

THE INSTITUTION(S) OF MEDICINE V

Read: Luhrmann 203-265

I. Today's topic is total institutions

A. I'll present a case study

II. Total institutions

A. What are "total institutions?"

1. Places that control residents' lives to a very great extent

B. Examples?

1. Prisons, monasteries, the army, communes, inpatient hospitals

a. The Rosenhan piece, mentioned in Luhrmann,¹ which you will read for Nov. 18th, is about a kind of total institution: hospitals for the mentally ill

b. She points out that this article, which appeared in *Science* in 1973, deeply embarrassed the psychiatric world.

c. 8 people presented themselves at 12 different hospitals and convinced the staff that they should be admitted; all 8 "pseudopatients" were

d. They had trouble getting out, no matter how "normal" they acted

1) Their behavior was interpreted as symptomatic of their disorder (all but 1 gave a diagnosis of schizophrenia)

e. A critique, therefore, of just about every component of psychiatric facilities of that time

1) An illustration of the "anti-psychiatry" movement of the 1960s and 1970s, which led to deinstitutionalization of many inpatients.

¹ T.M. Luhrmann, 2000, *Of 2 Minds: The Growing Disorder in American Psychiatry*. New York: Knopf: 223-224.

- f. Total institutions like the psychiatric hospitals of the time were so criticized that during the 70s a process called “deinstitutionalization” began
 - 1) Release all residents of mental hospitals who weren’t a danger to society
 - g. What happened?
 - 1) The infrastructure to care for them in the community was never built; a very sorry situation at present
 - 2) With consequences amply illustrated by Luhrmann
 - h. For us, a remarkably powerful illustration of the power total institutions can have
 - 1) To define people
 - 2) To authoritatively decide their future
 - 3) To justify institutional decisions with compelling ideologies
- C. Characteristics of total institutions
- 1. Some are voluntary, some are not
 - 2. As noted, they exert enormous power over some of the members
 - a. They are characterized by elaborate induction ceremonies
 - 1) These ceremonies can be usefully compared to initiation ceremonies in small-scale societies
 - b. What induction rituals are found in hospitals?
 - 2) Bracelet, sign away certain rights, privacy is “invaded,” assigned new clothing that permits ease of access
 - c. Psychiatric inpatient institutions have even more power
 - 1) Even though patients might have voluntarily admitted themselves

- 2) At an important point in Ken Kesey's *One Flew Over the Cuckoo's Nest*,² about a psychiatric facility is that:
 - 3) The protagonist is very surprised to discover that all the other patients on his ward are voluntary admits
 - 4) He can't understand why they don't leave
- d. Another study, about a Veterans Administration hospital³
- 1) Illustrates the power of the staff (the higher staff) to compel patients to present themselves in a manner that fits the higher administration's construction of what is wrong with these men and what produced it—post-traumatic stress disorder
 - 2) Many of the men, like Kesey's example, wanted to stay in the hospital, so they obliged
 - 3) Young, the author, clearly doesn't accept this diagnosis and its presumed etiology
 - 4) Why his title says "inventing post-traumatic stress disorder"
 - 5) An example of science studies—the anthropology of science
 - 6) Ethnography, like Luhmann's, of sites where science is done, and sites where it is applied

III. My case study: the super-maximum prisons in Washington state

- A. Lorna Rhodes' book⁴ on prisoners who needed mental health services in these units
1. Among all the kinds of total institutions prisons control the residents the most
 - a. And among prisons, these "supermax" prisons exert the most control

² Ken Kesey, 1962, *One Flew Over the Cuckoo's Nest*, New York: Viking Press.

³ Allan Young, 1995, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*. Princeton: Princeton.

⁴ Lorna A. Rhodes, *Total Confinement: Madness and Reason in the Maximum-Security Prison*. University of California Press, 2003 (in press).

2. As I've indicated already, it is often the case that we find out a great deal about a system by studying its breakdown, malfunction
 - a. Studying divorce law over the centuries teaches you a lot about how we conceptualize marriage
3. In this penal institution case yes we learn about failures elsewhere in the system
 - a. Other penal institutions have failed to control some inmates, so they have to be shipped to these supermax facilities
 - 1) Men who "have nothing to lose" and have a record of not following the rules at the other prisons
 - b. Supermaxes (and prisons in general) clearly demonstrate that there are malfunctions and deficiencies in our moral codes and our methods for getting citizens to internalize them
 - c. And serious breakdowns in our social, political, and economic system
4. Of course, there is much controversy about just what breaks down so much that in a democracy that prides itself on tolerance, openness, liberty, bodies have to be punished and regulated to such an extreme

B. These institutions' logic

1. Prisoners are totally isolated in their cells
2. Prisoners are never to be in the same place as other prisoners
 - a. And are totally dependent on the guards who give them food, take them to showers and to the 1 hour of exercise per day they engage in little cubicles
3. The punishment is total isolation and curtailment of movement; conceptualized also as a means to lessen risk to guards and other prisoners
4. These institutions ideally totally control the body without hurting it
5. Make sure the body has minimal contact with other bodies—using cuffports for putting on handcuffs, using glassed-in visiting booths with microphones, etc.

- a. Again, some of this is rationalized as protection
- b. Some guards believe it's best to never let the prisoners see them, to always wear their suits and masks
 - 1) A kind of Robo-cop
 - 2) Saying that this is the most "professional"
 - 3) Example of the goal to eliminate personal interaction, contact, etc., as much as possible
- 6. So, take care of the body—feed it, nurse it back to help, keep it from doing damage to itself
 - a. The opposite of corporal punishment, physical torture as punishment
- 7. And deal with the person living in the body as minimally as possible
- C. The logic breaks down when dealing with some kinds of prisoners
 - 1. It's often difficult to distinguish between "mad" prisoners, who aren't to blame for their acts because they aren't choosing to do them, and "bad" prisoners, who do choose, and therefore are to blame
 - a. Rhodes says that staff uses DSM IV consistently to make the distinction
 - 2. She points out a nice congruence between these units' logic
 - a. Deal with bodies, not with persons
 - b. And DSM-IV, which has totally abandoned any attempt to deal with the person
 - 1) Remember, it classifies according to symptoms, there is no attempt to use theories about etiology
- C. Examples of the dilemmas they can face
 - 1. Some prisoners will exhibit what's called "behavior"; there are 3 kinds:
 - a. They throw feces and spray urine on the guards

- b. They refuse—to eat, to move, etc.
- c. They self-mutilate—spatter their blood on the walls, etc.
 - 1) Even though precautions are taken
 - a) Plastic utensils, etc.

2. So, are these men sick?

- a. If so, they are not responsible for their acts and need to go to the mental health unit
 - 1) Self-mutilation, smearing feces, going limp, etc., certainly seem symptomatic of something

3. The other argument is that they are indeed choosing to engage in these acts

- a. Their aim is to disrupt the system
 - 1) And “behavior” certainly does
- b. Or they act out of pure rage, but, again
 - 1) They are seen to be choosing to express their rage this way and not another way
 - 2) Remember Luhrmann’s discussion of DSM IV Axis II?
 - a) The problem is not environmental, but characterological, lying within the prisoner

D. Rhodes’ analysis

- 1. That in fact much of the de facto punishment results from prisoners being deprived of their dignity and personhood
- 2. And that no matter how much institutions try to impose a scheme to rationally classify and control some aspect of real life, whatever they do will reveal contradictions and paradoxes

- a. Bodies that turn on themselves rather than, as planned, experiencing docility and acquiescence influence the mind to become docile and acquiescent
 - b. And here she documents the long history of penal reform theories and how these theories remain, like ghosts, in present-day policies
 - 1) The theory proposed by Jeremy Bentham that total isolation will result in the psyche's improvement
 - 2) The theory that correct architecture will lead to positive change
 - c. Many medical theories through the ages have connected health to proper environment (defined in many, and diverse, ways)
3. Here is an institution that claims to be superior to previous ones:
- a. Do not harm the body
 - b. Rationally classify the prisoners (crazies go to mental health)
 - c. The facilities are said to be ideal:
 - 1) Well-lit (lights stay on 24 hours), transparent, sterile, ordered, etc.
4. However, those bodies subvert what the eyes see
- a. Prisoners are yelling all the time
 - b. "Throwing" creates a permanent smell, even in the suits the officers must put on to "extract" a prisoner from his cell
5. And so these bodies subvert the predictions of the supermax's logic
- a. Resisting with active bodies, even though the options are extremely curtailed
 - b. And resisting with docile bodies
 - c. Despite not ever hurting the body, the institutions' raw power over these bodies is ever-present

- 1) And invites challenges to it
 - 2) I'm not talking about abuse, I'm talking about what happens when all is going according to plan
6. Very fundamental issues concerning human nature, volition, etc., arise in these settings
- a. For example, prisoners can have more freedom of movement if they wear belts that can deliver shocks when activated by a stun gun
 - b. Amnesty International says this is torture
 - 1) Proponents say no, because all a prisoner has to do is obey the law, which precisely stipulates just what obedience consists of
 - a) And therefore wearing these belts is different from being forced by torture to talk, etc.
7. If you want to argue that such isolation, or use of the threat of 50,000 volt shock is "cruel and unusual" punishment
- a. Then you need to have a concept of the person, and not only of the body and how its needs must be met
8. We have paradox and contradiction
- a. For these bodies that use themselves to resist
 - 1) Disprove Orwell's thesis in *1984* and Bentham's (see above) and other writers
 - 2) Who predict that a certain kind of corporeal punishment will inevitably soften the mind
 - b. Someone who spatters his own blood on the wall is either mentally ill
 - 1) Or we have to throw our notions about Rational Man out the window
 - 2) The prison ethos will admit neither:

- a) Its reason for existing depends on the presumption that its clientele is rational
- b) In the sense of being able to choose to make bad choices
- c. So, Rhodes suggests, these stark cases force us to think about individuality, choice and rationality
 - 1) About our notions of agency, our notions that autonomy is a healthy state
- d. And about just how much social, human contact is needed for someone to be able to maintain being “normal”

IV. Social science analyses often appear to be extremely critical of total institutions

- A. It's not hard to see why: they are self-serving, self-protective, myopic, resistant to change, indifferent in the way only fully “rational” bureaucracies can be, and obsessed about structure
 - 1. But, again, the proper way to look at these analyses is not strictly on moral terms
 - 2. But as *institutions*, with the characteristics we've outlined during the last 2 weeks
 - 3. Moral judgments can come into play, and citizens should certainly consider the moral issues
 - a. Rosenhan et al. are clearly morally passionate members of the anti-psychiatry movement
 - 4. But our understanding will be foreshortened if we get caught up in an exclusively moral analysis
 - a. There are good hospitals and bad, and this *can* make a lot of difference of course
 - b. But my point today and last time is that if you stop your analysis at judging the individual doctors involved in the Tuskegee study as morally wrong, you're stopping short

- 1) Those supermax guards who never want a prisoner to see their faces aren't doing this because they're brutes, they are carrying the institutional reasoning to its logical end
 - 2) Although, we *can* ask questions, even do a study, looking into the possible effects of this kind of work on the worker
5. It's easy to take potshots from a morally high ground when we're not clinicians, administrators, service providers to people who need *some kind* of institutionalization
- a. Analyzing the treatment-providers' situation, context, helps a lot