

PSYCHIATRIC WARDS : a capitalist tool

tw: abuse, mentions of suicide



Part 1:

INSTITUTIONALIZATION

Asylums – State Hospitals –
Psych Wards
1800s -Modern Day

A (very) Brief History of Mental Hospitals

- Psychiatry was heavily assisted, if not created, by mental asylums where a psychiatrist's job was to care for the mentally ill.
- What is considered close to modern day psychiatry we can trace back to the 15th century in England with the "lunatic hospital" rebranding of Bethlem hospital. This was England's first mental institution. More on this later.
- At the turn of the 19th century, England had a "large state-led effort" to establish public mental asylums for the mentally ill, and in 1849, some of the first state-run psychiatric hospitals, later called state hospitals, were created in America.
- The mental asylum craze was this era's "solution" to the mentally ill and what to do with them. It wasn't until 60s with federal budget changes that state hospitals started to close or merge rapidly.

CASE STUDY: Bethlem Hospital



“One can hardly imagine a human being in a more degraded and brutalized condition than that in which I found this female” (London Inspectors comment in 1814)

- The woman referenced had previously been naked, covered in grime, and chained against the wall alongside many others in a stone cell
- Doctors had free reign over patients
- Lack of clothing, heat, edible food
- This and other “madhouses” became places for people to send their unwanted family members to regardless of sanity

As mentioned, this was the first mental institution in England. It became infamous for its horror stories involving abuse and inhumanity.

CASE STUDY: Danvers Hospital

Just one of many American mental asylums that remain as haunted artifacts of the past, however, this history bleeds into our present as we will see later.

- Rampant abuse. Patients reported with bruises, gashes, and various injuries usually inflicted upon them by hospital staff.
- Solitary confinement ("The quiet room")
- Lobotomies, drugs, shock therapy, need I go on?

Mental Asylums were the anchor of modern psychiatry as psychiatrists experimented with barbaric and brutal forms of "treatment" on the mentally ill.



CASE STUDY: The Rosenhan Experiment

In 1973, psychologist David Rosenhan sent 8 experimenters to Psychiatric Hospitals with instructions to say they keep hearing the words “empty”, “hollow”, and “thud”. They were all then falsely diagnosed with schizophrenia and Bipolar disorder.

All the “patients” behaviors were immediately pathologized as part of their disorders. It was written that one experimenter getting in line to eat early was some sort of “‘oral-acquisitive’ psychotic behavior”.

Furthermore, regular details about their lives were also pathologized. One experimenter said he had a happy marriage but sometimes he fought with his wife and would sometimes spank his kid.

This was written in his file:

“His attempts to control emotionality with his wife and children are punctuated by angry outbursts and, in the case of the children, spankings.”

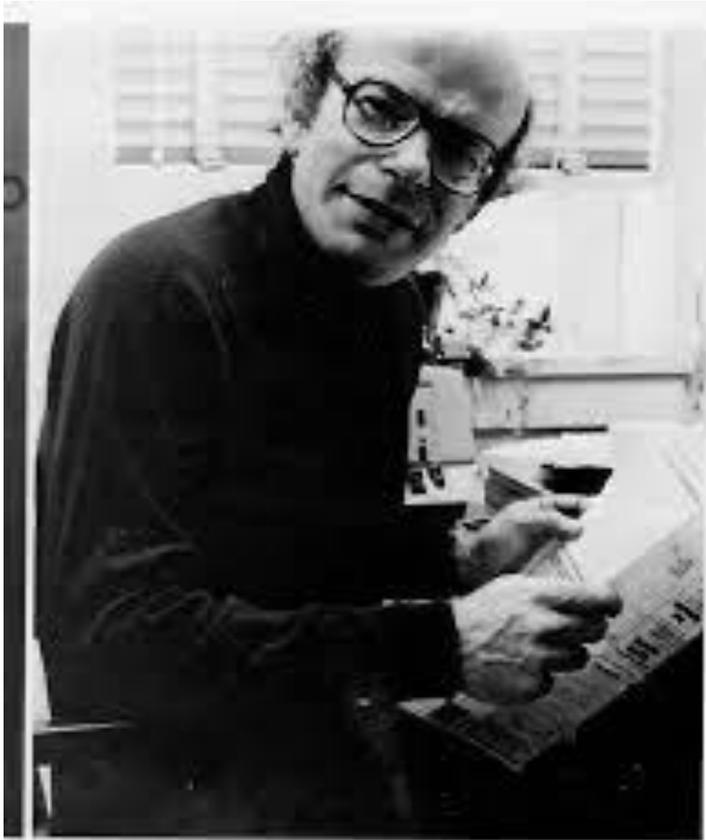
Cont. Over-pathologizing

- This instance of over-pathologizing is just one example out of a long history of pathologizing disobedience to the ones in power.

- Hysteria, a woman in pain is a crazy one
- Enslaved black people were considered “mentally ill” when they tried to flee their plantations or were seen as sad
 - This led to many being jailed or hospitalized (while still being forced to do labor)



Cont. Rosenhan conclusions



David Rosenhan

Conclusions:

- Abuse was rampant
 - Doctors were dismissive and cruel to patients
- Over-pathologizing
- Easy to get in, difficult to get out
 - Most visits were around 3 weeks, with the shortest being 1 week and the longest being 52 days

Some scientists disputed the experiment calling it pseudoscience for its unusual methods, but from what is still seen today, this experiment may be as relevant as ever.

Part 2:

PSYCH WARDS TODAY

Where are we now?

CASE STUDY:

Me



I've been hospitalized twice. Once voluntary and once in-voluntary.

Horrible experience. When you're going through the lowest points in your life, being removed from everyone I love and everything familiar is not helpful in any way. It caused more distress and pain than what I went in with.

I was given no privacy and was forced to comply (or I'd be kept longer). I had to act completely normal as if I wasn't in such a heightened state of stress leading me to develop spontaneous hypo-thyroid.

Moreover, the screaming followed by complete silence at night and the threat of being forcibly held down by police and/or sedated by nurses if I acted up. (I never did, but I saw people who did)

The Experience



- Voluntary (first time in a hospital): I went into the hospital to be evaluated for out-patient therapy. After evaluation, the psychologist said I had to be admitted for in-patient for “my safety”, and I could either enter voluntarily, or I could leave...but the police would get me and bring me back on court order (involuntary admission)
- A 2014-2017 study said 63% of people admitted into private psychiatric facility were voluntary
- Texas law states voluntary inpatient admission allows you to leave facility within 4 hours of first signing the document unless staff file a court order for you (hence why I was told I could leave but not really)
- Given consent forms for receiving medications (they had me sign 6 forms for 6 medications, not all were prescribed)



The Experience

Involuntary (second time in a hospital): I had school EMTs and UTD police called on me, then real EMTs and police came and escorted me to a hospital with a psychiatric ward

- During and after COVID-19 lockdown involuntary admission rates rose
- 72-hr hold
 - danger to self - 14 days
 - Grave disability - 30 days
 - Danger to others – 180 days

Putting It All Together

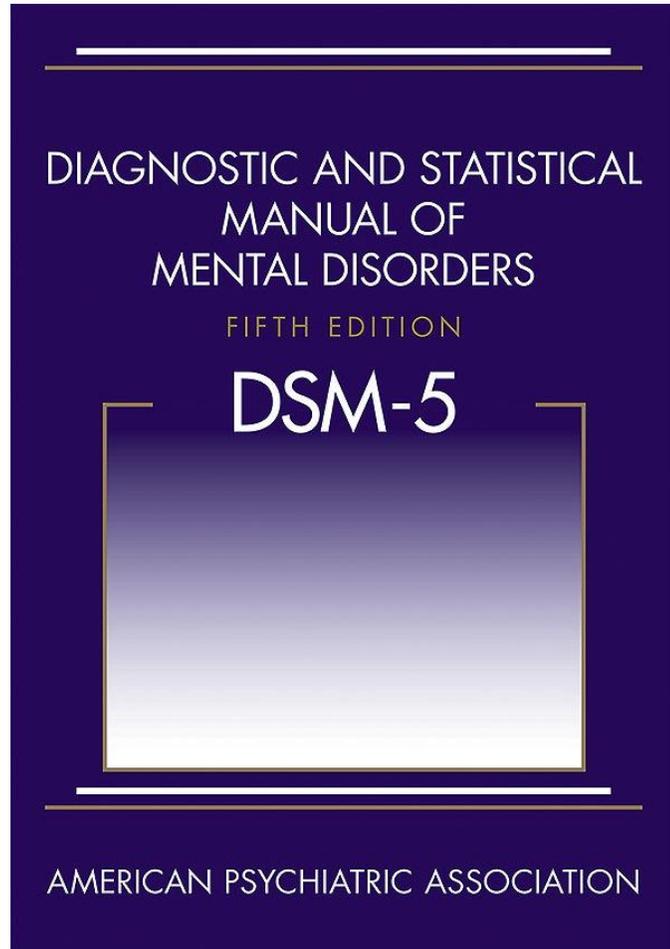
There has been a push to increase involuntary detention of the mentally ill, especially the unhoused □ Eric Adams in New York

- It would target black and brown people...

We discussed the history of asylums, however, who was admitted to them the most?

- Women – also predominant population of people lobotomized
- People of color – black kids were viewed as more mature and more destructive in behavior. Doctors claimed lobotomies were last resort, however some black kids were as young as 6 years old
- Working class
- And anyone deemed a threat to the state

Diagnosing



Process of diagnosing is incredibly arbitrary and not standardized. An attempt at standardization led to the various issues of the DSM. However, all the symptoms listed for these disorders are ones that can visibly be seen and doesn't get at the root cause.

Additionally, race plays a factor in what you are diagnosed with.

Implicit associations between Black people and psychotic disorders was 39.12% (only 5.78% for white people)

Bipolar disorder and BPD overrepresented by women and black and brown people

Putting It all Together

These diagnoses can be used to hospitalize you as bipolar, schizophrenia, and severe depression are the most common reasons why people are hospitalized.

Schizophrenia being another disorder that disproportionately effects black people.

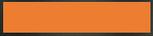
These disorders are associated with the classifications of danger to self/others, meaning, if you are diagnosed with a disorder such as the ones mentioned, the over-pathologizing nature of psychiatry will lead to you being hospitalized for a very long time.

Institutionalization doesn't stop with psych wards.

Part 3:

PSYCH WARDS AND PRISONS

Are they similar?



Parallels between psych wards and prisons

- Approx. $\frac{1}{2}$ of US jail population and $\frac{1}{3}$ of US prison population has been diagnosed with some form of mental illness, making jails and prisons America's largest mental health facilities in the nation. Outrageous.
- What gets glossed over are the reasons why so many "criminals" are mentally ill, and why so many mentally ill people are, well, mentally ill.
- But are prisons and jails all that different from psych wards?

Parallels between psych wards and prisons

- solitary confinement but rebranded
- taken away from society for “other’s safety” vs “safety from oneself”
- dehumanization/infantilization
- Demographics
- Over-policing/ over or misdiagnosing
 - Oversimplification of causes (crime cause of mental illness, mental illness because of chemical imbalances)
- Going to the psych ward once means you're more likely to come back.
- Either way, the state is going to find some way to institutionalize you.



Part 4:

CAPITALISM

It's our psychology

Capitalist Realism



Every aspect of our daily lives and our psychology has been formed by capitalism, for capitalism.

- Implies that capitalism is the only way

- Capitalism is natural, inherent, and unescapable

“the widespread sense that not only is capitalism the only viable political and economic system, but also that it is now impossible even to imagine a coherent alternative to it.” as defined by Mark Fisher

We are the problem?

We're led to believe our personal issues with mental health are individual, isolated, and biological where chemical imbalances and such are to be blamed. Individual action and responsibility are emphasized and mental illness, or regulating it, is a lifestyle (i.e. sleep more, eat more, cut out gluten, go to therapy, take your medications, etc.).

[But why are the chemical imbalances there?](#)



Outside of Ourselves



What are the **real** causes of mental illness?

Suffering has been normalized as a necessary part of our careers, relationships, and lives in general.

We don't all suffer equally.

- Class and marginalization play a heavy role
- Lower household income is associated with “several lifetime mental disorders and suicide attempts”
- Normalization has led to individualization where the exploited and oppressed are “broken” rather than the system □ isolation, prevents creation of community

Part 5:

MARXISM

Where do we go from here?

Yeah...what do we do?

First, the language we use in discussions on mental health must change.

1. We must challenge the idea that mental illness is a bio-medical issue
2. Marxist/Social Mental Health Care
 - Recognizes sociopolitical and economic conditions as the causes and exacerbators of mental illness
3. Community engagement

We gained class consciousness because of the awareness of our physical role in capitalism, we must do the same with the mental aspect

Bibliography

Capitalist Realism: Is There No Alternative by Mark Fisher

[History of Psychiatry](#)

[Voluntary inpatient admission rights](#)

[Bethlem Royal Hospital](#)

[Inpatient holds](#)

[More on Bethlem](#)

[Post COVID Involuntary admissions](#)

[Danvers State Hospital](#)

[Medical racism](#)

[More on Danvers](#)

[Eric Adams and unhoused people](#)

[Rosenhan Experiment](#)

[Diagnosing bias](#)

[Black Mental Health History](#)

[Psych Ward Admission Rates 2019](#)