Eur Psychiatry 1997;12:324

Letter to the editor

Hospital admission: an anthropological view using mimetic and systemic theories

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(Received 10 April 1997; accepted 18 April 1997)

René Girard in 1987 emphasized the danger of indifferentiation in human societies due to mimetic desire. He hypothesized that rivalry due to mimetic desire leads to a crisis, which can only be resolved by the designation and the expulsion of a scapegoat, considered as responsible for the chaos by all members of the community. The mechanism of violence against the designated victim must be hidden or unconscious to be operative. This mechanism re-establishes the society by ending the chaos after the expulsion of the scapegoat. Our hypothesis is that the repetition of losing situations in mimetic rivalry may lead to psychiatric symptoms due to a pattern of feelings of treachery or frustration. When violence occurs, the most significant symptom is anger. The demonstration of violence with psychiatric behaviour allows the patient to win a managing place in the rivalry (ie, waiting unconsciously for secondary profits in conversive pathologies). When a professional intervenes, the network usually proposes the removal of the patient to the hospital to stabilize the microsocial order. We consider that crisis situations are modalities of the relationship between a psychiatric patient and his or her potential rivals (family or broader network). When hospitalization re-occurs after the first crisis, relapses are considered proof that maintaining the patient in a social community is impossible because of his or her acute psychiatric symptoms. The scapegoat theory remains hidden and is validated at each new crisis. Repeated hospitalizations lead to chronicity or to a 'revolving door' situation, and our hypothesis is that by avoiding the premature removal of the patient, social outcome could improve by averting exclusion patterns. A short-term admission (48 h) in an emergency crisis center may be part of the care provision if the aim is to treat the patient's symptoms and work with the relatives concerned by the crisis. Experience shows that when relatives take part in the care provision, most of the psychiatric crisises can be treated without hospitalization (Falloon et al, 1982). Moreover, some authors have shown that the decision for hospitalization depends more on the family or social context than on the psychiatric symptoms (Falloon and Liberman, 1983). Considering that psychiatric professionals cannot be considered apart from the social system, they have to open the possibility to stabilize the situation without using the usual removal mechanism. The aim of the care professional could be to help the relatives concerned by the crisis by defining the roles of all the members in the foundation and by resolving the crisis by, for example, enhancing discussions on the anger, treachery or frustration felt by the patient. Consciousness of the scapegoat mechanism could prevent, from an ethical point of view, the pattern of chronicity and, additionally, proposes a renewed approach of psychopathology.

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