



**Man, Mind, and Morality: The Ethics
of Behaviour control.**

by Ruth Macklin*

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Since it is impossible to review all the aspects that this book covers, a few areas of interest will be presented. Macklin's work serves to educate the young health worker into the convoluted logic that is used to justify "control" of people's behaviour on the basis of "what is best for people". It addresses itself to clinical psychology, psychiatry, medicine and education, amongst others and how knowledge generated within these areas has been used to implement programmes of social control.

It is a book that gives the health worker who has been too long in the sun a fresh look at the way in which behaviour change (treatment, therapy) can become behaviour control (over-medication, invasive surgery, shock treatment).

With the development of the social sciences the technology of behaviour has had to deal with the morality of behaviour control. Who will use it and to what end? It is especially the young health worker who in his/her eagerness to "save people from themselves" that the distinction between what is therapy and what is social control becomes blurred.

Without doubt behaviour control permeates many facets of society; from what Macklin refers to as "hard" methods to "soft" methods.

* Englewood Cliffs : Prentice-Hall, 1982.

At the hard end of the spectrum lie psychosurgery, electrical stimulations psychopharmacology and other forms of physical manipulation.

Haloperidol, an antipsychotic preparation "is usually prescribed in cases of extreme 'psychomotor excitation', and then usually with anti-Parkinsonian agents to counteract the painful and dangerous side effects. Haloperidol creates a hyperactive state in which the patient cannot be still - sitting, lying or standing - for any period of time. It can also cause muscular spasms, stammering, involuntary contractions of the face and body and other symptoms associated with Parkinson's disease". (p.20)

This drug helps those who are sick, but has frightening neurological effects on normal people. A good example of the deliberate blurring of the distinction between therapy and social control, thus appears to be the treatment of mental patients and even more so in the case of political dissidents.

Soft methods of influencing behaviour include amongst others propaganda and education - the theme always being "it is for the good of society as a whole".

The critical question posed by Macklin is "who should have control?" Should behaviour control lie in the hands of the state or should individuals be allowed maximum liberty and self-determination? Such either/or arguments do not do justice to the rest of Macklin's book. What it does do is force a re-examination of the concept of freedom and related issues such as

responsibility, autonomy, coercion, paternalism, competence, rationality and voluntariness. In short, the essence of the entire book is "Who may do what to whom and with justification?" (p.8)

Psychological theories have stuttered along in their own idiosyncratic ways to explain human behaviour. Macklin criticizes psychological theory because of its apparent inability to state clearly what is psychologically possible for people to do or refrain from doing. The notion of psychological possibility has a philosophical counterpart in the idea of freedom. Freedom is conceptualized in terms of two related dimensions: freedom in terms of political liberty, to pursue one's own ends or goals with a minimum of outside interference and second freedom as in the belaboured notion of "free will".

It is the latter concept that has direct bearing on the treatment of human beings as moral agents. The more genuine freedom in the "free will" sense of the word, the more appropriate it is to hold people responsible for their actions. Psychological theories which propose that human behaviour is determined by nature and nurture, would seem to suggest that people cannot be held morally responsible for their actions.

Macklin also provides a useful insight into the role of freedom in institutions such as mental hospitals and prisons. Freedom is also discussed in relation to informed consent, involuntary commitment and research into developing methods of control of human behaviour.

Other issues raised, includes the role of the psychiatrist (or any other health worker) who has to operate as a "double agent". If a psychiatrist is employed by the state (as many are) is his/her duty always only to serve the interests of the patient? Or does being in the employ of an institution set up new obligations that must be honoured? While no easy solutions are provided some viable alternatives are presented.

In sum, a work that is well written, but may not be ideal material for bedside reading. Read it.

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