Editorial Perspective

Mental Health and Society

Nowadays, men often feel that their private lives are a series of traps. They sense that within their everyday worlds, they cannot overcome their troubles, and in this feeling, they are often quite correct: what ordinary men are directly aware of and what they try to do are bound by the private orbits in which they live; their visions and their powers are limited to the close-up scenes of job, family, neighbourhood; in other milieux, they move vicariously and remain spectators. And the more aware they become, however vaguely, of ambitions and of threats which transcend their immediate locales, the more trapped they seem to feel—C.Wright Mills in "The Sociological Imagination."

THIS is the condition of modern man. In order to understand mental health and illness it is very important to know the concept or nature of man within a given social milieu; for on this depends the definition of what is mental health and illness, the normal and the pathological. The human situation or human existence in a social milieu thus becomes the key to understanding mental health.

It is not necessary to go into the various conceptions held historically but it should suffice to state that the definition of mental health in a society is intimately related to the concept of human in that society. These conceptions are the result of the relations of production prevailing within a given society. They have a direct bearing on the human situation and determine mental health of individuals as well as classes. Marx described this aptly in the 'German Ideology': "The production of ideas, of conceptions, of consciousness, is at first directly interwoven with the material activity and the material intercourse of men, the language of real life. Conceiving, thinking, the mental intercourse of men, appear at this stage as the direct afflux from their material behaviour. The same applies to mental production as expressed in the language of the politics, laws, morality, religion, metaphysics of a people. Men are the producers of their conceptions, ideas, etc. real, active men, as they are conditioned by the definite development of their productive forces and of the intercourse corresponding to these, upto its furthest forms. Consciousness can never be anything else than conscious existence, and the existence of men in their actual life-process." (Marx, 1956)

Thus, pathology stems from society itself and no amount of cure of an individual who manifests symptoms of being mentlaly ill, will provide a complete solution to this sickness. Mental helath is not a question "of the 'adjustment' of the individual to his society, but, on the contrary it (requires) the adjustment of society to the needs of man . . . whether or not the individual is healthy, is primarily not an individual matter but depends on the structure of his society. A healthy society furthers man's capacity to love his fellow men, to work creatively, to develop his reason and objectivity, to have a sense of self which is based on the experience of his own productive powers. An unhealthy society is one which creates mutual hostility, distrust, which transforms man into an instrument of use and exploitation for others, which deprives him of a sense of self, except inasmuch as he submits to others or becomes an automaton" (Fromm, 1956). It is therefore clear that the understanding of man's psyche "must be based on the analysis of man's needs stemming from the conditions of his existence" (ibid).

Historical Background

In the past mental illness was generally the equivalent of lunacy or madness but in post-industrial societies things are different. Understanding of mental health was earlier dichotomised into being mad or being sane. Now the situation has changed.

A change in the social formation cuts across the length and breadth of a social structure and leaves none untouched. The sphere of the human psyche too is affected. Traditional societies are close-knit and therefore have a greater capacity for absorption of distress, frustrations and conflicts that impinge upon individuals because of prevailing class-relations. Family, clan and community ties cushion members against them temporarily releasing them (individuals) from the traps of daily living.

With the industrial and French revolutions the old order received its death blow. Individuals, uprooted from their traditional ties, had to face new realities of changed production relations, but this time with little or no support from their family, clan or community. The new production relations under capitalism made alienation of man complete and mental health acquired additional dimensions. It was no longer confined to "madness" but smaller deviations from accepted norms became equally important, because a mass society that was emerging required stronger measures and mechanisms for social control if the status quo had to stay undisturbed.

The first break came during the "Paris Commune" when Philippe Pinel, a French physician, obtained permission of the commune to treat inmates of asylums with kindness and sympathy: instead of incurable lunatics they were now considered as "sick" persons who were in need of treatment rather than being evil and deserving punishment. Pinel's therapeutic intervention advocated a moral treatment—treating afflicted persons with care and concern and at the same time improving their environment; patients were taught the value of work, recreation, religion, social activities and self-control (Bockoven, 1963).

Thus for the first time the theory of unadjustment to society was put to practice and mental health henceforth became a matter of adjusting the unadjusted through a process of correction.

With further advancement of industrial society and strengthening of capitalism, issues of mental health were no longer confined to the lunatics, but increasingly neuroses began to acquire a central focus. This was thanks to the weakening of human ties and the process of alienation. Karl Marx described this as the negation of productivity in that man (the worker) can no longer "fulfill himself in his work but denies himself, has a feeling of misery rather than wellbeing, does not develop freely his mental and physical energies but is physically exhausted and mentally debased" (Marx, 1967). The man who has thus become subject to his alienated needs is "a mentally and physically dehumanized being . . . the self-conscious and self-acting commodity" (ibid).

Through Marx's writing it became clear that pathology resided not in the individual but within the social system itself. Mental illness originated in the pathological society and it was society that needed a total transformation; man's mental state depended upon the nature of the social system.

However, this explanation was set aside as it was a challenge that suggested the destruction of the existing system. Soon after Marx, Max Weber's verstehen approach came to the rescue of capitalism. Weber upturned Marx and provided a foundation for a new explanation to emerge about man's mentality. This new break was that by Sigmund Freud who directed attention to the intrapsychic life and emphasised the importance of the

unconscious. This psychology of the unconscious was indeed "revolutionary" and path-breaking because until Freud philosophers had always equated the mind with consciousness. Freud's now famous "ice-berg" theory revealed that "only a very small part of what is mental is conscious; the rest is unconscious made up of inadmissible and involuntary ideas which motivate behaviour" (Appignanesi and Zarate, 1979).

Sigmund Freud

"Where id was, there shall ego be" was Freud's way of describing mental health. Id is the unconscious, governed by the pleasure principle, and ego is the preconscious that emerges because of the reality principle. These ideas of the unconscious revolved around the oedipus complex which has generally acquired the expression 'father ... murder, mother ... incest'." In Freudism 'libido' plays the part of the mythical 'caloric' of eighteenth century health mechanics, or of the 'gravity' of Newtonian physics (Caudwell, 1971).

As a consequence, Freud's obsession with sexuality prevented him from using to advantage the contributions of Marx to the understanding of human behaviour.

Freud's sexual determinism is unrealistic. A child's desire for his mother's breast and subsequently for her love is not an incestuous response but that of hunger and emotional support; for the child it is the mother who provides social, economic and emotional security. Nor does the child see the father as a rival or, in his unconscious, desire to murder him. The father's role as a patriarch bestowed by society is interpreted by the child as a stranglehold on his freedom, creativity and object of security (the mother), and therefore in his unconscious he seeks to challenge it. A review of anthroplogical studies of matriarchal societies may indicate possibilities to further substantiate and support this critique of Freud's conception.

Freud's insight of the human psyche was based on an understanding of the individual, and as a consequence his interpretations of mental manifestations suffered severely. He did not see the individual's psyche in the context of the social milieu and therefore got trapped in the confines of the libido instinct.

Caudwell (1971) writes: "We must establish sociology (Marxist) before we can establish psychology, just as we must establish the laws of time and space before we can treat satisfactorily of a single particle ..." This Freud has failed to see. To him all mental phenomena are simply the interaction and mutual distortion of the instincts, of which culture and social organisations are a projection, and yet this social environment, produced by the instincts, is just what tortures and inhibits the instincts.

However, Freud's influence on the various disciplines of the human psyche is still very substantial. Freud's contributions have greatly been responsible for the extensive attention that mental health receives, especially in western countries. It was largely due to the emergence of Freudian psychoanalysis that the mental health movement became popular in the USA. The professions of psychiatry and psychoanalysis subsequently acquired a new importance in the field of medicine—they became big business; a new technology developed around them—psychotropic drugs, psychosurgery, electrotherapy and the like. Until the late sixties, this individualistic approach to mental illness remained predominant.

Community Mental Health

At the turn of the seventies, by when the futility of the individualist approach was proved beyond doubt, things began to change. The community basis of mental health was recognised in the USA, but still the problem continued to be seen as one of adjustment and unadjustment to society. The difference was that it was not the individual that required to be adjusted, but the entire community in which he lived. Thus, if the mentally disturbed person came from a ghetto then psychiatric social workers and other paramedics were to be used for resocialisation of the immediate community of the mentally ill person; these paramedic workers thus became a new arsenal in the forces of social control.

It would be of interest to list out the characteristics of this community mental health movement (Bloom, 1973): a) emphasis on practice within the community rather than in institutional settings such as mental hospitals; b) effort to provide services and programmes directed at the total community rather than individual patients; c) prevention services given higher priority than therapeutic services; d) clinician offering indirect services—consultation, mental health education, training of community care givers (teachers, clergy, public health nurses, etc.)—rather than working directly with patients, thus reaching larger number of persons; e) innovative clinical strategies developed that more promptly meet the mental health needs of larger number of people (eg: crisis intervention) than was possible before; f) more rational basis for developing specific programmes, based upon a demographic analysis of the community being served, its unmet mental health needs, identification of those persons who are at special high risk for developing disordered behaviour; g) use of new personnel—para-professionals—to supplement services delivered by psychiatry, clinical psychology, psychiatric social work and psychiatric nursing; h) committment to "community control" dealing with community representatives in establishing programmes; and i) identifying sources of stress within the community and not simply within a sick person.

From the above listing it becomes clear that the community mental health movement is no different from the community health movement which aimed at developing resources in a decentralized manner (at the community level) so that through a new category of resource persons (such as paramedics, "voluntary" agencies or NGOs, etc.) the ruling class could strengthen mechanisms of social control, making them appear as self (or community) regulatory and democratic; thus, preserving the status quo. This fits in with the 'circulation of elite' framework of Vilfred Pareto which is regarded as a weapon of the ruling class (elites) to protect its own decadence "by introducing the idea of new 'social forces' among the masses" (Bottomore, 1966).

Dimensions of Mental Health

In spite of the understanding that the social structure of capitalism is in itself responsible for mental illness an overwhelming proportion of psychiatrists and psychoanalysts continue to treat mental illness as a primarily biological and behavioural problem. Therapeutic systems that have been evolved in recent years are therefore based on these assumptions and hence inadequate.

The problem of mental health, though having its own peculiarities, is no different from that of health in general or other social problems such as poverty, communalism, racism, sexism, arms race, etc. All these problems, both under capitalism and totalitarian socialism, are dealt with by society from the perspective of commanding social control. In the case of mental illness those afflicted, i.e. those not conforming to the norm, are subjected to degradation, segregation and isolation (in asylums) and more recently to incarceration, surgery, various chemical treatment procedures and inhuman psychological therapies, all directed towards driving home the point (to the patient as well as the population at large) that norms of society are sacred and unquestionable and must be followed at all cost.

Those whose behaviour is not accounted for by the rule-following model face not only the above stated consequences but are also labelled (eg: schizophrenic, hysterical, manic-depressive, catatonic) and stigmatised.

Erving Goffman calls this process 'mortification'. He writes (Goffman, 1984): "On admission to an asylum the 'patient' is stripped of his identity and any social support he enjoys. He begins with a series of abasements, degradations, humiliations and profanations of self. His self is systematically, if often unintentionally, mortified. The staff employs procedures on admission that complete this process of mortification—taking of life history, photographing, weighing, fingerprinting, assigning numbers, searching, listing personal possessions for storage, undressing, bathing, disinfecting, haircutting, issuing institutional clothing, instructing as to rules, and assigning to quarters."

Mental asylums are thus not very different from penal institutions having as their main function the correction of unadjusted behaviour; a process one may call resocialisation, which at times may go to the extent of disculturation (rendering temporary incapacity of managing normal day to day life processes when one gets out of the asylum).

It has been proved adequately that the therapeutic effects of currently practised psychotherapy "are small or non-existent and do not in any demonstrable way increase the rate of recovery over that of a comparable group which receives no treatment at all" (Eysenck, 1965). Thus, concludes John Ehrenreich that psychiatry "is the branch of medicine which openly specialises in the social control of deviant behaviour" (Ehrenreich, 1978); and Thomas Szasz adds, "therapeutic interventions have two faces; one is to heal the sick, the other is to control the wicked ... contemporary medical practices—in all countries regardless of their political make-up—often consist of complicated combinations of treatment and social control ... psychiatric diagnoses are stigmatizing labels, phrased to resemble medical diagnoses and applied to persons whose behaviour annoys or offends others" (Szasz, 1974).

Beyond the asylums, in daily life, such interventions are increasingly manifesting themselves, becauses problems which are essentially social are being further appropriated by the medical professions.

Mental illness is today generally classified into two categories—*psychoses* and *neuroses*. "What most patients of the first group suffer from is anxiety or depression, which if it exists in a mild form, may only be neurosis. When it reaches a severe stage, the person becomes totally abnormal. the opposite extreme of depression is excitement or elation; when depression and elation are manifest in a cycle, it is known as manic-depressive psychosis ... (Among neuroses) the commonest is the anxiety neurosis, followed by obsessional neurosis, the compulsive urge to wash your hands, a fetish for cleanliness, an abnormal concern about pollution. All the phobias too come under this classification" (Chakraborty, 1985).

In a survey conducted recently in Greater Calcutta it was found that 140 per 1000 persons suffer from some mental illness or the other. Neuroses affect one in ten of the population. The psychotic group is smaller, 16 per 1000 persons and half of these are acute cases, incapable of functioning socially; this is a very low figure in the international context, surprisingly so in a city like Calcutta where one expects more psychotic problems since the major factor, stress, is so overwhelmingly present (ibid).

Poverty and inhuman living conditions, especially in the third world, play a significant role in determining mental health. The working classes trapped in unfavourable work situations and unhygienic conditions are probably the worst off due to their alienated state. These cases of mental disturbances may not be recorded as neuroses or psychoses but the fact remains that their mental health is poor because even obtaining two square meals is a struggle: which means a lot of insecurity and mental trauma.

Minority communities and underprivileged castes in India, blacks in South Africa and a few western countries also live under a fear psychoses that adversely affects their mental well-being. Women as a group have historically faced and continue to experience mental trauma as a consequence of their placement in a patriarchal society. Males have throughout history enjoyed the privilege of double values whereas females have always been suppressed, their entire life-cycle being explained in terms of their uterus and sexual function, especially from the medical perspective (Ehrenreich and English, 1978). This results in differences of interpretation of the same qualities held by men and women. This is explained very well in a paper by Vibha Parthasarathi (quoted by Kalpana Sharma in the Indian Express Magazine, 27th October 1985). She writes that the quality of being "open" is interpreted as "flexible" for men and "fickle" for women; the quality of being "forthright" is interpreted as "frank" in the case of men and "rude" in women; "resoluteness" as "firm" for men and "rigid" for women; "unflinching" as "strong-willed" for men and "stubborn" for women; and so on. As a consequence these biased interpretations are in a large measure responsible for the neuroses or psychoses in women.

The modern world of advertising in capitalist societies and propaganda under both political systems promote values of the status quo, numbing creativity of the human species, inculcating a consumerism that drives man into becoming an automaton; he either becomes obsessed with the advertised or propagated norms and is labelled as an obedient or good citizen or he rejects these norms and is classified as a deviant, and if the deviance goes beyond the acceptable limits the person is labelled mentally ill, thus becoming a prey to the therapies of psychiatrists and psychoanalysts.

And finally patriarchy, which manifests itself through exploitative production relations, also contributes to mental pathology. Patriarchy, besides promoting sexism and suppressing women, promotes the idolatory of the clan, the race and the nation; it is in Freudian terms an incestuous fixation. It is manifested in our times in totalitarian regimes, bureaucratisation and monopoly control of productive forces, among other things. Fromm puts this point forcefully when he points out that "nationalism is our form of incest, is our idolatory, is our insanity; 'patriotism' is its cult" (Fromm, 1956). He furthers this argument by indicating the similarities between capitalism and totalitarian socialism. "Both systems are based on industrialisation, their goal is ever-increasing economic efficiency and wealth. They are societies run by a managerial class, and by professional politicians. They both are thoroughly materialistic in their outlook regardless of Christian ideology in the west and secular messianism in the east. They organise man in a centralised system, in large factories, political mass parties. Everybody is a cog in the machine, and has to function smoothly. In the west, this is achieved by methods of psychological conditioning, mass suggestions, monetary rewards. In the east by all this, plus the use of terror (or course, the west also uses terror—the 'spectre of Communism'). It is to be assumed that the more the Soviet system develops economically, the less severely will it have to exploit the majority of the population, hence the more can terror be replaced by methods of psychological manipulation. The west develops rapidly in the direction of Huxley's 'Brave New World', the east is today Orwell's '1984'. But both systems tend to converge" (ibid).

Conclusions

Medicalisation of human mental situation, the social control that goes with it, the alienation that class-relations generate

and the general drugging of the human mind through the modern information systems have made an obedient cog of him/her. Then, if the currently prevailing social formations are largely responsible for mental distress and frustrations, what does the common man look towards?

It is a difficult question to answer. Psychoanalysis, like psychiatry, has failed in its purpose. In the west, as well as east bloc nations, the former has become only an appendage of the latter—which is highly medicalised. In the underdeveloped countries, especially of Asia and Africa, both psychoanalysis and psychiatry have not found any significant roots, but in most of these countries traditional ties are still strong enough to provide comfort from the trappings of the social system.

Isn't this itself an indicator that a community-life that is *free* from exploitative class relations, patriarchy and a centralised and bureaucratised social control system will lead us towards a mentally and socially healthier life?

It has indeed been a difficult theme to compile. All the articles, except David Ingleby's which has been reproduced from a collection of the Radical Science Collective, are on psychiatry. We begin with Dilip Joshi's Psychiatry: State of the Art, which takes a look at present day psychiatry and its medicalisation.

Next we have Annie George's article which reviews the training programmes for medical and psychiatric social work and the role social workers play in psychotherapy. Psychoanalysis, that is extremely popular in west, is of little consequence (in practice) in our country—we present Ingleby's article that deals with ambivalence of psychoanalysis. This is followed by a short piece on a psychiatrist, Anand Nadkarni's experience in becoming one. We have two review articles, one on psychosurgery by Bindu Desai and the other on gender differences by Nalini. In addition we have a long non-theme article on experiences of a participatory research project on women and health by Gabriele Dietrich.

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