

A Consumer Speaks to Psychiatrists About Advocacy*

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Why do psychiatrists, when describing the merits of their profession and the contributions they are best qualified to make, so frequently "put their worst foot forward"? Or, to state the question in a different manner, when psychiatrists act as advocates for themselves and what they value, why do they seem to emphasize all the wrong things? This is the way their presentations concerning themselves and what they have to offer appear to many patients, to former patients, to other citizens, and even to some psychiatrists.

Recently I had the opportunity to address a group of forensic psychiatrists at the annual meeting in San Francisco of the American Academy of Psychiatry and the Law. The theme for the meeting was "Psychiatry under Siege." I spoke on the subject, "Role of the Consumer in Mental Health Services Advocacy," but one principal section of my talk dealt with the role that psychiatrists could play in advocating important social values. Among those values are the freedom and integrity of the individual person, as well as the uniqueness and unmeasurability of significant components of human nature and of techniques that are designed to relate in any way to real, live human beings. I think that psychiatrists, along with other mental health professionals and nonprofessionals, are allowing themselves to be pushed too far — or to be pushed in the wrong way — by citizens and governmental agencies whose primary interests lie in the areas of social control, efficiency (What is efficiency in any truly human science? There are so many different variables and criteria, depending upon one's orientation), cost effectiveness, and standards of excellence that are easily quantified and standardized, such as board recertification and continuing education.

Following is a restatement of that section of my talk which dealt with the psychiatrist's role in social advocacy, as I see it. My hope is that, in presenting this patient's perspective, I may give psychiatrists a glimpse of some of the fundamental values that people in the patient rights movement are articulating and that, I think, should be shared by psychiatrists and patients alike.

In essence, my message to you is that we are "all in this together." *You* have a vested interest in promoting some of the values that patients are, on the front lines, fighting for. We are fighting for *your* rights, as well as our

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own. If you and we could see that many of our goals are shared goals, we would then have a foundation on which to stand when trying to work out our differences.

This brings me to the topic that I mentioned at the outset of this presentation: the advocacy role of the psychiatrist. I am not going to be addressing the subject of the relationship between psychiatrists and their individual patients, the treatment relationship. I think there is, sometimes, an advocacy element in the treatment situation; but that topic is much too complex for the scope of this discussion.

What I am going to be talking about is psychiatrists in a social advocacy role, for the most part, *within* their profession.

I believe there is a trend in our society that appears to be proceeding, full speed ahead, with very few people acting to check it. This is the tendency to quantify, measure, define, standardize, and document almost everything. "If it isn't documented, it doesn't exist." As you know, the human psyche cannot be measured or defined or weighed in a scale. Psychiatry necessarily deals with many "soft variables," as they are called, in comparison to hard data. Over-definition and over-measurement mean death to the human spirit.

One would expect that psychiatry would assume a leadership position in illuminating the fact that our relationships within ourselves (our intrapsychic processes), and among ourselves and others, rest upon very subtle, often very fragile, and frequently frustratingly obscure intangible factors. But psychiatry has *not* spoken out, loud and clear, about the basic subtleties of human nature. Were psychiatry to assume a leadership role in this regard, I would say that psychiatrists are advocates for the freedom of the human spirit.

Some individual psychiatrists have indeed attempted to address this issue. At a June, 1976, meeting in Washington, D.C., with legislators and insurance experts, Dr. Roy Menninger set forth a definition of quality of care that places *individual differences* at the center of the treatment process.

He said, in part:

Standardized lengths of stay, medications, or treatments for standardized diagnostic categories is a violation of any basic understanding of the nature of man, denies quality care, and inhibits the freedom necessary to create optimal conditions for human growth.¹

From what I can discern, Dr. Menninger's remarks were not reinforced by a strong supportive effort from his psychiatrist colleagues; and his ideas certainly were not welcomed, much less understood, by the legislators and insurance representatives present.

The efforts of people such as Dr. Menninger, however, appear to be more the exception than the rule. Instead, we hear a great deal from the psychiatric establishment about recertification, continuing education, accreditation of increasing numbers and types of facilities, and various new requirements. I think psychiatry, like the rest of the country, is being stampeded in the direction of standardization and quantification.

Parenthetically, please allow me to add that I am not denying the value of *all* standards or *all* accreditation. I feel I am on firm territory here, because I

myself have written an outpatient bill of rights, which some people regard as a bill of standards. I am well aware of the need for *guidelines* and the upgrading of the quality of care. What I am trying to convey, however, is that accreditation and similar processes may be carried to restrictive, inappropriate, and meaningless extremes.

From here I can easily return to the subject that I talked about earlier. What should psychiatry's response be to the numerous challenges (or "threats," if you prefer that word) that confront it: unwelcome requests to determine "dangerousness," pressure from third-party payers (which includes heavy emphasis on quantification), widespread erosions of confidentiality, and other contemporary problems?

Let me, this time around, approach the issue from a different direction — as you can see, I am already doing so. At the outset, I said I was worried about your tendency to regard advocacy as a threat. And I *am* worried about that. But now I am saying to you that I believe a real challenge does exist. These two concerns are not inconsistent with each other, as I hope you will see.

I think you *are* under siege, but in that position you are not alone. You are joined by the rest of our culture — or by representatives from every segment of it. I think we are a society under siege. Who is the enemy? One of the enemies is dehumanization. Others are neglect, abandonment, I-don't-give-a-damnism, and a fundamental despair. Underlying all those conditions is a corrosive disillusionment.

What are the values that are under attack? In other words, what is being besieged? One of the values is human freedom. Another is the dignity and integrity of the individual. You can select any of the problems we have been talking about and place them within that context. Erosion of confidentiality, for example: what is that, if it is not a lack of respect for the individual person?

My suggestion is that in your besieged, up-against-the-wall position, you need to look about you to see who your true allies are. Who is fighting for what you are — or should be — fighting for? Perhaps you may discover that among your allies are some of your patients.

One of the things that I am saying is that I think your besiegedness requires redefinition. You need to form a clearer conception of what it is you are defending; what it is you really *want* to defend; and what those whom you view as your protagonists are, in fact, attacking. The situation is very complex. Some of the besiegers are "good guys," some are "bad guys," and some are a "mixed breed." *You* have to figure out which is which and who is who. This is not an easy task.

I do feel sure of one thing. Recertification, triple certification, quadruple certification (and all similar methods), carried out to infinity, might satisfy insurance companies; but they will never constitute an adequate response to the criticisms raised by patients and others about psychiatry. In fact, they merely indicate that you have not heard the real substance of the criticism at all.

What is the criticism? What are we asking? We want to know where you stand regarding the value of each individual person. We want to know

whether you are willing to do battle for individual freedom. We want to know whether the solutions to our problems are going to be imposed upon us from outside ourselves, or whether they will be coaxed, nurtured, given space to grow and develop from within each one of us. Are you totalitarians, or are you libertarians? Are you sensitive to human suffering, or are you resentful of the additional burdens that those who suffer place upon society? Do you lock the doors of your hospital wards or, whenever possible, do you leave them open? Do you lock shut your minds, or will you attempt to hear what those who talk about human rights are really saying?

I considered beginning this talk by stating that the founder of the patient rights movement was Sigmund Freud. Removing repressions in order to win human liberation . . . isn't that what it's all about? In one way or another, many psychiatrists seem to have lost the keynote of their original calling. Civil rights lawyers have attempted to carry the theme forward when psychiatry has faltered. But now it is apparent that litigation has not solved all our problems, and that legal solutions often carry with them their own new kinds of restrictions or deprivations.

Whom can we trust? Patients would *like* to trust someone. Historically, we have been the first to be exploited and the last to be helped. We are hoping that, finally, the lessons of history may be learned and reversed. We are hoping that, finally, we may be afforded our place in the sun.

These words, spoken a very few months ago, bring into focus the issues that we who are referred to as consumers would like to hear psychiatry address. Moreover, if psychiatry were to assume an active leadership role in promoting and defending the human values articulated here, then psychiatry would, indeed, be putting its best foot forward.

Reference

1. Menninger R: Quoted in *Psychiatric News*, July 16, 1976