

Short Paper

Hospitals as confinement?

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Michel Foucault termed the setting up of the first asylums as the great confinement. But this doesn't necessarily lead you to rebel. IF you find that hospitalisation as helpful you might have reason to support the system.

I think you could see it like that the opposite view is also possible that people regard it as varying in how restrictive it is though not quite a prison. Many factors are involved in deciding this question in that if the institution helps the activities on offer are going to affecting the feeling of incarceration.

First it is necessary to know what happened with my illness to explain why I found it so helpful...

The onset of my illness

In my case the schizophrenia I has was stress induced and I have a lot of negative life events all at the same time. Psychiatrist call this the prodromal stage and is believed to cause a mental illness like schizophrenia.

My family business went bankrupt, I broke up with my girlfriend, we lost the family home and had a lot of pressure at work trying to complete my doctorate while living at the opposite end of the country away from home and family.

The result was that I snapped under the weight of all this and went deeply into shock. Schizophrenia is thought to be stress induced and all of this was certainly stressful and none of it seemed to have an answer. At this point I began to get delusional symptoms about my life in that I started thinking I was responsible for 9/11 and the only to make up for this was to be doing something so useful to society that I would be let off without punishment.

That in my case meant succeeding academically but without proper conditions going back to university was impossible unless I could overcome the breakdown. This meant to the voices I started hearing was that this was still a failure despite having got so far and so I was going to be held responsible and tortured to death.

I had to move back home but couldn't move back in with my parents but this was not possible because they were going through a divorce and bankruptcy so that they didn't have much time to care for me.

At the same time we lost our family home which is supposed to be one of the most stressful things that can happen to you. This was compounded by the loss of our family business which meant poverty on top of being out on the street.

I found I had to find somewhere to live but without proper finances I could make the place liveable and ended up living in a slum. The only answer was to find a job but since my breakdown this was not possible. I ended up living on benefits.

All this again caused even more stress and thus I started to get more pronounced delusional beliefs and thought my thoughts about 9/11 were being broadcast on the radio and everyone was listening to this. That could me off from media, people and society as a whole.

At this point the slum I was living I became a prisons and I began to think everyone around me, especially the neighbours were spying on me and banging on the walls trying to give me another breakdown by playing on my nerves. One breakdown was more manageable than having two in a row.

I had to get rid of the banging noise I was wondering the roads trying to escape from it but again the stress of this was adding to the symptoms of schizophrenia making it worse. Out during the night in all weathers meant I could have been frozen to death and was very dangerous.

After that things deteriorated further as I began to realise that the voices I was hearing would be perceived by people to be a dangerous symptom so that I might be incarcerated in the mad house. That stigma increased my feeling of isolation and paranoia and the stress got worst.

I couldn't eat sleep do the housework which made my living conditions even worse and I was seriously underweight. Again this was very frightening and stressful and combined with the suffering already experienced made things even worse.

With my life in such a mess there appeared to be no solutions and I ended up trying to commit suicide with everything I was experiencing. This was the worst point with all the stress but somehow managed to escape a sworn breakdown.

Eventually all this was getting noticed and I ended up being sectioned and taken to hospital which was another stress factor but once I got there I had enough insight to see that the place could help with what I was going through.

After all this suffering hospital seemed like a god send. This was partly through having been provided with warmth, shelter and food. More than this I was given a Valium to help me with the intense fear, sedatives to get to sleep at night and anti-depressants to help me with my low mood.

I was no longer socially isolated and I had caring nurses and doctors to talk to regarding what I was thinking and I began to realise that I was not on my own trying to cope with what I was going through. After this I began to be appreciative of my surroundings which were much better than what I was living in when out in the community.

Inside and out

Living in the community was supposed to provide more independence than living in an institution where you can make your own rules and have more self-determination. But with care in the community it has meant there are problems even though the positive ideas on which it was based.

Asylum originally meant protection from the outside world and this is still true: if you live in the community and are acting strangely it is safer to be in hospital.

Getting symptoms outside of hospital means you are going to be noticed as you are trying to avoid people. That fear meant trying to calm down in other ways than the Valium which was only prescribed at the crisis points.

There are techniques with this that might keep you out of hospital such as breathing, safe place imagery and alternative remedies such as rock rose or lavender. These are not effective at the higher levels of paranoia and social stigma.

Trying to stay awake all night to avoid the neighbours spying on you means having the curtains closed during the day and having the lights on through the night. Being anxious all the time is going to be noticed particular if your runaway from people.

Hospitalisation is going to protect you from acts of violence which are possible out in the community and this sort of thing can have a huge impact on the paranoia that people are spying on you and intend you some harm. Indeed that can lead you to being admitted again.

The common perception is that you are locked up in hospital but you are still allowed out to eat, shop and go for a drink and this allows for some enjoyment in life so you are more prepared to tolerate the restrictions when you are back on the ward.

Living in the community means being isolated through stigma even with the existence of day centres compared to hospital which had a sense of community. This was also true of staff contact though this would come and go whereas the patients were there for longer.

All of this makes you vulnerable to suicide ... compared to having a monthly meeting with a CPN out in the community in hospital there was medical contact.

The other outcome is that being in the community you can be inflicted with anomie and alienation which along with everything else is very stressful and that can put you back in hospital. You may keep coming in and out of care on what is called the revolving door.

Not being properly financed when out in the community can add to the feelings of isolation and material deprivation which has a knock on effect on mood. As if things weren't depressing enough the poverty can stop the feelings of empowerment so hospital might be needed from time to time.

Out in the community it is much more difficult to look after yourself because you are unmotivated but in hospital there was more emotional social contact so you were more inclined to do this.

Being out in the community means you spend all day in bed as there is nothing else to do except for spending a couple of afternoons at a day centres. Sometimes this can be a life line but for other people it takes more than this.

So one of the problems with community care is that it can be very isolating and this can have an impact on mood which is again very depressing and without social interaction there is less to distract yourself from the voices and paranoia.

This is especially true when you lose contact with friends and family due to stigma so there is dire need for lots of emotional support which may or not be available out in the community. These can cause the most profound feelings of depression and it is a professional job to help deal with it.

In hospital by contrast over the years you begin to get to know the other patients very well and this fosters a growing organic community in which you can make friends, though compared to community care marital relations were not allowed.

This is the key factor in choosing between hospitalisation and community care. If you manage to meet someone and fall in love problems with the isolation of stigma including friends and family are going to be much worse and should improve problems with mood.

The kind of emotional support provided by hospitalisation are nothing compared to the tender loving care to be found in a loving relationship and should provide the strength to overcome symptoms of anxiety and fear caused by the schizophrenia which will also keep you out of hospital.

However, meeting a partner within the limits of the mental health system as at day centres and sheltered housing projects is not always possible and you can end up feeling emotionally deprived. Again there is a need to be cared for.

Another contrast with hospital is that if you meet friends at day centres it opens the door to do a lot of things in spite of the stigma, including eating out, shopping and travel. None of this was possible in the old asylum. Yet meeting people to do this can be difficult the same as meeting partners.

The other problem here is that as we have said it is very frightening living out in the community and that feeling as per the Maslow tree can shut down your emotions so making friends outside the institutional confines is less likely to be possible.

That fear can also stop your ability to look after yourself and may need a sedative to keep you calm but things like Valium are often not prescribed. Yet in hospital your basic needs like food and shelter are provided for and it is safer to be free from the stigma.

I also feel there is more possibility of emotional contact in hospital which can cheer you up and calm you down and provides a source of emotional strength. On the whole we may be happier to be in hospital compared to being emotionally terrified outside.

In hospital you are thrown together from all walks of life and you get to meet people with different personalities and experiences. This is also true of the staff you meet in there and to facilitate this they had excellent social skills.

Patients through different could act as source of strength for each other and friendship is just as important of the nurses and is in some ways a stronger source of support. Being on your own out in the community this may be less possible

Hospital was safer than living in the community and as per the maslow tree opened up the emotional tier where it was possible to make friends which would otherwise be difficult out in the community.

It was realised in the old asylums patients couldn't just be left without any form of activity or interaction. Social contact and entertainment had to be provided and the two together can be very therapeutic.

Hospital was a place where you sleep in on a morning too and when properly financed the patient can enjoy some material luxuries which added in some way to complement the other therapeutic activities on offer. Proper financing is empowering and that is very important when being incarcerated.

Apparatus for emotional support from the nurses it was necessary to exercise the brain and hospital has a library. More than this you could buy a copy of the national news paper and watch documentaries on the television. You could also play games like chess with the other patients.

I also found the nursing staff very stimulating too and as with the doctors they were quite highly qualified and could make good conversation. Talking about the ins and outs of the illness was also very stimulating and could generate some interest.

The only thing about the hospital that was lacking here as compared to a modern day centre was a lack of educational courses which I have found a very important source of therapy for me and there are now provided under care in the community.

A day in the life of being in hospital

A typical day in hospital meant eating in the staff canteen which was better food than on the ward. Good food is a way of pampering yourself and this is very important when living in the confines of an institution like that.

Then during the morning it was possible to have a chat with the staff and with the lovely breakfast and a smiling face you would get motivated to practice some of the activities on offer.

If you were getting bored there was always a television to watch but I don't think you could do this all the time and so other activities were provided.

Depending on the time of day it was possible to do some exercise which was quite refreshing and allowed some contact with nature. Nearer to hospital there was a walk through a country estate which has so beautiful old building and with the fresh air this could be very soothing.

During the afternoon it was possible to sit and have a cup of coffee and have a chat with other patients and listening to their lives and stories even with the illness was very interesting. We all had lives before we got to hospital.

On an evening when you cannot have a night out other things were put in place towards this end and there was a alcohol free bar so that you savour the drink while enjoying the entertainment provided which again varied from night to night.

Sometimes there would be a singer on and at other times a disco or caberet and things on offer were a game of bingo, a pub quiz or a movie. Again things people do outside of hospital were trying to be catered for.

Getting out and about was not left for the patients to do on your own and staff would go walking with you enjoying the conversation at the same time. At other time patients could visit a local café or even going swimming with you.

Only people with schizophrenia know what it is really like and talking it through allowed for some empathy with other patients and that meant being able sympathise with each other. Again this would lift your mood and cheer up things emotionally on the maslow tree.

Isolation

Also there was a village nearer to the hospital with shops and pubs so you buy ingredients for cooking your own food on the ward and have a few drinks in a place outside of the grounds of the hospital. You could get to know some of the villages too which allowed for some outside contact.

Outside contact was possible within the hospital grounds by meeting members of staff and provided a lifeline to the outside worlds as they have ordinary lives including jobs and families and this was less institutionalising.

Outside contact happened in other ways too as the general public were allowed into the hospital café and that gave it the feel of a city centre coffee shop and made the place really quite popular among the patients. Another way of connecting with the real world was provided by an organisation called the league of hospital friends where members of the general public would be allowed on the ward to talk to the patients. Some connection with the society outside.

Spiritual therapies were deemed important and the hospital has a chaplain and a church to look after this which was very therapeutic. Spirituality inspired hope that the illness might stop and there are better things ahead in the after life.

It was realised that to avoid the feeling of being locked up that there was the opportunity to meet a lawyer once a week who could help with appealing against the mental health act and advise your rights and condition if you wanted to be discharged.

Hospital was very institutionalising but it was possible to put up with the restrictions as there was nowhere else to go and under care in the community this might still be true. Independence means isolation which was worse than confinement.

We often think of people trying to escape from hospital but this is very far from the truth as people would rather stay than be without proper facilities out in the community. There was no violence against the doctors as no one would be able to live outside the asylum.

In a sense the patients got so used to living there that it was the closest thing to home. To effect this there is some adjustment to the confines but that adaption in outlook makes things a bit easier and you come to terms with things.

Some of the adjustment involved the emotion contact and care you are getting make things a bit more easier to put up with and life on the ward is not all negative. You learn how to live like this because there doesn't seem to be much choice.

Being on a ward even a short stay ward was still a lot of pressure so it was vital that there was something else to do even with it having a television so getting out of the hospital was essential although this could not be done all the time. I think you just had to put up with things as far as you can.

Pretty much the whole of the day could be planned out for you from morning through to evening which was as you could get symptoms 24/7 and when woken up through the night by a schizophrenic nightmare there were still staff available to talk you round.

The illness can often vary in intensity and when you keep getting panic attacks it requires immediate support and at these times help is needed straightaway before you start feeling suicidal. Without constant support to watch over you there might be a danger of this.

I think out in the community you are in more danger of this even living in sheltered accommodation. You are left to your own devices for this and this is not always possible if there is no constant supervision. All the same people can still kill themselves in hospital.

Finally, when having a mental illness there is a great need to distraction and you cannot be left to watch the television so that something more interactive is need. This can be kickstarted by one to one conversation so you feel more like participating in the activities on offer...

Getting symptoms 80% of the day creates the need for constant distraction and as we have outlined there is something going on all day long...

Being distracted allow you to concentrate so you can watch television or read a newspaper both of which provide a window on the world.

Without constant one to one contact there is less ways of stopping concentrating on your problems and you end up thinking about the paranoia and listening to the voices more. The stress this causes perpetuates the illness.

Conclusion

I think most people are going to think of hospitalisation as a kind of incarceration but it is certainly not a prison and up to a point is certainly liveable. Having received care in the context of a severe mental illness as I have outlined in my case is gratefully received.

I believe the psychiatric system can help people as a recurring support for people discharged into the community and is certainly a resource for independent living.

I think if people are experiencing the help they the psychiatrists can give you people are going to be tolerant of the incarceration and respond more positively to the help and activities on offer.

Even during a lengthy hospital stay and I was a patient sectioned for two years this is still manageable and even enjoyable. You can see yourself getting better and with the right medication life might get back to being more normal again.