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Ann Braden Johnson provides a passionate and engaging account of the evolution of the mental health system in America. She speaks from an experienced practitioner’s perspective about the detrimental (often devastating) impact of the structure of the system on the very people it is said to be designed to help. She comprehensively reviews the political and social factors commonly associated with deinstitutionalization and vividly portrays the consequences of the “policy” for the lives of people with serious mental illness. Unlike other authors, however, Johnson takes the stand that the introduction of psychotropic medications (especially), Federal legislation, case law, and even the philosophical changes that occurred in the 50s, 60s and 70s were relatively minor influences. Instead she argues throughout the book that the profit motive was and is the key force shaping the system. She says: “I learned—the hard way—that a program’s client is never the patient but always the funding source, no matter what the program’s mission statement says” (p. xii); “What’s more, (deinstitutionalization) had nothing to do to do with what patients did or didn’t need, and everything to do with money” (p. xiv) (emphases in original). This position puts her at risk of being accused of being reductionist in her analysis, but neither objectivity nor balance ever seemed to be the goal.

There is much to applaud in the Johnson book. The book is a well-documented, scholarly account, yet manages to be firmly grounded in the author’s own practice experience. According to Dr. Johnson, it was written as her way of “making sense of it all”. Her use of both personal case examples as well as the integration of well-chosen quotes from the literature serve as an effective combination for drawing the reader into the “story” of deinstitutionalization and its aftermath.

Dr. Johnson admittedly addresses many points on the topic which are covered by other authors. For example, we all know
that the community mental health movement was oversold and underplanned. We all know the system is fragmented and that the players lack clear responsibility and authority. However, Johnson is successful in broadening our perspective by providing rich, sometimes overlooked information about these failures which are rarely gathered in one place. I appreciated, for example, her inclusion of the role of John Maurice Grimes, an physician member of the AMA in the 1930s whose critical report on the conditions in hospitals was originally silenced. I was also very interested in the discussion of the role of Council of State Governments as well as Smith, Kline and French, the manufacturer of Thorazine, in the 1950s, and the role of SROs in the 60s on deinstitutionalization. She does things such as describe the growth of adult homes for the mentally ill as "our pact with the devil" (p. 124), boldly asks "What ever happens to successful pilot projects?", and brings sterilization of the mentally ill and retarded out of the closet. Perhaps the point that she makes most convincingly is that our habit of "divorcing policy from practice" has had high costs for people with mental illness. She articulately and convincingly challenges the tendency of mental health practitioners to avoid involvement in policy issues.

Johnson has no problem with fixing blame for the failures of the past century. She puts it firmly at the feet of the bureaucrats, administrators, auditors, and policy makers who were responsible, in her view, for trying to make it right. In fact, even the actions and motives of clinic staff and her colleagues are sometimes defined as emerging from vested self interest and not the best interest of clients (even hers?). She is most condemning, however, of the psychiatric profession for abandoning the the field of "mental illness" in favor of "mental health" and for overreliance on "chemical control". She seems also to be somewhat anti-scientific, often blasting research and the "use of numbers" in policy and planning (not to mention the "people whose job it is to manipulate them", p. xiii). In her conclusion, I was surprised that she refused to offer her own thoughts about how to "fix it", saying that there were too many ideas about that and not enough folks willing to do the work. This seems to me to contradict her earlier (and very powerful) complaint about the division between practice and policy. After 259 pages with
“her”, I wanted to know what she thought we should do about it all.

In spite of these few drawbacks, I remain attracted to the book’s comprehensiveness and rich detail, and especially to its passion and clear social work perspective. Even though I am more optimistic about the potential of creating a rational and responsive mental health system, I believe Dr. Johnson’s voice is an important one and should be heard . . . over and over again.

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Both of these books deal in a scholarly way with issues related to parenting and custody, using different approaches to examine how parents perform the parenting role outside the traditional two-parent marital family. Each recognizes and attempts to document changes that are occurring in this area, for example, the trend toward joint custody in divorce cases. Together the books are a valuable resource. There are important differences between them, however.

Depner and Bray present a collection of edited pieces with reviews of the literature. Part I describes the demographics of the issue, with particular attention to differences among ethnic groups. Part II is a hodge-podge of issues that purports to deal with the contributions of social science to the question but is more a collection of interesting, but loosely connected, issues.

The descriptive information in Part I is well presented and informative, and in particular deals with ethnic differences that are not well addressed elsewhere. Unfortunately, the authors do not discuss how differences in social class, education, and