

THE ETHICS OF PSYCHIATRY: WHO IS SICK?

There's a worldwide uproar over Soviet 'abuses.' But what of those of the United States and other nations?

BY JOEL GREENBERG

"Whatsoever I shall see or hear concerning the life of men, in my attendance on the sick or even apart therefrom, which ought not to be noised abroad, I will keep silence thereon, counting such things to be as holy secrets."

The Hippocratic Oath

1. A mathematician who spoke out against his country's government was prohibited from attending his own trial and confined to a mental institution for two years.

2. A middle aged man, committed to a mental hospital by his parents, was confined there without treatment for 15 years.

3. A psychiatrist was forced to flee her country after criticizing its mental health practices. Government officials have refused to allow her young son to emigrate and join his mother.

4. A scholar, critical of his government's practice, was publicly condemned, and agents of the state broke into the office of the man's psychiatrist in an effort to obtain his case history.

5. A high-ranking government official, believed by some to be in conflict with his chief of state, was committed to a military hospital following his resignation. He was diagnosed as suicidal and as having "a severe depression of the type seen in operational fatigue during the war." The man was reportedly placed in a ward several stories above the hospital's main psychiatric section, and less than two months later plunged through the window to his death.

The above incidents represent the type of alleged abuses of psychiatry for which the Soviet Union was condemned dramatically at the World Congress of Psychiatry (SN: 9/10/77, p. 164).

Yet, only two of these five cases took place in Russia. The other three occurred in the United States: No. 2 involved Kenneth Donaldson, whose suit against doctors at Chatahoochee State Hospital in Florida led to the historic Supreme Court ruling on the right to treatment in 1975; No. 4 dealt with Daniel Ellsberg, Viet-



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In a press conference at the World Congress of Psychiatry in Honolulu, Soviet psychiatrists defend themselves against charges of "political abuse" of psychiatry.

nam War critic and leaker of the Pentagon Papers; No. 5 concerned the untimely 1949 death of James V. Forrestal, secretary of defense under Harry Truman. Nos. 1 and 3 refer to Russians Leonid Plyushch and Marina Voikhanskaya, respectively.

In a world growing increasingly conscious of human rights, psychiatrists have—reluctantly in some cases—become more and more preoccupied with ethics and the rights of patients. Criticism of Soviet psychiatrists for allegedly confining healthy political dissidents to mental institutions is at its peak. Critics say they have documented several hundred such cases in Russia. And neither Soviet psychiatrists nor political leaders are underestimating the impact of the psychiatric ethics issue. After they failed to sway world congress members from publicly condemning the USSR, several members of the Soviet delegation confided to U.S. colleagues that they feared losing their professional positions when they returned to Russia, sources told SCIENCE NEWS. To some, this meant they might not be allowed to leave the USSR again, at least in an official capacity, sources said. Chief Soviet psychiatric delegate E.A. Babayan "was fighting for his life," said one prominent U.S. psychiatrist, "not literally, but his professional life. And what he was saying, he *had* to say a great deal for his people back home. . . . He was talking for his

superiors to hear."

Most psychiatrists readily admit that abuses are by no means limited to the Soviet Union. The world congress heard discussion of alleged poor treatment of blacks in South Africa's mental health system. Charges of psychiatric abuse have also been made against Rumania, Czechoslovakia, Chile and Argentina.

But it is in the "free" societies, such as the United States and Great Britain, where the question of psychiatric misuse and abuse becomes far more clouded. Some Russian representatives suggested that an American criticizing a Soviet psychiatrist was akin to "the pot calling the kettle black." But there are few known cases of overt political abuse of psychiatry by the U.S. government—with the recent exception of the Ellsberg incident—that compare to the charges against the Russians.

Rather, it is the more subtle aspect of "social manipulation" that concerns the critics and some practitioners of American psychiatry. "The American and British psychiatrists in the vanguard of this [condemnation of the Soviets] are the most totalitarian, most vigorous advocates of locking people up for their 'own good,'" says Thomas Szasz, professor of psychiatry at the State University of New York in Syracuse and author of several books critical of psychiatry.

Szasz says there have been cases of overt governmental abuse of psychiatry

in America, and points to Forrester's commitment as "a political act" that may or may not have led to his suicide. (Szasz says his information that Forrester was committed against his will after a conflict with Truman, and subsequently placed in a non-psychiatric ward, comes primarily from a biography of Forrester written by Arnold Rogow).

But the primary problem in western countries appears to rest in non-governmental diagnostic and commitment procedures. "In Russia, to oppose the system is a crime," Szasz says. "But we don't have any such thing, so it doesn't look political. But *all* psychiatry is political." Psychiatric commitments, Szasz says, "are used to dispose of unwanted people. It's used in employment, schools, the military—half the soldiers who had medical discharges in World War II [were discharged] for neuropsychiatric reasons," he says. The latest National Institute of Mental Health figures show that less than half of the persons hospitalized in state mental institutions each year are committed voluntarily. The majority are involuntary civil commitments, or are placed through criminal court proceedings.

"If a person is dangerous to himself, does he have a right to be?" asks Szasz. "If you don't have the right to take your own life, what right do you have? And what about danger to others? A person in a free society has a right to be dangerous—until he breaks the law.

"I despise the Russians; as far as I'm concerned they're gangsters," Szasz says. "But as far as we're concerned, people who drink are crazy. There *is* no mental illness," he asserts. "I advocate the abolishment of all psychiatric power—just as an eye doctor or a dermatologist can't do anything to anyone, [a psychiatrist] should treat you not only because you're sick, but because you want it."

American Psychiatric Association President Jack Weinberg, one of those who publicly criticized the Russians at the congress, agrees that "undoubtedly, there is some misuse of psychiatry or psychiatrists in this country. But here it certainly is not state policy, and there is opportunity for redress, whereas in non-free societies there is none."

U.S. psychiatry is "enormously potent and can get repressive at times," says Daniel Callahan, director of The Hastings Center Institute of Society, Ethics and the Life Sciences. "We use psychiatric and psychological labeling for the purposes of controlling deviancy in many respects. It's a way of not calling people immoral anymore—just calling them sick," he says. "In this respect, we don't use them [labels] against political dissidents, but against people with behavior patterns we don't like."

The very imprecision of psychiatric diagnoses, which experts acknowledge is

widespread in the United States (SN: 7/9/77, p. 28), cautions against indiscriminate labeling of any individual. But the problem becomes even more critical when the psychiatrist is also employed by an agent of the state, such as a prison or military system. Of this "double agent" problem, Callahan asks, "Where is his loyalty supposed to lie? His first and only duty is to the patient, yet obviously when psychiatrists are employed by an organization, they are employed for the purposes of the organization."

In such cases, the question of confidentiality becomes fuzzy. Purists contend that much like a clergyman who has heard confession, psychiatrists, psychologists or other counselors must unquestioningly guard their patients' remarks, desires, visions and fantasies. "Suppose someone in the criminal system confesses something to his psychiatrist," says Weinberg. "What does one do? We are struggling with that question." If a therapist learns that someone is going to commit a crime that is going to endanger the life of others, "we have an obligation to do something about it," he says.

However, says Szasz, "it is a classic assumption of a free society that people who are innocent of law breaking have an unconditional right to be left alone, [and] people who break the law must be punished for it, regardless of their mental state." Szasz advocates the abolition of "all psychiatric interventions within the legal system. Why do you think 'Son of Sam' is smirking at us [in published photos]? He's laughing at us. It's outrageous to think he's mentally ill."

Weinberg says, "I know what Tom Szasz's position is—we were students together at The Institute for Psychoanalysis in Chicago." But, says Weinberg, "there *are* individuals who are emotionally ill. I *suppose* they have a right to destroy themselves and others, and . . . disrupt the functioning of their families or the community they might live in. But what if an individual is in your office, psychotic and destructive, and does not see that he is in need of mental treatment," he asks. "Do I as a psychiatrist, as a medical person, have a right to protect that person against himself? Under those circumstances, I would say, 'yes.'"

Circumstances in the Soviet Union, if nothing else, are frequently more clear cut. Criticism of the state is often seen as a product of delusion or of something called "sluggish schizophrenia," and therefore a condition requiring treatment by law. Given that view of illness, the Russians are quick to point out that their review and commitment procedures are not that different from those of the United States. In a not-so-subtle slap at U.S. psychiatrists, Babayan says, "The question[s] of admission and discharge of mental patients are answered in the USSR from a purely medical point of

view, in contrast to the practice effective in several other countries."

Weinberg concedes that the Soviets "have a right to say what is and what is not" mentally ill, although he adds he "wouldn't know" exactly what sluggish schizophrenia is. "Most Russian psychiatrists practice psychiatry ethically—I believe that," he says. "We are not critical of psychiatrists, we are critical of state policy, and that some psychiatrists because of fear of [losing] their position, will go along with state policy" and confine healthy persons solely for political reasons.

The World Psychiatric Association has adopted Weinberg's resolution for the formation of an ethics committee to investigate psychiatric practices not just in the Soviet Union, but in other countries as well. But there are those who feel that even such an international committee will be pointless unless worldwide psychiatric ethics in general are overhauled.

"Today, we have effective remedies for few diseases," says Clarence D.D. Blomquist of Stockholm, Sweden. "Our [physicians'] prestige and charisma seem to have increased even faster than our factual ability to help. In this optimistic frenzy, the World Health Organization wrote its famous definition of health making the whole world ill and legitimating [sic] the doctor to interfere in everything everywhere."

Like Szasz, Blomquist warns that "the patienthood of everybody we have created threatens the very aim of psychiatry—to promote autonomy and growth." He proposes a limit to the scope of psychiatry by de-emphasizing ethics and "stressing man's own responsibility for his life and health. At the time of Hippocrates there was only one ethical rule for physicians as well as for other craftsmen—that of knowing one's job, of having adequate knowledge. Today, psychiatry has passed its border of competence. We are not trained for much of the job we now are engaged in."

While not calling for nearly such a complete pullback, Weinberg does suggest that perhaps no psychiatrist should be a full-time employee of a criminal system or military organization, but that such groups should only contract for services when necessary. That way, he says, psychiatrists would be more "obliged to keep the confidentiality" of the patient.

Still, there are times when a psychiatrist must intervene on the basis of his own ethics, Weinberg says. "My God, if I see an individual who's lying in the streets and bleeding; if a man is teetering on the brink and thinking of jumping, what is my function?" he asks. "I am protecting him against his own self destructive tendencies.

"Admittedly, again, a man has a right to end his own life . . . I suppose. It's the ultimate freedom that a human being has. Maybe the only freedom." □