

BOOK REVIEWS

Allan V. Horwitz, *The Social Control of Mental Illness*, New York: Academic Press, 1982, 212 pp. \$19.50 (cloth).

The Social Control of Mental Illness represents a venture into relatively uncharted territory—the *comparative* sociology of mental illness. Others have studied different societal definitions and responses to madness, to be sure, but the primary goal of Horwitz's book is to develop a theory of the social control of mental illness. As Horwitz puts it: "The social control approach to mental illness . . . is concerned with explaining the reaction of observers to symptoms of mental illness, not with understanding why these symptoms develop" (4). Thus, there is a sharp (and perhaps too sharp) distinction drawn between the etiology of mental illness and the societal reaction to mental illness, and Horwitz is concerned only with the latter. The book is part of the Academic Press series of Studies on Law and Social Control, of which Donald Black serves as editor, and is quite similar in form and style to Black's *The Behavior of Law* (1976). Like Black, Horwitz presents a formal theory consisting of two-variable propositions. Each proposition is supported by a wide variety of historical and comparative data. One of the clear strengths of the book is its eclectic data base; the reader is confronted with an impressive and informative combination of sociological, anthropological, and historical literature.

Chapter One reviews basic approaches to the social control of madness, including the medical model and the critical/labeling perspectives. In Chapter Two Horwitz turns to a survey of informal lay conceptions of mental disorder in various societies. He also discusses the debate between the cultural relativist view and the notion that symptomatic and diagnostic variations mask an underlying universality of pathological states. What unifies the range of conceptions across cultures, he says, is that mental illness is everywhere conceived as "incomprehensible" behavior—i.e., that it amounts to what Scheff has called "residual deviance." On this basis, Horwitz suggests that there is a universal quality to *attributions* of mental illness if not to disease traits themselves.

In the third and fourth chapters Horwitz deals with the specific process of labeling individuals as mentally ill. He focuses upon the issues of who gets labeled, who does the labeling, and what factors contribute to labeling as opposed to denial of illness. In all of these, his explanations rest upon such factors as social class, the cultural distance between labeling agents and labelees, varying degrees of "cosmopolitan culture," and differing levels of societal evolution.

Chapter Five delves further into different reactions to mental illness using a typology of "inclusive" and "exclusive" responses. Inclusive responses attempt to deal with the disordered individual by reintegrating him/her into the cohesive social group. Exclusive responses, which are more typical of advanced societies, rest upon removing the individual from the social mainstream and dealing with him/her in an isolated fashion. In making sense of the distribution of inclusive and exclusive response systems, the author rejects explanations based upon (a) the nature of the individual's behavior, (b) "progress" in our understanding and treatment of human problems, and (c) the vested interests and power of social control agents, as emphasized in critical and Marxist approaches. He relies instead upon "structural" factors; viz. "the strength of social resources and social control within informal groups such as families, neighborhoods, and communities" (88). On the macro level, exclusion is said to be produced by social atomization, extensive stratification, and societal heterogeneity. On the micro level, the exclusion of disturbed individuals is said to be directly related to their marginality, powerlessness, and cultural distance from formal social control agents.

Horwitz distinguishes therapeutic social control from other types of control in Chapter Six. Therapeutic control systems are characterized by an attempt to control inner states rather than mere conduct, and a reliance on persuasion rather than coercion of the disturbed individual. The discussion which follows includes a consideration of psychotherapy as a specific subtype of response to mental illness which is found in preindustrial as well as modern settings. While the chapter is interesting and in many ways insightful, Horwitz's conception of therapeutic

social control differs somewhat from that found in other recent treatments. Critics of the "Therapeutic State," for instance, tend to be quite skeptical about the capacity of patients to resist treatment in many instances. In effect, Horwitz dispenses with this problem by defining it away.

The final two chapters deal in turn with "communal" and "individualistic" styles of therapeutic social control. "Style" refers to the content of therapeutic systems rather than their form; i.e., to the nature of the symbolic manipulation on which the therapy rests. The former involves the reinforcement of the patient's group ties, a ritualized character, and an overtly normative tone. The latter involves the emancipation of the patient from group constraints, the reinforcement of his/her sense of self, and the encouragement of a search for meaning within that self. The communal style is said to be characteristic of cohesive and collectivist societies, including not only preindustrial tribal collectivities but also communalistic subcultures in industrial societies and the People's Republic of China. Individualistic therapy is characteristic of atomized and egoistic social structures. It was born in Freud's psychoanalytic system and now appears in contemporary Gestalt, reality, and existential therapies. The style of therapeutic social control found in a society is seen by Horwitz to be a direct reflection of "the major form of social solidarity" within that group (47).

The Social Control of Mental Illness has much to recommend it. Its comparative focus is all too rare in the sociology of mental illness and social control. Horwitz's efforts are particularly noteworthy in that he provides an order to the mass of historical and ethnographic material which has accumulated through the years. The book is quite readable, well-grounded in descriptive material, and well-documented. His distinction between communal and individualistic therapeutic systems is particularly insightful, yet he does not attempt to gloss over its limitations.

Many readers will feel uncomfortable with the format of the book, in particular Horwitz's decision to structure his discussion around simple bivariate generalizing propositions. The authors of this review share this sense of discomfort. The approach inevitably involves a good deal of oversimplification

and it seems to suggest a rather thin logic in which "explanation" is identified with "prediction." But Horwitz should not be judged too harshly for this. All preliminary attempts to bring theoretical meaning and coherence to comparative-historical data must suffer such faults to a degree, whether they rest upon causal theorizing or a more dialectical approach.

Others may be put off by the factors emphasized in *The Social Control of Mental Illness*. Again, we must include ourselves in this category. A great deal of Horwitz's reasoning stresses societal evolution, cultural beliefs, and a rigid distinction between altruistic and egoistic societies. The author can be justifiably criticized for lapsing into a pseudo-Durkheimian form of reasoning of which Durkheim himself was largely innocent; i.e., a purely cultural and social-organizational style of analysis which underemphasizes the exercise of power. Horwitz chooses to focus almost exclusively upon the lay conceptions and practices which guide primary, face-to-face relationships. On one level this is laudable, since the experiential features of everyday life are so often missing from social theory. But unfortunately, Horwitz ignores the micro and macropolitics of mental illness. He discusses the vested interests of social control agents only briefly in the process of casually dismissing the contentions of critical scholars. He ignores the economics of exclusion altogether. Even the lay attitudes and definitions on which he places so much importance did not emerge entirely from the interaction of common men—'organically,' as it were. In large part they were inculcated by the enterprising members of a growing mental health industry over the span of a century and a half. All of this has been traced and documented by the "new" historians of psychiatry, who have much to say that would be of value to Horwitz's project. Unfortunately, he has chosen to exclude it.

Finally, for a book that has as its goal the development of a formal theory of the social control of mental illness, one would reasonably expect a conclusion which summarizes all the propositions and presents the theory in its complete form. Unfortunately, Horwitz provides no such summary. This leaves the reader "hanging," without a concise summation of the material. Hopefully such a concluding chapter will be added should a second edition of the book be released.

None of our criticisms should be taken to imply that *The Social Control of Mental Illness* is of little value. The book should be useful both as a reference for scholars interested in mental health and illness and in the classroom. However, sociologists, anthropologists, and psychologists who use the book in their courses should supplement it with readings dealing with the features of social control that Horwitz has 'bracketed.'

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