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Societal attitudes towards psychiatric patients, medication, and the antipsychiatric movement within the context of theoretical approaches and inclusion initiatives. The role of mental health professionals

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Abstract

Background: Studies examining the cultural and societal factors that shape perceptions of psychiatric patients and medication are gaining prominence. These studies investigate how cultural beliefs, values, and norms influence attitudes towards mental illness and treatment-seeking behavior, with a focus on addressing cultural barriers to care.

Aim: The aim of this study was to provide a comprehensive review of literature on these interconnected topics and to analyze the evolving landscape of attitudes towards mental illness within society.

Methods: To comprehensively examine the topic, a rigorous literature review approach was utilized. This involved systematically searching and analyzing a wide range of scholarly articles, reviews, and meta-analyses from high-impact factor journals. The search process involved accessing academic databases and employing search strings to ensure inclusivity and relevance of the gathered literature. This methodological approach allowed for the identification and synthesis of key insights, trends, and findings pertaining to the subject matter, providing a robust foundation for the subsequent analysis and discussion.

Results: The results reveal a diverse array of perspectives on psychiatric patients, ranging from stigma and discrimination to advocacy for human rights and empowerment. Furthermore, the analysis highlights the impact of the antipsychiatric movement on shaping societal attitudes towards psychiatric treatment and the broader conceptualization of mental illness.

Conclusions: Conclusions drawn from this review underscore the importance of addressing stigma, promoting patient-centered care, and fostering inclusivity within mental health discourse and policy.

Keywords: Psychiatric patients; Theoretical approaches; Inclusion; Societal perceptions; Mental illness; Stigma

1. Introduction

The treatment and perception of psychiatric patients have long been subjects of scrutiny and debate within society. Attitudes towards psychiatric patients, their medication regimens, and the broader antipsychiatric movement reflect the complex interplay of cultural, societal, and historical factors. Understanding these attitudes is crucial for developing effective mental health interventions and promoting inclusivity within healthcare systems.

Historically, psychiatric patients have faced stigma and discrimination, often being marginalized and excluded from mainstream society. Misconceptions and fear surrounding mental illness have perpetuated negative stereotypes and

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hindered efforts to provide adequate care and support. Moreover, the introduction of psychiatric medications, while revolutionary in many respects, has also been met with skepticism and resistance, fueling concerns about overmedication and the potential for adverse effects (Argyriadis et al., 2022).

Against this backdrop, theoretical approaches to mental health have evolved, recognizing the multifaceted nature of psychiatric disorders and the importance of holistic interventions. From the bio-psycho-social model to recovery-oriented practices, these frameworks seek to integrate biological, psychological, and social perspectives, promoting individual empowerment and autonomy in the recovery process.

In recent years, inclusion initiatives have gained momentum, aiming to dismantle barriers to mental health care and foster greater acceptance and understanding of psychiatric conditions. Mental health professionals play a pivotal role in these initiatives, serving as advocates, educators, and facilitators of change. By challenging stigma, promoting evidence-based practices, and advocating for patient rights, mental health professionals contribute to creating more supportive and inclusive environments for individuals with psychiatric disorders.

2. Societal Attitudes Towards Psychiatric Patients

Modern Greece inherited all this historical stuff that is characterized by the polyphony of the opinions for the definition of the psychopath. Michalowski (2006) characterizes the modern European society as a pluralistic model, in which there is a confliction though for basic issues, but at the same time there is also a consent about laws and justice's nature. So, it summarizes the basic principles of the pluralistic approach in relation to the social organization, including the following. The society is consisted of different social groups. Their diversity comes from the existence of geographic, economic, and religious differences of the populations, but also from the sex, the age, the racial, and the national differences. Between these groups there are different and conflicted definitions about what is right and what is wrong. There is a corporative agreement about the mechanisms of settling the differences. All groups agree about the establishment of a law system, in which background conflictions will be settled down peacefully. Concern of the system is to protect the interests of the society. As long as it stands beyond of evaluative charged differences between social groups, its main concern is the prosperity of the society as a mass and contributes in it, providing a peaceful forum about the differences settlement (Vlachou et al., 2022).

The presentation of un-synchronization in a society, the existence of multiple and conflicted casts of mind, in other words, could indicate demotic resistance in historic changes or new types of political and economic domination. Also, it is indicated that the historic past isn't suggested only to cultures and value systems, but also to the codec experiences of the difference to enter imperceptible or to overturn major institutional and ideological orders, in such a degree that the last ones incarnate and symbolize incomplete transactions and unresolved historic experiences about the carriers. In Greece, these relations theorized and in the backgrounds of simple modern perceptions about the research, are just reflecting the lack of deep studying. So, this past absence grew weakness to the interpretation and analysis of the different changes that take place in modern Greek times (WHO, 2005).

Focusing on the present, the reaction to the historic change that takes place at the field of perception about madness is appearing with antipsychiatry movements, and supporting people who are diseased by the mental illnesses movement, in other alternative forms of rejecting the medical-biological theories (Burston, 1996). The majority of the psychiatrists, and of the rest of the doctors, are convinced about the dimensional biological base of the mental discomfort/disease/disorder, as a dysfunction of the brain, which someone can fix by taking medicine. This "predisposition" (that at its extreme, dogmatic version, is equivalent with clear superstition and prejudgment) is consolidated by the action of the companies and the big funds that they afford for affecting the doctors.

The result is, that these psychotropic drugs have increased acceptance and request that the majority of the patients see the doctors more as "intermediates" of constantly newer products with "magical" possibilities, than healers, capable of using the relationship between doctor and patient therapeutically.

3. The antipsychiatry movement

Cullbert in 2006 makes a small review of the history of antipsychiatry movement. During the decade of 1960, the radical movement of the antipsychiatry developed, which was mostly organized by Scottish Rolland Laing, and by British David Cooper. Someone could say that the movement was the contrast to the academic psychiatry. Ultimately, antipsychiatry was in a historic view, a same understandable critic as the critic of Molieros to the medical profession in the 17th century.

Molieros implied that the doctors of his time were hiding their ignorance about the causes and the treatment of the patients behind bombastic external clothes and faked scientific expressions.

Laing (1990) saw the details of his patients life as a message of the hidden control of the urban family. He wanted to align completely with the patient, and he didn't have any difficulties in describing the mental breakdown as an expression of a long-term and complicated power competition inside the family. The statute of the family was, according to Laing, a main but also perverted part of the aspect of the urban western world about itself. The statute of the family was managing mens privileges and was considering sick those who couldn't live according to the fake democracy of the family, which was really based, many times, on a fascistic ideology. He wanted to get away, as a psychiatrist, from the trend of classifying people as healthy or sick, and from giving a treatment that made the patients passivated, and offered them medical treatments, and in this way he moved with his own treatment communes. However, in a short time these were derailed and the idealized anti-doctor ideology on which he was based was proved to be non-sensible, and catastrophic when it started to become act. Laing (1990) found anti-psychiatric continuers in Sweden, too, but more theoretical and less practical. In the Swiss hospital of Langbo they tried, at the beginning of 1970's, to stop all drug use in a clinic with psychotic patients. This had chaotic consequences.

On the other hand, Franco Basaglia (2008) was the leader of the democratic psychiatry movement in Italy. He succeeded in the abolishment of sanitariums in Italy, and in promoting the provision of the mentally ill in society's structures. Among others, he writes:

“To be restored, the institutionalized who is living in our asylums, therefore it's important for someone to fight, so to awake a feeling of objection against the authority which destroyed him and institutionalized him, so far. By this feeling's awaken, the emotional gap in which the patient is living for years, will be filled up with personal powers of the reaction, the confliction, the aggressiveness which-only-will be possible to use as a mean of pressure for his reinstatement. This doesn't mean chaos and anarchy. It means to know the power of the authority as a coordinative element, as a supporting point, as a source of protection when it's necessary and not as an absolute authority, enforcement control. It means an authority that moves in a level, so it manages to preserve and deal with the constant confliction related to who trusts it. It means that it is in a situation of mutual intensity, in which he takes in mind and the need of freedom of every person” (Basaglia, 2008).

Another drift of modern Greece is the continuation of European efforts to support alternative confrontations of the psychopath beyond psychiatry. The “Hearing Voices Network” is a worldwide movement which was created by and for people who hear voices or have a similar unusual experience, as for friends, relatives, and working people who want to actually express their tense objections about the way that the mental health system works. The networks approach is different from the traditional psychiatry, as it's not confronting these experiences as “delusions” and symptoms of a “damaged brain”, but as experiences with a meaning that are closely connected with the personal history of each person. While the “solution” that more often psychiatry suggests is the repression, with many catastrophic extensions as the stigmatization, the social isolation, and the weakening. The “Hearing Voices Network” is against the models of manipulation and tries to offer choices of emancipation that are focused on the self-help and use of the valuable knowledge of people who have become experts based on their experiences, and want to share ideas with others.

The part of the Network that functions in Athens is focused on the promotion of the main role that the self-help groups have. A group is functioning since April of 2010 and is for people who've heard voices or who have optical experiences, and it performs meetings to support them.

bibliographic research demonstrates that there is a historic trend to the blockage of the considered disadvantaged groups, and especially of the psychopaths, mostly since the Middle Ages and after as much in Greece as in the rest of the world, a fact that declares that during the passage of time has formed in a national level, that has a rejecting image of him, this of the crazy one (Herzfeld, 1988). Because of that, group movements such as the antipsychiatry and this of the Hearing Voices Network, express the fact that the western way of thinking faces special behaviors as a mental disease that requires treatment, focusing mostly on the disorder and not so much on the society's weakness to respond to the difference. The communication between doctor and patient, in modern times, is based on the relation off diagnosis-treatment, while it depends in a great degree on the persons ability to speak the “language” of his own place, so he'll be able to explain his symptoms and understand the steps of his treatment.

4. Theoretical notes

Although many times, as the doctors of the western societies dominates the logic of the average, that doesn't take into mind the cultural specific. With the dedication to the logic of the average and to whatever it includes, to consist a

normative standard, the alienation of the identity is achieved (Argyriadis et al., 2021). Even today, the one basic portal of studying the human body and madness, is the naturalistic approach which appeared during the 18th century and has as a basic idea that the biological activity determines every form of social and natural life. It's about a medical-biological approach (Schilling, 2007). The creation of this borderline between the two perception types about disease and treatment complied with other partitions idea or real, however defined by the social data, such as culture/ nature, rationalism/intuition, man/woman, educated/uneducated, civilized/primitive, modern/traditional, city/country, our own/others, we/they. Studying the two basic portals of the issue, it becomes understandable that the biomedical model searches for the cause of human organism dysfunction in standard activities and biological structures. Actually, this consideration is focusing on the biological approaches without being interested about the historic, social, and cultural dimensions of the disease. This model is supported by the following basic admission: diseases consist empirical, moldable, and nosy entities, which are expressed through symptoms. Consequently, disease is defined as the deviation from a normative model of a supposed natural normatively (Papastamou et al., 1995).

In the end, historically different examples of creating madness, and the acceptance or rejection of it, are sighted since Pythia's time until the creation of diseases in DSM, and the entry of psychiatry in schools.

5. The Framework for Promoting the Social Inclusion of Psychiatric Patients

The history of madness, as much as conceptualization and as a psychiatric activity, is in a great degree the history of society during the evolution of years, the way in which it creates the idol of itself through the image of the different Other. After the incorporation of Greece into the E.U., the Regulation of the Council 815/84 was adopted on the 26th March of 1984, which provided emergency economic support that was about the reintegration of the system of psychiatry treatment in all of Greece. A program of action was developed for the development of new structures and services, aiming for social incorporation and professional reintegration of the mental patients, and the persons with mental retardation, as well as the improvement of the patient's treatment conditions in the public sanitariums. An important result of the program E.O.K. 815/84 for the psychiatric reformation in Greece was the obvious reduction of the number of the long-term diseased in the public psychiatric hospitals. A new form of mental health services emerged with the development of dispensaries, centers of mental health, psychiatric units in general hospitals, pre-professional and professional training programs in restoration centers, and the creation of guest-houses and protected apartments in the community.

So, to re-ensure the continuation of these important initiatives of reformation after the end of the special funding support by E.U. by the end of 1995, the Ministry of Health and Provision took a more long-term commitment about the continuation of the reformatted psychiatric services in all of Greece. So, a ten-year program was developed during the period of 2000-2009, called "PsychArgos", which was aiming to the continuation of the rhythm, and the dynamic of the reformation with a bigger emphasis into social reintegration and to the entry, in the working place, of people with mental health problems.

The first phase of the program implemented during the period of 2000-2001, in the framework of co-financing by the European Commission through the Working Ministry, aimed to fight the blockage of the working market for people with mental health problems. It was focused on the continuation of the reinstatement of patients who were hospitalized in big public sanitariums in Greece.

The second phase of the program PSYCHARGOS was completed in 2009 During the completion of the B' phases, in 2009, the Agreement between European Commission and the Greek government was signed, and it was about the assurance of dedication to the continuation of the psychiatric reformation and to give emphasis in specific intervention fields of the mental health field. After the completion of B' phases performed after the evaluation, whose findings are presented here.

The third phase of the program PSYCHARGOS is about the period 2010-2020. For the new phase, a working group was created to elaborate the plan of the revised program "Psychargos 2011-2020". The National Action Plan Psychargos C (2011-2020) is corrected through three action shafts. The first shaft is referred to the programming of development actions of structures in the society, for the coverage of the total needs in the field of Mental Health, and it is formed on a district base, while it is specialized to the design of actions about the promotion of mental health to the general population and for the prevention of bad mental health. The third shaft refers to actions that are about the organization of the psychiatry treatment system (precinctation, observation, evaluation), and for researching and educational actions about the stuff.

At the same time, the evaluation is in progress during the appliance of the program PSYCHARGOS. The basic goal of the evaluation is the evaluation of intervention's deficiency related to selected goals, as they're specialized to general strategic and to the applied politic of the Health Ministry for achieving the Psychiatric Reformation in Greece, according to the law 2716/99. To clear our position, from the beginning that the psychiatric reformation in our country can't be evaluated differently than the process and the limits that are enforced by social reality. So, the discontinuity at the funding of the corresponding carrier, and the detective political decisions and choices lead the reformed framework of the psychiatry to a dead-end.

One of the reasons for the dead end, I believe, is the slight of the social-cultural specific in Greece. In other words, there was an attempt to enforce a new psychiatric system without taking in mind the social-cultural structures and substructures of the country.

6. Modern Studies

The general social-economic crisis is on the one hand the reason for the increasing suicidal phenomenon during the last year, and on the other hand for the dead end of the psychiatric reformation, with the result that many ex-hospitalized patients in psychiatric institutions have become homeless, excluded from the wider society. This situation has caused a new research interest in the subject of madness, because of the social changes and the additional parameters added to the approach of the issue.

The most recent published researches in Greece, of Elizabeth Anne Davis, which took place between the sanitarium of the General Hospital of Thrace, and an external service focused on the behavioral psychotherapy. Her book *Bad Souls: Madness and Responsibility in Modern Greece* (Princeton University Press), is the result of her ethnographic research that was performed from 1999 until 2004, focusing on the meaning of responsibility in modern Greece. She searches it in levels that someone approaches the health services until the rehabilitation and their social reintegration. It is mostly related to the permutation of responsibility by the liberal state to the individual institutions and to the person. Davis researches the healing dynamic of diagnosis, treatment, and Greek failure to perform totally the psychiatric reformation that was started. Her work is very interesting, mostly because of her geographic choice, since Thrace includes a variety of minority social groups in an agricultural background, which without a main support, tries to apply the psychiatric reformation, evincing the different positions and comprehension of the meaning of responsibility by the local society, the medical and paramedic staff and by the "patient" himself.

Before Davis (2012), Tzanakis and Savvakis published an article a study that was pumping data from interviews and observations by them in the following places: Leprosarium of Spinaloga, Sanitarium of psychic illnesses of Chania, and the National Institute of Repatriated Greek Expatriates. A common element of these three cases, which also consists of the conclusion of the study is: "The subjects who narrate their life history develop a dependency relation with aspecialized social institution and quit, either deliberately or either without want it from a raw of possibilities that are considered as self-evident rights and obligations" (Tzanakis & Savvakis, 2006).

However the data of this research presents the investigations to not accept quitting from their rights and their obligations, but to continue their life in psychiatry structures then, and having at the same time critical aspect for whatever concerns them.

A characteristic example of this of Cosstadias, a chronic hospitalized person in Dromokaitio, whose words hint about the diagnostic truth, and questions the meaning of responsibility.

<<... My relatives insist that I don't behave properly and they take me to "experts" (gets an ironic style). One doctor is alternative and tells me that I don't need any medicines. He gives me herbs. The other one tells me, that according to some tests I should be hospitalized. The third one tells me that the medicines the first doctor gave me wasn't enough and he prescribes me new ones that are better and more expensive. Do they really know what are they doing? >>

In addition, even the above-mentioned research of Tzanakis and Savvakis (2006) focuses on the multi-cultural public, they are not referred to the possible cultural positions and perceptions about "social rights and obligations", something that is researched this thesis.

Subsequently, Tzanakis published the book "Beyond Sanitarium" in 2008, in which he records the reorganization of the therapeutic relation, as a result of the installation of psychiatry outside of the sanitarium's walls, and socially analyzes the form of subjectivity that is suggested, as an ideological prerequisite of the new psychiatry age. In this framework, Davis (2012) comes to add data outside of asylum, but he remains only in agricultural Greece. However, in contrast with

Tzanakis (2008), who approaches the issue in a theoretical view, Davis (2012) performs a long-term ethnographic research, adding experiential experiences and data.

Subsequently, Tzanakis publishes the book <<Mental Disease and Modern Practices of Self>> in 2012, in which he records the life history of George Falelakis, aiming to study on the one hand the experience of mental disease, but on the other hand the form that psychiatry treatment tends to go nowadays, related to managing daily routine. His work consists of an important source of pumping sociological data for modern times. Such as Savvakis (2008) and Davis (2012), the research is performed mostly in agricultural Greece. This thesis expands the research from agricultural Greece to urban Greece, and performs a comparative analysis of both, as long as the institution of encapsulation with structures of social reintegration.

The above-mentioned studies mostly adopts the sociological and psychological approach. In these frameworks, this thesis that focuses on the cultural construction of the psychopath falls to Medical Anthropology and to Cultural studies. It adopts the ethnographic point of view and method which ordains the study of the present as a procedure related to the past and the future. The apposition of data that came by a long-term spot research, I hope to consist a source for future studies.

7. Conclusion

In conclusion, this paper has explored societal attitudes towards psychiatric patients, medication, and the antipsychiatric movement, contextualizing these attitudes within theoretical frameworks and inclusion initiatives. Several key findings and implications emerge from this examination.

Firstly, it is evident that societal attitudes towards psychiatric patients remain influenced by stigma and misconceptions, perpetuating discrimination and hindering access to adequate care. Addressing these negative attitudes requires multifaceted interventions that challenge stereotypes, promote empathy, and foster inclusivity within communities.

Secondly, the use of psychiatric medication continues to be a contentious issue, with concerns raised about overmedication, side effects, and the efficacy of pharmacological interventions. While medications have undoubtedly improved the lives of many individuals with psychiatric disorders, there is a need for greater transparency, informed consent, and holistic approaches to treatment that consider both biological and psychosocial factors.

Thirdly, the antipsychiatric movement has played a significant role in shaping mental health discourse, highlighting the limitations of traditional psychiatric practices and advocating for alternative approaches rooted in empowerment and social justice. While some critiques of psychiatry are valid and have led to important reforms, it is essential to strike a balance between acknowledging systemic flaws and recognizing the value of evidence-based interventions.

Furthermore, theoretical approaches to mental health, such as the bio-psycho-social model and recovery-oriented practices, offer valuable frameworks for understanding and addressing psychiatric disorders holistically. By integrating biological, psychological, and social perspectives, these approaches promote individualized care and empower individuals to take an active role in their recovery journey.

Lastly, inclusion initiatives aimed at reducing stigma and improving access to mental health care are crucial for creating more supportive and equitable societies. Mental health professionals play a vital role in these initiatives, advocating for policy changes, providing education and training, and working collaboratively with diverse stakeholders to promote mental health literacy and awareness.

In conclusion, addressing societal attitudes towards psychiatric patients, medication, and the antipsychiatric movement requires a concerted effort from all sectors of society. By challenging stigma, promoting evidence-based practices, and advocating for social change, we can create more inclusive and supportive environments for individuals with psychiatric disorders, ultimately improving their quality of life and well-being.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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