Inclusion, Motivation and Good Faith: The Morality of Coercion in Mental Hospital Admission

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Philosophers’ accounts of what is coercive, according to Wertheimer (1989), come in two basic varieties. One type of theory maintains that coercion can be described using an essentially amoral behavioral account of phenomena. A second type of theory asserts that coercion is a fundamentally moralized judgement.

An empirical theory maintains that the truth of a coercion claim rests, at its core, on ordinary facts: Will B be worse off than he now is if he fails to accept A’s proposal? By contrast, a moralized theory holds that we cannot determine whether A coerces B without answering the following sorts of questions: Does A have a right to make his proposal? Should B resist A’s proposal? (1989, p. 7).

Wertheimer argues that moralized theories provide the more coherent philosophical account of coercion in general (Wertheimer, 1989), and of coercion in the context of mental hospitalization in particular (Wertheimer, 1993).

Research cannot resolve philosophical debates about the role of morality in mental health law or in any other area (Morse, 1988). One cannot argue from “is” to “ought.” That is, even if it is true that patients themselves take moral considerations into account in determining whether an act is coercive (by asking, to use one of Wertheimer’s examples, whether another had a right to propose hospitalization), it would not follow that moralized theories of coercion are philosophically superior to empirical ones.

It is also true, however, that patients’ experience of coercion is an important empirical factor.

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that mental health law takes into account in determining whether coercive hospitalization is justified (National Center for State Courts, 1986). For example, patients' experience of alienation and disaffection at being, in their view, immorally coerced into hospitalization—and the consequences of this belief for treatment compliance and treatment efficacy—would be a "cost" that the therapeutic "benefits" of hospitalization would have to offset.

Research on the extent to which patients themselves adopt moralized theories of coercion, therefore, while it may not resolve philosophical debates about the nature of coercion, does bear centrally upon an understanding of the experience of coercion, and therefore upon legal debates about the justification of involuntary hospitalization.

The existing literature on coercion in mental hospital admission has virtually ignored patients' perceptions of the morality of the decision making process that resulted in their hospitalization (Monahan et al., under review). In this study, we attend specifically to patients' perceptions of the morality of attempts by others—primarily, family members, friends, and mental health professionals—to influence them to be admitted to the hospital, and of the morality of the process by which those influence attempts resulted in admission.

Methodology

The research reported here was conducted as part of an ongoing effort by the MacArthur Research Network on Mental Health and the Law to understand the role played by coercion in mental hospital admission. The Network's initial exploratory work on this topic is described in Hoge, et al. (1993). In the current study, 157 patients were interviewed within the first day after being admitted to a psychiatric hospital. Of those, 105 entered a community based hospital in Pennsylvania, and 52 entered a State Hospital in Virginia. Patients were administered extensive interviews concerning their perceptions of the pressures that came to bear on them surrounding their admissions. Both coerced and uncoerced, legally voluntary and involuntary patients were interviewed. The first part of the interview was open-ended. In it, patients were encouraged to tell us in their own words about their experiences of coming into the hospital. The second part of the interview was composed of structured questions yielding quantitative answers.

All of the 157 semi-structured interviews were audiotaped. However, resources limited us to transcribing only 70; 14 from Virginia, and 56 from Pennsylvania. Cases were selected for transcription based on the recommendations of the interviewers with the intention of providing as wide a range of perceived coercion as possible. We attempted to include both typical and atypical cases from both sites.

This article reports the qualitative analyses that evolved from the first author reading and reviewing the 70 transcripts, the second author reading some of the transcripts and confirming the same general findings, and all the authors discussing segments of these topics as they have emerged during data collection and analysis. The quantitative data from the entire patient sample will be reported in subsequent papers. It is our belief that a complete account of the role of coercion in mental hospital admission will only be achieved by a combination of qualitative and quantitative methods (Hoge et al., 1993).

RESULTS

Three morality-related themes emerged in patients' accounts of what they experienced as coercive in the mental hospital admission process:
1. **Inclusion.** Patients believed they have a right to be included as much as they wished to be in the process of determining whether they would be admitted to the hospital.

2. **Beneficent Motivation.** Patients believed that those involved in the admission process should be motivated by an appropriate degree of concern for the patient's well-being.

3. **Good Faith.** Patients believed that all persons who became involved in the admission process should behave honestly and openly with them.

We will explore each of these three themes through selections from the transcribed interviews.

**I. Theme One: Inclusion**

Perhaps the most consistent message given by patients in the selected interviews was the moral importance of their inclusion or participation in the process that resulted in their coming into the hospital.1 All patients may not have wanted the same degree of participation, but all did believe that whatever their preferred degree of involvement was, they ought to be able to have had it.

The notion of inclusion in the process leading to mental hospital admission subsumed both