THE ANTIPSYCHIATRY MOVEMENT OF THE 1960S AND ITS INFLUENCE
ON THE MENTAL HEALTH CARE MODEL IN THE UNITED STATES

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"*The hope is well justified of returning to society individuals who seem to be hopeless. Our most assiduous and unflagging attention is required toward that numerous group of psychiatric patients who are convalescing or are lucid between episodes, a group that must be placed in the ward of the hospice and subject to a kind of psychological treatment.*"
- Philippe Pinel, psychiatrist (1801) [12]

The concept of therapeutic space for the mentally ill was first posited by Philippe Pinel and Jean-Etienne Esquirol, both influenced by humanist ideals of the Age of Enlightenment and the French Revolution.[9] Needless to say, a few isolated asylums existed in the Middle Ages, but their sole goal was to protect society by confining and isolating the deranged and delusional.[15] This forced exile was mostly due to the common belief that mental illness was a sign of unholy possession and immorality[11]. Pinel and Esquirol suggested creating separate establishments whose main goal would be the curing and reintegration of patients in society: they needed clean and soothing environments, small patient populations, and most importantly, individualized doctor-patient relationships based on empathy. Unfortunately, the soaring number of admissions over the 19th century would soon overwhelm their ideals. Two reasons explain the failure of the French psychiatrists' initial plan for a therapeutic space: the increased incidence of psychiatric illnesses in cities and the redistribution of care from small communities to large centers due to urbanization.[15] Mental health institutions fell victims to overcrowding and lack of resources: by the middle of the 20th century, they were compared to prisons, infamous for their unsanitary conditions and poor treatment of patients.[6] Unsurprisingly, psychiatric facilities, and the field of psychiatry as a whole, would be caught in the crossfire of both public opinion and reprobation from the intellectual elite. The strong criticism of psychiatry in the 1960s reflected a shift in social, political and intellectual stance, and contributed to the deinstitutionalization movement and shift to community psychiatry.

Questioning the Status Quo

Amidst the tense climate of the Cold War, after repeated blunders by the US government (failed invasion of Cuba, fiasco of the Vietnam War[17]), the Americans were increasingly distrusting of authority. This tendency was most marked among the youth: they started asking more questions, contesting the status quo, and led the anti-war movement.[3] This "anti-authority" attitude fostered by the social climate would spill over to other sectors, including medicine.[4,15] As Noam Chomsky describes it: "People were looking at things differently (…) [they were saying] "I really want to change the world, I don't like coercion and control.""[3]

At the same time, the 1960s saw the birth of social protest movements: anarchism, feminism, gay rights, antiracism, and leftism. For the latter, psychiatrists represented an elite against which they quickly became alienated.[14,15] For feminists, the male-dominated profession represented a patriarchal oppression.[14] For gay rights activists, psychiatry was one of the reasons behind their ostracism (Until 1973, homosexuality was considered a disease in the Diagnostic and Statistical Manual of Mental Disorders, also called the DSM).[15] Soon, the antipsychiatry movement would have its own branch of activists: Disability activism defended patients' fundamental right to self-determination and objected to laws allowing psychiatrists to involuntarily commit patients to an institution. Protests extended to academic settings, including the targeting of university professors.[4]

Fuelling the disagreement

In fact, some academic intellectuals were also criticizing psychiatry and the concept of mental institutions. Its most prominent voices were Michel Foucault, a French philosopher and social theorist, and Thomas Szasz, a Hungarian psychiatrist. In *Histoire de la Folie*, published in 1961, Foucault argued that mental illness was a social and political construct of the eighteenth century, whose purpose was to oust disobedient and troublesome members of society. Szasz went one step further: in 1960, he published *The Myth of Mental Illness*, and asserted that the very notion of psychiatric illness is "scientifically worthless and socially harmful". In fact, he advanced that mental health problems in patients are only "problems in living"[15] Both books were very popular, and these ideas enjoyed extensive exposure among the American intellectual class.[9,15] Foucault, Szasz and many other similar authors instilled doubts about the very nature of mental illness, which raised the following question: if psychiatric disease is not the medical entity we've come to know, are we justified in confining people in mental health care facilities?[15] R.D. Laing, a Scottish psychiatrist, even presented mental illness as a positive experience, a gift of creativity and insight that lets one "explore the inner space and time of consciousness". He wrote about schizophrenia that it may as well be "one of the forms which (…) the light beg[ins] to break through the cracks in our all-too-closed-minds." [8]

Criticism also came from other medical professions. Neurology's rise deemed by many as the correct scientific approach to the ailments of the human mind: "knowledge of cerebral physiology and pathology as obtained by study" was seen by many physicians as more successful in treating insanity than asylums.[4] In fact, a considerable number of medical professionals at the time did not consider psychiatry as a legitimate branch of medicine.[15]

Rosenhan, an American psychologist, would conduct an experiment in 1973 further adding in to the antipsychiatry movement. The first part of this study involved eight patients pretending to have hallucinatory disorders. They all got admitted, then resumed their normal behavior. Not only were they forced to admit that they did in fact have a mental disorder, but the condition of their release was

the agreement to take antipsychotic medication. The second part of the experiment involved a hospital administration asking Rosenhan to send fake patients. Over the next weeks, 41 out of 193 patients were declared to be suspicious by the staff. In fact, Rosenhan had sent no one.[13] The paper he subsequently published in *Science* the same year would underline the subjective factors in psychiatric diagnosis. In it, he recommends favoring community mental health centers which focus on specific problems in behavior rather than psychiatric hospitals where pejorative labeling is rampant.[13]

Reinforcing negative public opinion

However, no antipsychiatry critique was as effective in swaying public opinion against psychiatric institutions as Ken Kesey's 1962 novel. *One Flew Over the Cuckoo's Nest* was adapted into a film in 1975, reaching an even bigger audience (it won five Oscars)[1] The main character, Randle McMurphy, fakes insanity and is admitted to a psychiatric facility: he thinks it will be an easy way out of his prison sentence. The head nurse at the facility is a tyrannical woman who coerces, humiliates and threatens the inmates, and Randle quickly antagonizes her. She finally has him lobotomized as a way to get revenge, leaving him mute and immobile. The book effectively portrays psychiatric hospitals as worse than prisons: controlling and ill-intentioned medical personnel mistreat patients, threatening and punishing them with procedures akin to torture.[1] Moreover, the novel reinforced Foucault's argument in the eyes of the public: asylums are a way for society to cast away troublesome people like Randle McMurphy.[15]

The novel's descriptions of psychiatric wards were not too far from reality. Erving Goffman, a Canadian-born sociologist, also underlined the similarities between psychiatric hospitals and prisons, denouncing the exile of patients from society.[6] He even considered the psychiatric hospital itself as pathogenic due to the horrible conditions in which patients lived.[6] According to him, there are no psychiatric illnesses justifying confinement.[15] The inadequate conditions of mental health hospitals had already been reported as early as 1948 by journalist Albert Deutsch in his book *The Shame of the States*, after he traveled through the United States to visit facilities. His conclusion was the same everywhere: understaffed, overcrowded, often bug-ridden.[15] More than a decade later, things had not improved much.

However, public outrage was mostly provoked by the use of electroshock therapy and lobotomy in psychiatric wards, not their dampness or bed bug infestations. In response to agitation raised by patients' rights groups, state legislatures began imposing new regulations on ECT (Utah was the first in 1967).[15] The most prominent of those lobbying groups was called Citizens Commission on Human Rights (co-founded by none other than Thomas Szasz in 1969, associating himself with the Church of Scientology in an unlikely alliance).[15]

In fact, the bad reputation of psychiatric treatment procedures among the American public found its source in a very prominent example: in 1961, John F.

Kennedy made public the story of his sister's failed lobotomy, also strengthening the American public's aversion to psychosurgery and their distrust of psychiatry in general. Rosemary Kennedy had the operation done in 1941 for behavioral problems: she was rendered incontinent and unable to walk or speak. She was only 23, but she had to be institutionalized all her life.[10]

Deinstitutionalization

Undoubtedly, Rosemary Kennedy's tragic story influenced her brother to put into place a new mental health care policy in 1963. The Community Mental Health Act allocated more federal funds to the construction and management of community health care centers. The social philosophy behind this new policy called attention to better access to services and more autonomy. In a community setting, it was argued that patients would be able to live on their own in the society, with improved self-esteem and quality of life[5,14] Hospitalization, if necessary, should be brief.[5] State and county psychiatric hospitals discontinued their activity one by one, either transferring their patients to community care or becoming integrated as part of community care facilities.[5] State-funded hospitals' number of patients declined from a peak of 559,000 in 1955 to 107,00 in 1988: a decrease of 80% in 30 years.[15]

The range of interventions for mental health patients diversified greatly over the 1960s: general hospital psychiatry units, day hospitals, halfway houses, social rehabilitation and employment programs, outpatient clinics, service to correctional facilities and adequate housing programs were some of the implemented structures.[6] This adjustment was to better answer patient needs. In fact, patients had an increasingly greater role in their own care, the principles of which were laid out clearly: mental health was influenced by genetic, environmental and personal factors, so services had to be individualized and modified as necessary, but also had to "respect whatever degree of autonomy the recipient of services is capable of".[5]

However, the deinstitutionalization movement may have stopped its course if had there not been the concomitant rise of psychopharmacy. Chlorpromazine, the first antipsychotic drug, was approved by the Food and Drug Administration in 1954, and gained positive momentum in the 1960s.[15] It could control symptoms and made it possible to maintain patients in a calm state, without needing restraints or medical staff.[4,15] Many subsequent antipsychotic drugs released were hailed has "miracles" and marketed as such.[4] Unfortunately, the side effects of antipsychotics (dyskinesia, twitching) proved to be barriers for the social integration of psychiatric patients.[15] Moreover, the Vietnam War turned out to be an enormous drain on national resources: the federal government's promised grants to community mental health care shrank over the years.[14] Many mental health patients released from the psychiatric hospitals that closed down were soon left on their own: not taken in charge by community care, unable to integrate into society, they drifted to the streets, the prisons and the nursing homes.[14]

Lasting effects

"There are worse alternatives. One is being tossed to the mercy of the streets": amidst his criticism of American asylums in 1948, Albert Deustch had this observation to make.[15] Today, one third of the homeless in North America have a clinical mental health diagnosis. Up to 14% of inmates have a previous history of psychiatric disorder.[15] This is one of the greatest challenges of community mental health care today: reaching out to people who are not in treatment or who resist it, and who are marginalized.[14]

Interestingly, in a surprising pendulum swing, general hospitals and private psych hospitals' number of psychiatric admissions rose again in the 1980s.[15] But the state-funded institutions had been "investigated, inspected, reorganized, converted, divided, dispersed, and even abolished, in fact or in theory, by countless imaginative persons motivated by a variety of urges"[5]: it was unlikely that psychiatric care would ever go back to the days of the asylums, and rightly so. The psychosocial rehabilitation programs of community mental health care would be more successful, as measured by many outcome studies[5], especially as they became covered under Medicaid in the 1970s, as a result of multiple Social Security Acts.[5] However the social stigma attached to mental illness still persists, causing discrimination and harmful stereotypes: "people with mental health illnesses are violent", association of psychiatric disorders to criminality and drug abuse.[16] More worryingly, persons with mental health illnesses are perceived as "in control of their disabilities and responsible for causing them". Unsurprisingly, society's negative perception is itself associated with bad outcomes for patients struggling with mental health illnesses.[16]

Indeed, the negative connotations associated to psychiatry and mental health facilities remain deeply ingrained in our collective subconscious, and this can be noted by a quick survey of popular culture. In *Silence of the Lambs* (1988)*,* Hannibal Lecter is a cannibalistic, manipulative and eerily intelligent psychiatrist.[7] The Arkham Lunatic Asylum in the DC Comics universe is the breeding ground for villains (most famously the Joker).[7] More recently, *Shutter Island* (2010) capitalized on the unsettling and frightening connotations linked to asylums.[7] Whether this is a symptom or a cause of the persisting mental health stigma in our societies remains open to debate.

"*We must promote, to the best of our ability and by all possible and appropriate means, the mental and physical health of all our citizens*."

- John F. Kennedy, "Special Message to the Congress on Mental Illness and Mental Retardation." February 5, 1963

The treatment of the mentally ill has come a long way since the days of the confinement asylums of the Middle Ages: from ideal therapeutic spaces of Pinel and Esquirol to the overcrowded asylums of the 20th The strong social protest for autonomy and dignity in an era of government distrust, the doubts raised by writers and medical professionals about the role of psychiatry, and the effect of psychiatric institutions' negative portrayal in media ended over 150 years of preferential institutionalization of the mentally ill. The result was a shift

from large state-funded inpatient psychiatric hospitals to smaller-scale community mental health care centers, which preserved patients' right to self-determination.

The question is to be asked: what now?

First of all, the problem of social stigma must be addressed: it is inherent in the structure of laws, social services, judicial system and the way resources are distributed to different institutions.[16] More concretely, strategies to change negative perceptions must target the media's inaccurate representations of mental illness and health care providers. Education must be involved in order to promote a perception of mental health that is based on facts rather than sensationalism. Moreover, stigma is lessened by contact with persons affected by mental illness but who are also able to lead enriching and productive lives: they are then seen as peers, rather than "the other".[16]

Of course, then comes the question of care itself. It is now unimaginable to return to the era of asylums and involuntary confinement, and it is unlikely that a panacea for mental health disorders will be discovered anytime soon. Therefore, reliance on community mental health care is inevitable: they must be sufficiently financed, subject to standardized quality of care evaluations and should have outreach programs for the marginalized.[14] Resources must be correctly allocated and efficiency should be maximized, all without losing sight of the ultimate goal: deliver evidence-based care in a humane way, and adequately respond to the patient population's needs.[14]

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