CASE: Mrs. J. is a thirty-year-old wife and mother of two small children. Within the last three years, her behavior has become increasingly abnormal and upsetting for her family, and she has been diagnosed as schizophrenic. Mr. J. is concerned about the effect of her actions on the emotional development of their children and has pleaded with his wife to consent to hospitalization, but she has rejected all such suggestions. Mr. J. could institute divorce proceedings and gain custody of the children, but he still loves his wife and considers himself responsible for her care, and he fears that a divorce might do further harm to his wife’s condition and render him less able to care for her. Should Mr. J. petition the court to permit the involuntary hospitalization of his wife?

MEDICAL-MORAL DILEMMA:
INVOLUNTARY HOSPITALIZATION

By GARY M. ATKINSON, Ph.D.

(SIXTH OF A SERIES)

NEGATIVE: There are three broad categories of reasons that may be given for justifying involuntary civil commitment: danger to others, danger to self, benefit from custody or treatment. Many would oppose use of the first two criteria on the ground that “danger” is extremely difficult to define and assessments of danger are notoriously inaccurate. These two reasons would not apply in this case, but similar criticisms can be directed against the third criterion:

(1) “Mental illness” is an unwarranted and unjustifiable concept. A person is said to be mentally ill if his behavior is found to be abnormal or deviant in some way; but if there is no medically recognizable brain disease, the judgment that one is mentally ill depends entirely upon a subjective appeal to ideals of human functioning, ideals which may not be shared by the person said to be “mentally ill.” The charge “Thou hast a devil” brought against Jesus indicates how easily a disagreement about fundamental human values may be disguised by labeling the person “sick” or “possessed.”

(2) The use of “mental illness” constitutes an unwarranted assumption that other people ought to be like us and that they would be happier were they “normal.” We believe that no one really wants to be different from us, and that if he is different it is not by choice. But it is one thing if the person asks for help; it is quite another if he expressly says that he does not want to be changed, does not want to be “helped.”

(3) Even if mental illness does exist, it is often extremely difficult to say when a person really is mentally ill. Mental illness covers cases ranging from the massive functional impairment of catatonic schizophrenia to the relatively slight malfunctions associated with an emotionally unstable personality. One commentator has suggested that the ambiguities involved in assessing mental illness are such that “the diagnostician has the ability to shoehorn into the mentally diseased class almost any person he wishes, for whatever reason, to put there.”

(4) “Mental illness” is remarkably subject to political and social abuse. The recently publicized practices of psychiatry in the Soviet Union make this all too clear.

(5) Even if “mental illness” is not being employed as a means of silencing dissidents, its use often serves as a means of relieving ourselves of those who are a burden to us or whose presence is simply a nuisance. For example, someone may insist upon sharing his hallucinations with us, and we find ourselves acutely uncomfortable in his presence and seek to relieve ourselves by having him put away.

(6) Even if a person is mentally ill, it is not clear that involuntary hospitalization does any good. Many patients in mental institutions do improve during their confinement, but it is not clear that they improve because of that hospitalization. Patients who are not hospitalized often improve too, and it has been argued that the differential rates of improvement are not statistically significant. Without proof of increased benefit, the deprivation of liberty associated with involuntary hospitalization cannot be justified.

(7) We don’t ordinarily compel people to do what is best for themselves, but we think this is justified in the case of people said to be mentally ill because we believe that they are incapable of acting rationally. This assumption is often totally unwarranted. As one commentator has remarked, “the mentally sick patient may be disoriented, but he is not a fool.” He understands the judgment of the psychiatrist and of society, but he does not agree with it.

It is for these reasons that many would reject entirely the civil process of involuntary hospitalization as an unjustifiable curtailment of the human

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