Psychiatry in a Restless World

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During the last decade, through the miracles of the mass communications media, we have watched the industrial powers of the world and many developing countries mount massive initiatives to increase their scientific bodies of knowledge and technical capabilities. As this scientific revolution gained momentum, many of the peoples of the world for the first time caught a glimpse of the inequities in the existing social order and sought, through spirited movements for social change, to achieve some sort of equity. Needless to say, much of the restlessness in the world today is a symptom of these movements.

During the past few years, organized mental health professionals and supporters worldwide have sought to evaluate and monitor the impact of these movements on mental health. Studies of the relationship of racism, sexism, migration, housing, and urbanization to mental health are just a few examples. If successful, such efforts will in part answer not only why but also what kinds of mental health services are important.

The mental health establishment in the United States is no exception in this process. We, too, in recent years have had to take a much closer look at and, in fact, become much more sensitive to the issue of human rights and the rights of human subjects. In my view, our thrust and our accomplishments in this area arose primarily from the anti-poverty and civil rights movements of the 1950s and 1960s. Those movements made us all more sensitive to the intricate network of overt and covert political, social, and moral processes that offend human dignity and constrain human freedom.

Civil rights, of course, have meanings more varied than simply the improvement of race relations. Throughout the world the mentally ill have been identified as an oppressed and mistreated group, with the growing knowledge—and insistence—that the mentally ill have rights far beyond those they had been accorded for so many years.

In the context of a restless, changing world, the question before us is, "Why do mental health services remain important?" Traditional answers would clearly focus on the scientific advances in diagnosis and treatment.

Administrators and program leaders responsible for research programs as well as services have developed the ability not only to describe clearly the art
of basic research but also to translate its implications into clinical application. No matter that science often moves slowly; the appetites of both advocates and adversaries are insatiable for the most recent word on the latest advances. But science and technology are not the complete answer to the question. They are necessary but not sufficient.

There are other more subtle reasons why mental health services remain important. While the subtlety may be lost in the budget hearing room and gets little play in the headlines, it is nevertheless present and fundamental to all else that we do. What I am referring to can be described as the moral dimension of mental health services—the values that underpin our efforts.

Values permeate our lives, from the dealings of nation with nation through the interpersonal relationships between the members of families as well as between individuals. Among these values we can count many that have more or less importance in our lives—religion, race, sex, politics, occupation, economic status, and on and on. An individual may accord primacy to the values associated with any number of personal or institutional identities in his or her life. Ultimately, however, a common thread must link them all, lest our lives as well as our institutions become chaotic, our goals fragmented.

Against this line of reasoning, I suggest that mental health services remain important because of a specific humanitarian value that is widely shared by all mankind. It is a value that states that society is measured by the manner in which it treats and responds to its most unfortunate members. This value is often used for a specific condition, symptom, or group: the mentally retarded, the aged, the ill, prisoners, and so forth. My point is that the system that serves the largest collection of this diverse, oppressed, and needful group is mental health. Mental health services, through the roles we have assigned them in contemporary society, increasingly represent the court of last resort for the poor, the ill, the underprivileged, and the disenfranchised. In this changing and restless world, how adequately is the moral dynamic of the mental health effort expressed, and how can it be measured?

A tripartite view of scientific decision making and moral measurement

The contributing factors to this moral measurement of mental health are science, politics, and values—all equally weighted. The interrelationships of the three have not always been clear.

I would like to share briefly some personal experiences that serve as the base for the concepts and ideas presented in this paper. For many years I was appropriately occupied with the relation between science and values. In medical school I was most concerned with the conflicting values that emphasized the individual on the one hand, and doing the greatest good for the greatest number on the other. This value conflict continues to confuse the field of mental health. My own solution was to take formal training in psychiatry and public health.

While I was still in medical school, I prepared a paper in which I attempted