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explicit and sustained treatment of the implicit survival threat in the very organization of the sciences, the author does not provide it. He can, however, be commended for his lucid and largely successful effort in Part I to summarize the main and varied components of the present ecological crisis. The political, economic and sociological analysis contained in Part II I found to lean heavily in the direction of an idealist and cultural critique at the expense of structural considerations and, for this reason, I found it less satisfying.

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Kent S. Miller. *Managing Madness: The Case Against Civil Commitment*. New York: The Free Press, 1976, pp. 185.

Concern about the incarceration of the mentally ill has reached the proportion of a broad public debate. Since the 1960s when in various parts of the industrial world mental patients were given increased rights through legislation and constitutional adjudication, the perspectives held by progressive thinkers have altered considerably. Many of the assumptions with which benign observers operated a decade ago have either been thrown into serious disrepute or, at the very least, have become the subject of investigation and discovery.

It was not long ago that Thomas Szasz, who questioned the existence of mental illness, gained a reputation of infamy among reasonable-minded mental health professionals. Although some were prepared to acknowledge that our understanding of mental illness was not a precise science, nonetheless, in the interest of protecting the community and at the same time providing medical benefits, it was generally held that involuntary commitment was on occasion justifiable. Legislative revisions were mounted to provide criteria in order to assure that when involuntary commitment occurred it was done under due process of law. It was not expected, after these legislative reforms were enacted, for example, in England and Scotland in 1959 and 1960, and in Canada at various points in the late 1960s, that difficulties would emerge with respect to liberties.

From the perspective of commonwealth jurisdictions the American jurisprudence thus took on the appearance of an alien community of interests and polarizations which did not meaningfully reflect the tranquillity of professional and governmental relations outside the United States. This contentment, unfortunately, was short-lived as it has rapidly become apparent that the

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knowledge we possess about involuntary confinement has implications transnationally in terms of values, statistics and procedures.¹

Miller, in *Managing Madness*, develops a set of arguments which, without putting himself entirely into the Szaszian camp, exposes the degree to which involuntary hospitalization is unwarranted. His position is that state intervention for therapeutic reasons should be rarely exercised. The presentation is based on the observation that civil commitment has been proven to be selectively administered, that it usually does not realize its express purposes and in addition to violating human rights, in most instances, it fosters wasteful expenditures of the public purse and the resources of mental health professionals. Miller avoids attacking the motivations of mental health professionals and does not deny the existence of psychiatric illness. Rather his project is to clarify the social and political dimensions of incarceration and to relate these variables to the real politic of contemporary institutionalization. He points out correctly that there are any number of factors which have encouraged interest in the field, including the activities of both the media and groups of mental health professionals, and the various associations in the United States and England which have addressed themselves to the plight of the mentally ill.

He documents two case studies to enlarge upon the theme of the vulnerability of non-violent, albeit socially deviant, individuals. In dealing with Kenneth Donaldson,² whose widely-discussed case reached the Supreme Court of the United States, Miller points out that the Supreme Court has, despite pressure, resisted adjudicating most of the compelling relevant issues, for example, whether a non-dangerous person may be confined for treatment and whether an involuntarily committed person might in certain circumstances have the right to refuse treatment. The second case treated is that of Jim Fair, whose non-conformist political involvements became so irritating to government and business, that he was arbitrarily placed in a Florida mental institution.

What such difficult cases accentuate is that in many jurisdictions the rights guaranteed in law are greater for the criminal than for the mental patient. Available statistics about the numbers of involuntary patients further confuse the issue because the practical reality is often that patients who attempt to leave an institution after arriving of their own volition are circumvented by psychiatric professionals. Other factors as well prejudice the case against mental patients. Studies have shown that age, sex, race and marital status have significant influences on the outcome of incarceration. Finally, there are highly questionable associations made between illness and violence. The prediction of violent conduct, either to one's self or to others, has not held up under scrutiny.

However, once it is understood that the criminal has special advantages it may not be the case that the mental patient cases can be handled effectively through a criminalization model. Although Miller moves in this direction in his

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notation on Implications and Recommendations, the guidelines which he presents, utilizing such standards as 'clear and present danger' and 'beyond a reasonable doubt', are in the final analysis unconvincing. There may not only be a problem with the degree of protection here but also of kind. Critics must not be hasty in overriding the complex area of civil incarceration with standards which avoid the real difficulty of what society is to do about the unmanageable deviants who harrass their families and workmates. The treatment model, without careful surveillance, is indeed dangerous, but the alternative route may simply result in the criminalization of the mentally ill and this is equally undesirable.

It is important that the adjudication of commitment be made, when necessary, according to standards and procedures which respond to the value of high social visibility and formalization. However, after agreeing to this in principle we might want to reserve judgment about a minority of cases where the strict imposition of courtroom rules of evidence, adversariness, and the participation of a jury would be to the advantage of the lawyers at the expense of disturbed and vulnerable persons.

There are few safe answers to the puzzling array of models which authors are beginning to present. Over time it is expected that the fresh review of the legislation of the 1960s will produce a set of directives which will respond in a creative fashion, to the phenomenology of social deviancy, avoiding the radical polarities of treatment versus civil libertarianism. The challenge for the 1970s should be to produce legislation which will relate the delivery of care to the 'deincarcerated' in such a way that will both maximize liberty and protect the innocent. That, after all, has always been the only and real issue in involuntary commitment.

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Notes

1. This observation does not imply, however, that procedural and substantive responses ought not to reflect the specific social and legal cultures in question.
2. F 2d (5th cir) decided April 26, 1974 (U.S.C.A.) Cert. granted 95 S.Ct. 171 c. 1974.