

### Mental Illness for Beginners It's All in the Definition

I'm sometimes approached by students who know nothing about mental illness and who want good introductory sources. I usually recommend two. One is *The Diagnostic and Statistical Manual of Mental Disorders* (third edition, revised, 1987), published by the American Psychiatric Association, and known as the *DSM*. The other is an old *New Yorker* cartoon.

In the cartoon, the psychiatrist says to the patient on the couch, "A nameless dread? That's easy. We've got names for everything." The *DSM* is where the names for everything can be found. It is psychiatry's official labeling bible, found in every mental health facility on the continent. Its function is to aid the clinician in suiting the mental patient's action to the *DSM*'s word. The result, ten times out of ten, is a diagnosis.

Those concerned about free trade will be relieved to know that Canada-U.S. trade in the psychiatric sector has traditionally been unrestricted and will be unaffected by the Reagan-Mulroney deal. Mental illness is manufactured, patented and packaged in the U.S. by the American Psychiatric Association (APA), and is imported tariff-free into Canada. Here, it is administered by the APA's branch plant, the Canadian Psychiatric Association. There is neither a Canadian *DSM* nor a Canadian edition of the APA manual.

The *DSM* has its roots in the antebellum south. In mid-nineteenth century America, slaves were fleeing plantations in increasing numbers. Slave owners called in the American Psychiatric Association

(conveniently founded in 1844), which quickly discovered a disease called drapetomania, a morbid compulsion to be free. The worst offenders had to be locked up and treated in mental institutions until their illness had been brought under control. They were then discharged and returned to their owners.

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We'll skip over the *DSM*'s life-wrecking disorders, like schizophrenia and its twenty-seven diagnostic sub-types, which psychiatry is just beginning to get a handle on. More instructive is the category of mundane disorders, whose expansive appetite seems to know no boundaries, except political ones. If you can't find big parts of yourself and your kids in the *DSM*, you're probably suffering

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Clearly, the subject matter here is not disease or medical disorder. The *DSM* is essentially a compendium of values, though even that concept is often too grandiose. To a large extent, the *DSM* is



intervention. Drapetomania itself has been lost to psychiatry and the *DSM* (cured, apparently, around the time of the Emancipation Proclamation), but it has been amply replaced. While diseases come and go, psychiatry has been relentless in its quest to achieve a net gain in the units of human life it can call its own. Thomas Szasz, a maverick American psychiatrist, first diagnosed this disorder as "psychiatric imperialism." Untreated, it has developed a florid symptomatol-



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to learn there is no rigorous or even adequate definition of mental illness, either in the *DSM* or anywhere else. There is, however, quite a precise definition of mental patient. A mental patient is someone who has slept overnight in a mental institution. Simply consulting a private psychiatrist is not sufficient.

Implausible as it may seem, a century of pseudo-scientific research into mental illness has failed to produce any scientific knowledge whatsoever, with the exception of the Irreversibility Principle, which is to say, mental illness is incurable.

Unfortunately, irreversibility has been obscured in recent years, for which we have no one to blame but the homeless. Because they have so few mental institutions to return to, the revolving door is rusting up and the system is breaking down. The World Health Organization calls the crisis the Reagan Cure.

In saner times, the facts were quite clear, as the following examples will show. Of all patients discharged from B.C.'s Riverview Mental Hospital in 1960, ninety per cent were readmitted at least once by 1970. In the public arena, Thomas Eagleton tangled with the Irreversibility Principle in 1972 when he attempted to run for the U.S. vice-presidency, years after having been hospitalized for depression. He didn't get far.

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Bad press about mental patients has saturated the public mind. According to attitude surveys, nobody likes them. They make people nervous. Mental patients are viewed as unpredictable, threatening and prone to violence. The truth is the opposite. Most of them tend toward introspection, withdrawal and passivity. Their rates of violent crime are actually lower than those of the general population. Still, you've never actually

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Well, not quite. In fact, psychiatrists spend very little time with real mental patients, like schizophrenics — the kind who sleep overnight in mental institutions. In these institutions, psychiatrists act as consultants to front-line, lower-echelon mental health workers, having

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Now:





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Depending upon one's point of view, the situation is a good deal better or a good deal more chilling than Mr. Beckman describes. Readers were left with the impression that only American diagnostic systems in psychiatry are imported into Canada. In fact, the American psychiatric community can be seen as resisting imperialistic trends from the World Health Organization, whose *International Classification of Disease*, Ninth Edition (ICD-9, for short) is the official classification system in Canada and the U.S. A comparison of ICD-9 and the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) shows the major weaknesses of both in detail (vague diagnostic criteria in the former, a cookbook approach to criteria in the latter), but it also shows that they are trying to describe much the same conditions, which psychiatrists the world over see. Mr. Beckman correctly notes that the personality disorder section is still very weak in DSM. Having participated in field trials to test out ICD-10, I can assure him that this area is also rather poor in the latter and that, practically, this limits its usefulness.

This brings me to the main point. Diagnosis, after all, is medical shorthand; it is an attempt to describe a recognized condition in a few words. This has use in treatment and especially prognosis. This may help us understand why the children's disorders are so confusing; how does a certain constellation of symptoms (including parental and school complaints) end up when the child is an adolescent? Do all kids who have conduct disorders or oppositional defiant disorders become hard-core criminals or dangerous terrorist revolutionaries? Not only do the police and repressive governments want to know, but a fair number of parents are also surprisingly interested in their children's lives.

The other part of Mr. Beckman's article requires comment as well. Although he decries labelling, Mr. Beckman appears to have fallen into the all-too-common intellectual and emotional trap of suggesting that "mental patients" are incurable, that nothing is known about their illnesses, and that all we can give them is our love and compassion because their miserable lives have been ruined by bad luck compounded by medical incompetence.

My impression is quite a different one, even though I work in a large psychiatric hospital with very sick patients.

I have to work with the idea that something must be done to lessen the suffering of individuals and that this something must include not only compassion and the best application of what is known to be effective but also the hope that more will be known to make treatment and prevention better. Most "mental patients" are actually in the community. These are people who have suffered from the very common illness of major depression, the vast majority of whom recover completely with treatment and are happy to do so. Schizophrenia is another illness with a different response to treatment and a different prognosis, but even so, most people with this illness respond somewhat at least to pharmacological and psychosocial interventions. Indeed, most of them hardly look like "mental patients." While I agree that neurotics do not merit as much treatment time as schizophrenics, I would also point out that they don't get nearly so much as the latter, who require a much more sophisticated multidisciplinary approach. The analogy is just as true in the rest of medicine. The people doctors see in their offices are usually far less sick than the ones in hospital, where, after all, doctors are consultants to nursing staff who spend the whole day with patients. Surgeons operate but don't do nursing care or physiotherapy. The same is true for psychiatrists in hospital practice. Thus, the conspiracy against the "mental patient" widens to include nurses, psychologists, social workers and other professionals who are to be found in the average Canadian psychiat-

ric hospital. Nevertheless, in our system, it is physicians who carry the final responsibility.

My last comment is in agreement with Mr. Beckman's remarks about sexual bias in diagnosis. This also should not be surprising since psychiatrists are part of a larger community which has its own value judgements about personal characteristics, such as sexual preference. If anything, medicine as a profession does not lead enough where it should do, and therefore has often to make embarrassing attempts to catch up with the times. Do not let us forget that years ago it was the opinion not only of the public but also of most of the medical profession that "mental patients" were incurable. Most physicians understand mental illnesses (note the plural) somewhat more optimistically nowadays because of research into efficacy of treatments, outcome and causal factors. Unfortunately, this attitude about these illnesses and the people that have them has not yet received as much acceptance in the community at large. Psychiatrists are a lot less flippant than Mr. Beckman suggests about depriving people of their civil liberties (which judges do on medical recommendation).

As citizens we should be concerned about our health care system, and I should be the last to suggest that the fact one is not a member of the medical profession denies one the right to criticize. However, special interest groups like doctors are often useful to consult, as are many patient and family groups. This would allow more factual reporting.

David Bloom  
Douglas Hospital Centre  
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Leftovers/Lanny Beckman

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This brings me to the main point. Diagnosis, after all, is medical shorthand; it is an attempt to describe a recognized condition in a few words. This has use in treatment and especially prognosis. This may help us understand why the children's disorders are so confusing; how does a certain constellation of symptoms (including parental and school complaints) end up when the child is an adolescent? Do all kids who have conduct disorders or oppositional defiant disorders become hard-core criminals or dangerous terrorist revolutionaries? Not only do the police and repressive governments want to know, but a fair number of parents are also surprisingly interested in their children's lives. The other part of Mr. Beckman's article requires comment as well. Although he decries labelling, Mr. Beckman appears to have fallen into the all too-common intellectual and emotional trap of suggesting that "mental patients" are incurable, that nothing is known about their illnesses, and that all we can give them is our love and compassion because their miserable lives have been ruined by bad luck compounded by medical incompetence.

My impression is quite a different one, even though I work in a large psychiatric hospital with very sick patients.

I have to work with the idea that something must be done to lessen the suffering of individuals and that this something must include not only compassion and the best application of what is known to be effective but also the hope that more will be known to make treatment and prevention better. Most "mental patients" are actually in the community. These are people who have suffered from the very common illness of major depression, the vast majority of



whom recover completely with treatment and are happy to do so. Schizophrenia is another illness with a different response to treatment and a different prognosis, but even so, most people with this illness respond somewhat at least to pharmacological and psychosocial interventions. Indeed, most of them hardly look like “mental patients.” While I agree that neurotics do not merit as much treatment time as schizophrenics, I would also point out that they don’t get nearly so much as the latter, who require a much more sophisticated multidisciplinary approach. The analogy is just as true in the rest of medicine. The people doctors see in their offices are usually far less sick than the ones in hospital, where, after all, doctors are consultants to nursing staff who spend the whole day with patients. Surgeons operate but don’t do nursing care or physiotherapy. The same is true for psychiatrists in hospital practice. Thus, the conspiracy against the “mental patient” widens to include nurses, psychologists, social workers and other professionals who are to be found in the average Canadian psychiatric hospital. Nevertheless, in our system, it is physicians who carry the final responsibility.

My last comment is in agreement with Mr. Beckman’s remarks about sexual bias in diagnosis. This also should not be surprising since psychiatrists are part of a larger community, which has its own value judgements about personal characteristics, such as sexual preference. If anything, medicine as a profession does not lead enough where it should do, and therefore has often to make embarrassing attempts to catch up with the times. Do not let us forget that years ago it was the opinion not only of the public but also of most of the medical profession that “mental patients” were incurable. Most physicians understand mental illnesses (note the plural) somewhat more optimistically nowadays because of research into efficacy of treatments, outcome and causal factors. Unfortunately, this attitude about these illnesses and the people that have them has not yet received as much acceptance in the community at large. Psychiatrists are a lot less flippant than Mr. Beckman suggests about depriving people of their civil liberties (which judges do on medical recommendation).

As citizens we should be concerned about our health care system, and I should be the last to suggest that the fact one is not a member of the medical profession denies one the right to criticize. However, special interest groups like doctors are often useful to consult, as are many patient and family groups. This would allow more factual reporting.

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