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## Review of The Two Psychiatries: The Transformation of Psychiatric Work in Saskatchewan, 1905-1984

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*The Two Psychiatries: The Transformation of Psychiatric Work in Saskatchewan, 1905-1984.* By Harley D. Dickenson. Regina: University of Regina Canadian Plains Research Center, 1989. Preface, tables, appendix, notes, selected bibliography, index. xxii + 371 pp. \$32.00.

The Great Plains region has a history of producing innovations in mental health. This book, an historical account and sociological analysis of the evolution of the Saskatchewan public mental health system, describes one Great Plains phenomenon that at times during this century has been remarkably progressive. The book began as the author's dissertation in the sociology of health care and was made possible by his fortuitous access to confidential government archives, primarily in the form of interoffice correspondence, in addition to the public historical record. Dickenson evaluates several hypotheses generated by sociologies of labor and professions. The brief and succinct appendix offers a focused and systematic comparison of classical, Marxist, and more recent hypotheses about labor processes, and the reader unfamiliar with the sociology of work is advised to read it first. Most of the book is historical account and anecdote, interspersed with commentary on implications for one or another point in this evaluation.

Sociologists primarily interested in validation of labor process theories will find a different kind of value in this book than technology researchers in academia or public mental health administrators (who are usually technologists—psychiatrists, nurses, social workers or psychologists—who have moved from a clinical to an administrative role). Both technologists and administrators are accustomed to thinking about progress in public mental health services as driven by technological developments, but sociological perspective pays most attention to economic and sociopolitical forces as they interact with the interests of various labor, management, and consumer groups. The profound and complex influences that Dickenson convincingly portrays are far beyond the truisms that our criteria and definitions of abnormal behavior are influenced by sociocultural norms. Services provided to the mentally ill generally do not reflect state-of-the-art technology. For that reason, this book should be considered *required reading* for public mental health administrators and anyone else involved in development of psychiatric services.

An organizing theme in Dickenson's analysis is the historical bastardization, distortion, and exploitation of technology to serve the interests of occupational groups. In the nineteenth century, medical administrative hegemony over insane asylums was consolidated through a claim that such asylums (and the vaguely defined quasi-medical technologies they represented) could, like medical hospitals, cure most afflicted patients. As this claim became discredited, other theories and technologies were appropriated—first psychoanalysis, then psychopharmacology.

In the 1920s, the process of mental hospital admissions was "medicalized," making psychiatrists rather than the legal system institutional gatekeepers. The criterion for admission became "mental illness." Popular attitudes toward the insane became more compassionate, but because psychiatric diagnosis and treatment was still a protoscientific enterprise, psychiatrists simply became the new "jailers" and conditions in the mental hospitals continued to deteriorate.

rate. Three decades later, behavior-control drugs appeared as a legitimate medical contribution and facilitated development of psychiatric services for former inmates in community general hospitals. Drugs had unforeseen limitations, however. Because medical administrators were unrealistic about what patients could do outside institutions, they suppressed development of needed nonmedical community-based mental health services.

The “two psychiatries” of Dickenson’s title are the old institution-based system and the new community-based social psychiatry. Although institutional psychiatry has been largely replaced by community psychiatry, the dynamics of the labor process continue. State mental hospitals still exist, though their roles continue to change. Public mental health systems continue to struggle toward better and more cost-effective service provision. Technological innovation also continues, in both medical and nonmedical disciplines, but “medicalization,” or the granting of administrative prerogatives to physicians, continues to be confused with “technicalization,” or provision of services based on scientific rather than guild interest considerations. The success of public mental health will ultimately depend in part on technology, but also on the sensitivity of policy makers and administrators to the nontechnological factors illuminated in this and other sociological analyses of the psychiatric labor process.

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