

## MENTAL HEALTH MOVEMENTS AND THE DEMOCRATIC LEFT

*Stephen Weiner*

Although the plight of the homeless, many of whom are deinstitutionalized mental patients, is vivid and has received considerable attention in the last few years, the organized left/liberal sector of American society has not seriously considered the issues relating to mental illness. This is a mistake — morally, politically, and intellectually — and will increasingly raise difficulties for the left in the years to come. I am a diagnosed mental patient as well as a democratic left activist, and would like to examine some implications of this issue here.

A number of new organizations have arisen to represent clients and their families. "Mental patients" and equally important, the families of the mentally ill, are coming out of the closet — and it's not surprising that we are among the last of the traditionally hidden/outsider groups to do so. The fear and stigma concerning psychosis and severe neurosis are widespread and will not be easily abated by moralistic admonitions or even by education. Organizing by those most directly affected is a necessary, although not sufficient, condition of improvement in the lives of patients and their families.

The most influential new group is the family-based National Alliance for the Mentally Ill, founded in 1979 and based in suburban Washington, D.C. NAMI lobbies extensively at all levels of government in support of humane social security, housing, and employment programs for the mentally disabled, and concentrates especially on research funding for a "war on mental illness." Motivated both by concern for their ill family

members and anger at the psychoanalytic and popular "explanation" of mental illness as caused by family pathology, NAMI adamantly maintains that mental illnesses are real, physical diseases, although most members would probably acknowledge the social and interpersonal dimensions of their disorders. A number of clients more or less agree with this position, and NAMI is in the process of forming a Clients' Council.

The organized patients' movement is, however, crippled by a dogmatic and anti-psychiatry tendency that literally denies the existence of psychosis as a qualitatively unusual, highly painful, and disabling group of conditions and, in some instances, still propounds the view of madness as transcendence, since repudiated by its once-leading proponent, R.D. Lang, himself, or the reactionary libertarianism of Thomas Szasz, whose explicit disregard for psychiatric disability can have only the most chilling consequences for some of the most "truly needy" people in our society. Although many clients do not view psychiatry as purely social control, I fear that the general public, and perhaps most radicals and liberals, are under the impression that the anti-psychiatry tendency speaks for most clients. I have been active in the California Network of Mental Health Clients, and have been disheartened to see local newspaper coverage play up to this tendency, ignoring those of us who have a more complex view of the matter. While it should go without saying that all of us want to be treated as equals with a voice in our lives, and probably most of us have had

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experiences with insensitive psychiatrists and bad treatment, not all of us are opposed to all involuntary treatment, nor do we all deny the validity of the medical model, at least in part.

Two national clients' organizations are in the process of being formed. One is exclusively anti-psychiatry, while the other is explicitly more inclusive. The more inclusive group has taken on the burden of adopting a compromise position on involuntary treatment. There are some possibilities that it will be able to cooperate with NAMI, provider organizations, private groups such as the Mental Health Association, and various government agencies.

Mental illness should be seen as a welfare state issue. Psychosis and severe neurosis are usually at least temporarily disabling conditions. The mentally ill have serious needs, but are often too disoriented to demand such things as housing, hospitals, doctors, social networks, transportation, clothing, direct money payments, and relatively non-stressful, particularly part-time, jobs. Every time labor and community organizations win increased public services and more humane working conditions, there is a disproportionate victory for the most needy. The appeal of such demands can be broadened by stressing their relevance to mental health clients and their friends and families — a group which is numerous — cuts across geographic, ethnic, political

and class lines. Mental health professionals estimate that one percent of the population will be diagnosed as schizophrenic, and three to five percent will suffer from major affective (mood) disorders. This is a large constituency and its interest in this issue is immediate and concrete.

Those who think of themselves as "cultural radicals," rather than stolid social democrats, should stop and ask themselves whether, in their desire for cultural and interpersonal change in society, they should idealize all unusual behavior, to the extent of denying relief to those suffering from crippling conditions, which are rarely idealized by those closest to them. They should refrain from asking or expecting mental health clients to be a revolutionary vanguard, and remember the philosophical materialism underlying the Marxist tradition. Biological explanations (or partial explanations) of human problems should not be casually dismissed as "biological determinism." And, most importantly, progressive people should ask themselves to what extent they harbor contemptuous, hostile and ignorant prejudices against "nuts" and "losers," and to what extent they try to exercise compassion for those in trouble.

These issues are difficult, but the constituencies interested in them is growing and the opportunities for democratic progressives to effectively address them are there.

