Soc 3290: Deviance
Overheads Lecture 30: Mental Disorder II

* Today we continue our look at mental disorder. We will consider:

(1) Social Responses;
(2) Theoretical Perspectives

(1) Social Responses to Mental Disorder:

* Historically:

- in ancient Greece, mental disorder revered/ seen as divine favor
- for most of history, however, mentally disordered treated badly (i.e. "Witches," possession by "evil spirits")
- 1700's: confined to "poorhouses," jails, "hospitals" & freakshows
- 1793: Philippe Pinel: instituted humanitarian treatment
- new "asylums" largely developed into "warehouses" until 1950's
- after 1955: antipsychotic drugs & deinstitutionalization

* The Public:

- stigmatize the mentally disordered as dangerous
- even professionals sometimes slip up
- illustrated by popular jokes & stereotypes

* The court:

(1) Involuntary commitment:

- hospitalization against one's will
- often perfunctory until late 1960's
- since 1970's courts have been concerned about civil liberties &

refused to involuntarily commit patients except in extreme cases

(2) Denying rights:

- courts can also deny a person the right to trial on a charge if mentally "incompetent" to stand trial
- now done more carefully/reluctantly than before 1970's

(3) Insanity defense:

- a legal defense to a crime is that the person was "insane" at the time (i.e. no *mens rea*).
- M'Naghten Rule: did the person know what they did was wrong at the time?
- Durham Rule: is the act the "product" of mental illness?

* The mental hospital:

- mental hospitals=total institutions where inmates live enclosed, regimented lives, are treated as objects & often abused
- unintended consequences include angry outbursts, hopelessness, "hospitalitis," staff blindness to conventional behavior, etc
- not all hospitals necessarily fit negative stereotype, but many do
- extensive use of antipsychotic drugs ("therapy" or control?)
- since 1970's, hospitals closing in favor of "community health centres" (deinstitutionalization)

* The community health centre:

- mental patients can receive in/out patient care in their own communities: many social services linked
- compared to professional psychiatry, "network therapy" way of providing social support to patients has been helpful

(2) Theoretical Perspectives on Mental Disorder

* Three basic approaches: medical, psychological and labelling

* Medical model:

  - mental "illness" = a disease with biological origin
  - treated via physical means like drugs, electric shock and surgery
  - claims support from genetic studies /"successful" drug treatments
  - yet only treats symptoms/ genetic studies exaggerated

* Psychosocial model: (e.g. psychoanalytic theory & stress theory)

  (1) Psychoanalytic theory:

  - painful internal conflict between id, ego & superego repressed and manifested in psychiatric symptoms
  - "talking cure" suggested
  - concepts not empirically testable
  - taking cure not successful for serious disorders

  (2) Social stress theory:

  - social stress/ life crises manifest as psychological problems in some (a minority)
  - availability of coping resources is key to prevention
  - studies inconclusive re: causation (is stress cause or effect?)

* Labeling model: mental "illness" as a social label imposed on disturbing behavior:

(1) Thomas Szasz:

- mental “illness” not objective, but a “myth” to disguise moral conflicts in human relations
- sufferers experience “problems in living”
- “treatments” benefit others more than “patients”
- points to growth in number of DSM disorders over time

(2) Thomas Scheff:

- mental “illness” as “residual rule breaking” (catch-all category)
- arises from diverse sources/ many not labeled for behavior
- labeling can stabilize behavior into chronic mental “disorder”
- stigma can perpetuate this, even after “treatment”

(3) R.D. Laing:

- patients exhibit “sane response to an insane world”
- patients’ experiences are real to them (“inner” vs. “outer” conceptions of/ orientations to space and time)
- patients unhappiness stems largely from untenable social situations/ subsequent stigmatization
- focuses on letting patients “explore” inner world/ think deeply until their “return”

* Criticisms of labeling theory:

- mental “illness” appears in all cultures, past and present (misunderstands use of term “myth”)
- labeling doesn’t necessarily stabilize behavior into chronic conditions (much debate)

* Next class: the radical psychiatric attack on psychiatry itself