compromise with these principles will be at the cost of reducing the therapeutic effectiveness of the institution.

2. Custodial institutions (prisons) should house those whom society wishes to segregate. The primary purpose of this type of institution should be to safeguard the public safety. Insofar as compatible with this aim, the buildings or grounds might be closed or open, and the inmates treated with punitive or therapeutic measures, depending on the values of the society which the institution serves.

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The problem of the hospitalized mentally ill is basically neither medical nor psychiatric. How then shall we view it? I submit that the large masses of hospitalized mental patients reflect, in ostensibly psychiatric form, the manifestations of a socially ubiquitous phenomenon, namely, discrimination and scapegoating.

In the human struggle for survival, one group has always sought to dominate another. Some groups were the "natural" victims of exploitation and oppression: children, women, vanquished enemies, less advanced races or nations, believers in alien creeds, and so forth. Each of these has been the victim of discrimination and abuse. As scapegoat, each has helped to maintain the social stability of the dominant group. The Greeks and Romans had their slaves; the Christians their heathens and witches; the British their colonial natives; the white Americans their Negroes; the Nazis their Jews.

Laws and social customs determine whether men will be free or enslaved, secure or insecure, self-assertive in an ethic of pluralism or cowed into conformity in a monolithic system of social values. To restrict another's liberty, we need not brick and mortar, nor lock and key. Nor can we be sure that by tearing down walls we set him free.

Consider the plight of the American Negro. Although fully enfranchised by the Constitution, he remained a slave until the Civil War. Since then he has been a second-class citizen. The next big step toward freedom came with the desegregation ruling by the United States Supreme Court in 1954. And the struggle is still not over. Specific state laws, codifying discrimination against the Negro as a positive moral value, must be repealed, virtually one by one. Only then will the American Negro have an equal chance with his white brother in the game of life.

Consider also Nazi anti-Semitism. It did not start with physical brutalities against the Jews. Concentration camps came only later, and extermination still later. It began with legalizing anti-Semitism! One of the first political steps taken by the Nazis, after they assumed power in 1933, was to enact anti-Jewish laws. The bricks and mortar, the barbed wire, the gas—they all followed, perhaps inevitably, from

a people's earnest ethical and legal commitment to the proposition that discrimination against Jews was a good thing.

The compulsorily hospitalized mentally ill present a similar phenomenon. The "psychotic" is feared, distrusted, and blamed for a variety of social ills. This is the social tissue out of which discrimination is fashioned. As the Jews in Germany were blamed for everything from losing the war to contaminating the purity of the Aryan race, so, in the United States, the mentally ill, or more precisely "mental illness," is blamed for everything from crime to divorce.

The assertion that the mentally ill (and especially those hospitalized) are the scapegoats of our society is supported not only by the attitudes mentioned above, but also by the law. Committed mental patients are fingerprinted, their files are kept on record in the state capital, they cannot vote, hold office, dispose of property, or drive a car. Their only "right" is to suffer and be exploited. They cannot even defend themselves against invasions of their bodies and of their privacy, rights guaranteed the criminal, but not the "insane."

It may be objected that, as a group, hospitalized mental patients (and ex-mental patients) are unlike other groups that serve as society's scapegoats. Membership in the class of Jews or Negroes is hereditary and impersonal; it is not, as a rule, acquired on the basis of personal conduct. On the other hand, no one is born a mental patient. Membership in this group must be acquired; and it can be acquired only individually, not *en masse*. However, once a person has been assigned to this group, it is fully justified to view his treatment by society as a form of dehumanization and scapegoating, essentially similar to the examples which I have cited.

Neither turning words in mouths nor keys in locks can restore to the mentally ill the rights deprived them by law. Nowhere does our Constitution state that the liberties it proclaims apply only to citizens who are mentally healthy. These liberties were meant for all, without regard to membership in any particular group, be that membership based on racial, religious, or psychiatric criteria.

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The hospitalized mentally ill are contemporary society's scapegoats. Destructiveness and discrimination against them are not only practiced, but, more significantly, are upheld by law as morally correct.

I have argued that social clarification of the functions of mental hospitals, together with legal changes in the status of mental patients, are required for effective progress in the mental health field.