

Mental Health Care after Capitalism

Dawn Belkin Martinez

Abstract—I suggest that there is a profound crisis of mental health care under advanced capitalism in the United States. I begin by examining how this crisis manifests itself in terms of three aspects of social power: economic, political/institutional and ideological/discursive. I then turn to envisioning what an alternative mental health system might look like, post-capitalist in terms of these same three aspects of power. I end by suggesting a number of concrete steps that providers, clients and other activists can take to begin organizing for a post-capitalist mental health system in the United States.

Keywords—capitalism, mental health, power, empowerment

“The only way to protect and promote the health of a nation is to redistribute the wealth and power among its people.”

Salvador Allende Grossens, MD, Former President of Chile

Mental Health Care under Advanced Capitalism

Health care is in profound crisis in the United States. In the wealthiest country in the world, over 40 million people lack basic health insurance coverage. Even for many who have insurance, adequate mental health services are insufficient. Public health care for the poor and indigent is chronically underfunded and the private health care industry, in cooperation with powerful insurance interests, actively works to block all efforts at progressive health care reform. Nonetheless, in the United States, as in many other countries, the struggle for comprehensive health care as a fundamental right continues to be waged on many fronts.

To fight this system we first have to understand it. Michel Foucault (1980) showed us how modern societies, and the people who live in them, are constituted by and through institutions, practices and ideologies of power. Foucault insisted that the behavior of individuals is not merely the expression of their own internal psychic makeup's, but also the consequence of the action on them of modern forms of power, and the way that action is internalized through the processes of thought and consciousness. [\[1\]](#)

Foucault's power analysis is useful for understanding how mental health treatment under advanced capitalism works. It provides a framework for examining the three dominant components of social power characteristic of advanced capitalism and how these factors influence the provision of mental health services. These three primary components of power are:

1. Economic power;
2. Political/institutional power; and,
3. Ideological or discursive power.

Economic Power

Under capitalism, mental health systems are driven by market economics and the profit motive. Most decisions about who gets services, what kind of services they get, its quality and quantity, are determined by access to or control of money and other resources. While the wealthy have unlimited access to the best mental health services available, millions of poor and working class people have little or no access to services of any kind.

Political/Institutional Power

Under capitalism, mental health services are furnished through a vast system of powerful institutions, dominated by a hierarchy of elite experts, administrators and doctors who are overwhelmingly white, male and heterosexual. These institutions are powerful mechanisms for the social control of the population. They use clinics, hospitals, “treatment” and medication to restrain and discipline what they consider to be “deviant” forms of behavior and impose on individuals and communities regimes of social conformity and passivity.

For much of the 20th century in the United States, the seriously mentally ill were confined to state hospitals while those suffering less extreme forms of mental illness received little or no treatment at all. Forty years ago, under a process labeled “deinstitutionalization” many of these state hospitals were closed and their patients were sent back into society at large. However, adequate funds were never allocated to provide services for these individuals, and the treatment they received was limited and inadequate. Adrift without necessary social support, many of these former patients drifted into alcoholism or drug addiction and were unable to successfully integrate into their communities.

In the last twenty years, the conditions experienced by the seriously mentally ill in the United States have worsened considerably. Today, many mentally ill individuals are found living on the street, or in homeless shelters or prisons. A US government study in 1999 estimated that nearly a quarter of a million mentally ill persons were incarcerated in prisons and jails.^[2] In this way, social control of the seriously mentally ill has become less a medical issue and more and more a police matter.

Meanwhile, for persons suffering other less serious forms of mental illness in the United States, over the last 40 years, psychotropic medications and prescription drugs have all too often become the dominant or only form of treatment. While this approach undoubtedly benefits some individuals, the primary beneficiary of this over-reliance on drugs is the powerful pharmaceutical industry and the web of corporate entities that make up the medical industrial complex.

Ideological/Discursive Power

The dominant discourses on mental health and mental illness under capitalism are biological/medical models that treat most forms of mental illness as “pathologies.” Ignoring the economic, political and social causes of a number of widespread mental health problems, these discourses “blame the victim” when individuals deviate from the narrow range of accepted behavioral norms. Such discourses reinforce people’s problems and, once they are internalized, keep them locked into self-subjugating social narratives.

The combination of these three forms or faces of power structure capitalist mental health service systems in such a way that they are incapable of providing the kinds of care and treatment that a just and equitable social system requires.

An Alternative Model for the Provision of Mental Health Services

Envisioning “another world is possible” requires envisioning an alternative model for the provision of mental health services for all in a post capitalist social system. Some of the essential elements of such an alternative model can be described as follows.

The Economics of Post Capitalist Mental Health Services

In a post-capitalist society, all health care, including mental health care would be a basic human right, not a socially limited privilege. Services would be provided to the entire population based on need, not on ability to pay. Mental health care will focus on prevention and the social causes of illness as well as the treatment and care of the ill.

Society as a whole would allocate adequate and appropriate resources to health care, rather than leave it to the market to determine where and in what amount mental health care services would be provided. Likewise, society would devote sufficient resources to institutions of higher learning for training programs for physicians, psychologists, social workers and other health care professionals. Such programs will emphasize health care delivery as a public service rather than a lucrative private career.

The Institutional Character of Post Capitalist Mental Health Services

In life after capitalism, mental health institutions will no longer be organized according to the models promoted by the medical- industrial complex described earlier. No longer will care be dictated by social control imperatives or corporate profit motives. Instead, the institutional goal of mental health systems will be to facilitate the fullest development of the potentials of each and every individual, consistent with his or her physical and mental capabilities. Rather than viewing patients as *objects* to be manipulated and controlled for the benefit of capital, individuals in health care systems will be viewed as *subjects*, working alongside physicians and other health care workers toward their individual and collective empowerment.

Geographically, post capitalist mental health services will be furnished through a decentralized system of full service neighborhood clinics which will guarantee a continuity of care, and a close connection between providers and the communities in which they work.

In addition to institutional and geographical changes, a post capitalist social system will inaugurate other transformations in the way that mental health services are provided. Health care providers themselves – particularly physicians -- will no longer be exalted as revered experts, dominating a hierarchical system that reinforces their privileges and distances them from the patients with which they work.

Post capitalist mental health practitioners will be guided by new principles in their relationships with clients and families. They will see themselves as helpful allies in a joint project with patients and families. The North American psychologist William Madsen has identified the following commitments as key to these new relationships^[3]:

First, approach clients, their families and communities as unique micro-cultures and learn what they can teach you. Clients' behavior and action need to be understood through their own lenses.

Second, abandon the approach of identifying *pathologies* in favor of one that elicits *competencies*. Persons with mental health problems have skills, resilience, and capacities to grow. Treatment is not possible without recognition and reliance on these strengths.

Third, work *in partnership* with clients and families. Clients must be active and invested subjects in their own treatment.

Finally, engage in *empowerment practice*. Empowerment practice involves ways of thinking and acting that acknowledge, support and amplify people's own participation and influence in the decisions that affect their lives. Mental health care providers must make themselves and their work accountable to their clients.

Discourse/Knowledge in Post Capitalist Mental Health

If, as Foucault (1980) showed us, knowledge is a form of power, then the development and application of knowledge in a post capitalist society must be radically different than it is under capitalism^[4]. Today, as noted earlier, mental health theory and its discourses serve to objectify and discipline individuals and communities that deviate from accepted social norms and to pathologize persons with serious forms of mental illness.

Post-capitalist mental health theory will have to make a profound break with this tradition. It must find ways to liberate both practitioners and clients from the oppressive social control model. It is too early to describe the full range of alternative approaches that will be available to mental health workers in a post-capitalist society. Even so, activists in various countries are already attempting to identify theoretical constructs that represent a genuine break with the dominant contemporary discourses. The Australian family therapist Michael White has developed one approach that I find particularly useful^[5].

White's theoretical model is an alternative to the way that capitalist mental health discourses dehumanize people by reducing them to their illnesses. He notes that these discourses often reinforce the problems that led people to seek treatment in the first place and keep them locked in self-subjugating social and personal narratives. His alternative model assists clients both by enabling them to externalize their illnesses and by inviting them to participate in the construction of new and liberating narratives and stories about themselves.

Working together with clients as helpful allies, practitioners assist them to externalize and confront their problems by examining their lives in their full social contexts. This practice, by distinguishing and separating individuals from their illnesses, enables them to actively participate in the emergence of new personal narratives, different versions of their past, present, and future, and new self-images and ways of living.

This alternative mental health theory and practice draws inspiration from the political/educational work of Paulo Freire (1970)^[6]. As Freire demonstrated, individuals do not gain critical awareness by being "empty vessels" to be filled with knowledge or ideas by outside experts. Instead, they can come to truly understand themselves and their world and to consciously act in it only through a process of praxis involving reflection – action – reflection. This method is as applicable in the context of mental health treatment as it is in popular education. By employing Freire's techniques of problem posing, and of analyzing problems from a matrix of personal, cultural and institutional perspectives, mental health service providers can work with clients to facilitate their individual and collective empowerment.

How we can Begin Organizing Now for a Post-Capitalist Mental Health Alternative

I leave it to my colleagues from around the world to describe what is happening in their own countries to advance the struggle for alternatives to capitalist health care models. Here are some of things we can and are doing in the United States to prepare for life after capitalism in regard to mental health care. I hope that these experiences will be of use to activists in other countries.

Mental health care providers and clients can fight the logic of the current system in a number of different ways. These include the following.

1. Providers can start by rejecting the wealth of monetary and institutional privileges associated with being physicians, psychologists and social workers. They can fight the oppressive hierarchies characteristic of hospitals, clinics and governmental health bureaucracies. They can support strong,

progressive labor unions of hospital and clinic workers where they exist and help to organize them where they do not.

2. Providers can begin to master forms of empowerment practice and integrate them into their work in order to guarantee that clients and families involved in mental health system have real power in determining their course of treatment. They can actively participate in community and neighborhood organizations that embody empowerment practices and are fighting to develop popular forms of struggle and resistance to capitalist oppression and exploitation.
3. Providers can promote the reform of university and college programs which train physicians, psychologists and social workers to ensure that these programs incorporate radical critiques of the existing system and raise with students the idea of post capitalist alternatives. As someone who teaches social work in a graduate college, I am particularly aware of the importance of introducing empowerment theory and practice into student consciousness about mental illness and mental health.
4. Given their wealth and social status, doctors and psychologists wield a great deal of power in capitalist countries. Progressives among them should be actively participating in organizations and associations of other physicians, social workers and mental health providers to insist that these groups intervene in economic and political struggles for universal health care and the reform of health care systems and institutions.
5. Recipients of mental health services, their families and friends constitute a significant community of interest. Given their knowledge of the workings of mental health systems, and their stake in their improvement, this community should be encouraged to get involved in efforts to reform mental health systems, expand access to health care, and ensure that public programs receive necessary funding and institutional support.
6. A number of different studies have demonstrated that participation in community organizing and political action is good for people's mental health^[7]. It contributes to psychological well being and individual empowerment, and teaches participatory competence, causal importance and self-efficacy that can materially and spiritually enhance participants' lives. For all these reasons, providers should encourage clients to become active in community and political struggles as part of their treatment plans.

Conclusion

In the United States we have an unfortunate tradition of separating our work and our politics. Or, more specifically, of treating our work practice as if it were essentially *non-political*. This is, of course, an illusion. All work is political. All mental health assessments and interventions are political. The job of progressive health care activists is, first, to recognize the political nature of everything we do, and secondly, to seek out and practice those forms of politics that will ensure the best possible health care system for all people everywhere.

In Brazil, Venezuela, Argentina, and Uruguay, after many years of struggle, progressive candidates have been elected to national office, often under the slogan, "Hope over Fear." We are a long way from electing someone like Lula or Chavez to be president of the United States, but this slogan can inspire us in our own efforts to make sure that "health care for all" becomes a reality.

"Another world is possible!"

References

- ^[1] Foucault, M. (1980). *Power/Knowledge: Selected Interviews and Other Writings, 1972-1977*, ed. C. Gordon. Brighton: Harvester Press.
- ^[2] US Justice Department's Bureau of Justice Statistics (1999). "Mental Health and Treatment of Inmates and Probationers" (NCJ-174463).
- ^[3] Madsen, W. (1999). *Collaborative Therapy with Multi-Stress Families*. New York: Guilford Press.
- ^[4] Foucault, M. (1980). *Power/Knowledge: Selected Interviews and Other Writings, 1972-1977*, ed. C. Gordon. Brighton: Harvester Press.
- ^[5] White, M. (1989). "The Externalizing of the Problem and the Reauthoring of Lives and Relationships," In *Dulwich Centre Newsletter*. Summer.
- ^[6] Freire, P. (197). *Pedagogy of the Oppressed*. New York: Continuum.
- ^[7] Belkin Martinez, D. (2001). *Si Se Puede. Latino Immigrants, Community Organizing and Empowerment*. Unpublished manuscript.

Correspondence— Dawn Belkin Martinez, Dawn.Martinez@childrens.harvard.edu