

RECLAIMING BEDLAM

THE CHALLENGE OF SHIFTING THE PARADIGM
OF MENTAL ILLNESS

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BY ARANA PEARSON (B.A.)

Stephen Covey has stated, “if you want small changes in the workforce then work on attitudes. But if you want quantum changes, then change a person’s perception of their role”.¹ A person’s perception of their role may be called a paradigm. This paper will examine some of the paradigms of mental illness past and present, with some challenges about where we may be at present in New Zealand mental health service delivery. We will look at some of the historical contributors to the present day culture in New Zealand and then examine some current scenes in the popular culture of New Zealand, and in the culture of the mental health services. I shall then examine a range of paradigms in which we may understand what mental illness is and conclude with a list of challenges for the work of mental health service delivery.

Of history it has been said, “they who forget the past, are bound to relive it”. As the dominant colonial culture of New Zealand was developed in part out of the Judeo-Christian paradigm through the church missionary society, it is pertinent to note some of the key attitudes to mental illness as presented from the Christian Bible.

To quote:

“And they came to the other side of the sea, into the country of the Gerasenes. And when He had come out of the boat, immediately a man from the tombs with an unclean spirit met Him, and he had his dwelling among the tombs. And no one was able to bind him anymore, even with a chain; because he had often been bound with shackles and chains and the chains had been torn apart by him, and the shackles broken in pieces, and no one was strong enough to subdue him. Constantly night and day, among the tombs and in the mountains, he was crying out and gashing himself with stones.

In seeing Jesus from a distance, he ran up and bowed down before him; and crying out with a loud voice, he said, ‘What do I have to do with you, Jesus, Son of the Most High God? I implore you by God, do not me torment me!’ For He had been saying to him, ‘Come out of the man, you unclean spirit!’ And He was asking him, ‘What is your name?’ And he said to Him, ‘My name is Legion, for we are many’. And he began to entreat him earnestly not to send him out of the country.

Now there was a big herd of swine feeding on the mountain side, and they entered him, saying, ‘Send us into the swines so that we may enter them’. And He gave them permission. In coming out, the unclean spirits entered the swine, and the herd rushed down the steep bank into the sea, about 2000 of them; and they were drowned in the sea.”²

¹ *7 Habits of Highly Effective People*, by Stephen Covey

² Mark 5:1-13

“Then when Judas, who had betrayed Him, saw that he had been condemned, he felt remorse and returned the 50 pieces of silver to the chief priests and elders, saying, ‘I have sinned by betraying innocent blood’. And they said, ‘What is that to us? See to that yourself!’. And he threw the pieces of silver into the sanctuary; and departed; and he went away and hanged himself.”³

The Bible remains the best selling book each year. The ideas and words here inform us of a past and current belief about mental illness, namely that it is;

- a) Possession by evil spirits.
- b) That suicide is a result of the remorse created by the deepest possible betrayal of God within.

In these two ideas, remain part of our inherited culture and belief about mental illness.

It has been said that the history of early English mental health services until the 18th century, is the history of Bedlam (Bethlehem Hospital)⁴ In 1733, Hogarth painted the conditions in Bethlehem Hospital, which has contributed to our public perceptions of madness. I’m referring to the series of paintings entitled *The Rake’s Progress*. This is a pictorial journey of Tom Rakewell’s story from wealth, to debauchery, debt and insanity. In a sense, his work and title is a parody of the popular novel *Pilgrim’s Progress*. And so in eight paintings, Hogarth portrays the story of Tom Rakewell.

In the first painting, Tom is newly rich after his father’s death, he is a ‘near-do-well’. Tom Rakewell is being measured for a suit, as a mother confronts him with the daughter he seduced the night before. The second picture is known as ‘A flock of Frauds’ seeking Rakewell’s patronage. They surround him in his London house; a dancing master poses, a gardener presents landscape plans, and a jockey holds a silver bowl won in a horse race. The third is an image of a spree in a tavern, which leaves Rake in a stupor at 3.00 in the morning after a night of drinking and rioting. Two of the women collaborate in stealing his watch; at his feet lie souvenirs of the evening’s mischief, a watchman’s staff and lantern. A famous grog house slogan of Hogarth’s time was “drunk for a penny, dead drunk for twopence and clean straw for nothing”.

Fourthly, he is arrested for debt. The Rake is stopped by two bailiffs, only a prompt payment made by his forsaken sweetheart, on the right, saves him from prison. The fifth painting illustrates a scene of marrying for money. Tom takes a pop-eyed hunchbacked crone to wife in a quick ceremony conducted by a clergyman who is as corrupt as the couple. Sixth, ruined by gambling, the last of his money gone, the Rake tears off his wig and kneels in despair. Behind him other gamblers count

³ Matthew 27: 3-5

⁴ *Innovation Without Change? Consumer Power in Psychiatric Services*, by David Brandon. Macmillan Education Ltd, 1991.

up their winnings as the dice game goes on. The scene is at 'White's Chocolate House' frequented by most of the day's famous men. Seventh, imprisoned for debt, Rakewell is harassed by an urchin for money to pay for a mug of beer, while his wife scolds him and the jailer insists on his tip. On the table is a manuscript of a play rejected by a publisher, with which Rakewell hoped to redeem his fortunes.

The eighth and final stage in the Rake's sad descent, is the horror of Bedlam, a London insane asylum, whose name - a corruption of Bethlehem Hospital - has stayed in our language as a synonym for chaos. On quiet nights, the noise of the confined lunatics, "rattling their chains and making a terrible outcry" echoed across the city. During the day, the inmates were on view for curious London sightseers, who paid to walk around the grounds enjoying the antics of the mad. Bedlhem's patients elicited little compassion, since it was widely believed that the mentally afflicted were not only incurable, but insensitive to hunger, thirst, cold and pain. Here is the Rake removed from prison after trying to commit suicide. He lies naked on the straw, chained in place. Two fashionable ladies look on curiously, centre left, while the woman Rakewell discarded, still faithful, kneels beside him. The story of Tom Rakewell has come to a bitter end. The message here and a resulting paradigm is that mental illness is a the result of bad morals, and you come to the mental hospital via the judicial system.

The first case of insanity recorded in New Zealand was in 1841. Not until the 1860s were the insane housed separately, although it was generally regarded that people who attempted to understand mental illness were abnormal themselves. Edward Seager is New Zealand's unsung pioneer in mental health (although the people of Canterbury remember his work). He was a sergeant in Canterbury Settlement Police Force and was put in charge of the Littleton jail. His talent was people, and his medicine was love and laughter. He used theatre, humour, talking, music and conjuring to communicate and help people. He was the first superintendent of the newly built Sunnyside Hospital in Christchurch which opened in 1863-64. Government records describe him as a "keeper" or "steward". He wrote few letters, left no sayings, did not climb the social scale, and when it came time for promotion he was passed over in favour of a qualified superintendent. He is remembered today in official papers for his "humanity" rather than any contribution to mental health in this country. Seagar would have enjoyed the distinction. In Seagar's work we view a change in attitude in New Zealand from holding people in jail to treating people with some humanity, and human communication moving towards health.

Sir Fredrick Ruby King was the first superintendent of Seacliff Mental Hospital near Dunedin in 1889, and served in this position for 30 years. In 1930 he said, "The term occupational therapy has come to mean basket making, raffia work and other similar occupations which are definitely of much lower therapeutic value than real purposeful work." His inquiring mind searched for the cause of mental illness so it could be prevented, which led him to create a public health initiative out of his home in Karatane. Thus was born the Karatane Nurse and the Plunket society

formed on May 14 1907, which targeted the baby and young child population in New Zealand. So in the work of Ruby King we may detect the idea that mental health service delivery involves public health, work beginning with babies and young people, which is a shift in service delivery from a largely judicial view.

New Zealand popular culture over the last 30 years has demonstrably shifted in that the language of mental illness has been appropriated and celebrated in music, film, poetry and the novel. For example, the Dunedin band 'Straitjacket Fits'. The band's name appropriates the apparatus of mental health service delivery with the artistic thought and juxtaposition of ideas - by claiming that the jacket fits we are beginning to break out of society's constraints.

More recently, this was seen in the Dunedin band HDU (High Dependency Unit) which is again a statement of irony and higher meaning than the intensive care psychiatric units that are now common or usual in mental health in-patients service delivery.

Some years ago, a band produced a hit single 'There is no depression in New Zealand'. In all these musical examples can be detected a criticism of state control and cultural values around mental illness terms, and the criticism is achieved through the mechanism of irony. By adopting common mental illness terms, these musicians are contributing to the popularisation and normalisation of mental illness in the popular culture of the country.

In movies, New Zealand has enjoyed *An Angel at my Table* which was the celebrated success of Janet Frame's autobiographical trilogy. In a sense, the popularisation, success and celebration of the life of Janet Frame is the story of the triumph of the individual psychiatric consumer over the culture and delivery of state mental health services in New Zealand, and an acknowledgment of the humanity, value and contribution of a survivor of the psychiatric system.

James K Baxter's life and work has been highlighted recently in the Wellington Festival of the Arts where a diverse group of musicians have recorded a selection of his poetry to music. The relevant and standout piece for this discussion is 'The Maori Jesus', energetically performed by David Eggleton. In this poem the Maori Jesus ends up in Porirua Mental Hospital where "the mind of God is lobotomised". And yet we see here for the first time within colonial culture, the value and articulation of the doubly oppressed Maori in New Zealand and psychiatric service users. For the first time, it is possible here that the underlying message is that the salvation of the culture of New Zealand may come from our Maori psychiatric consumer profile, and in a sense - if this idea were to be linked to our inherited Bedlam mentality - perhaps this poem points to a radical new paradigm and way of thinking about those of us who have used psychiatric services.

My final example from popular culture is a novel titled *The Insatiable Moon*⁵ This recent novel builds on and is based upon the idea of the Maori Jesus as articulated by James K. Baxter. The central character is a Maori survivor of psychiatric services living in a Ponsonby boarding house, set in the 1970s, where once again the intention of the author is to suggest the value of and contribution of the key character who is a Maori consumer of psychiatric services.

Within the popular culture of New Zealand there has been developing a mental health services culture. I will highlight three ideas from examples over the past 30 years:

Firstly the *Community Attitudes to Mental Health*⁶ In this perhaps first public publication on community attitudes to mental illness, Gabrielle concludes, "It is hoped that the findings of this survey will awaken the Government to its obligations for providing increased finances for the mental health services and awaken the mental health profession to their responsibility for providing the public with the information about mental disorder that is essential if public opinion is to be based on reality".

So generally this report raised the idea that there needed to be funding for both increased mental health services to provide public information and awareness about mental illness. Secondly, the department of Health and Social Welfare worked on producing a report in 1989⁷. Notably there were contributors to this report - including Mary O'Hagan, Pauline Hinds and Julie Leibrich - all leaders currently in mental health services and all having used mental health services. The thrust of the consumer report was around the need for increased participation in mental health services and the need for power sharing information advocacy and funding for consumers of psychiatric services to empower themselves. Implicit within the report is the idea that these ideals, including the raising of public awareness and information, had still not been addressed funded or promoted meaningfully within the sector.

Thirdly, what has become known as the 'Mason Inquiry'⁸ The inquiry significantly made just five recommendations, and much of the activity and political comment about mental health service funding and delivery quotes this inquiry. The five recommendations were that:

⁵ *The Insatiable Moon*, by Michael Riddell. Harper Collins, Auckland, 1997.

⁶ *Community Attitudes to Mental Health* by Gabrielle M. Maxwell. Dunedin, 1970.

⁷ *National Mental Health Consortium: The Tangata Whenua Report, The Consumer Report; The Consortium Report*. Department of Health and Department of Social Welfare, June 1989.

⁸ Inquiry under Section 47 of the 'Health and Disability Services Act 1993 in respect of certain mental health services. A report of the Ministerial inquiry to the Minister of Health, Hon. Jenny Shipley, May 1996.

1. The present inquiry team be invited to monitor the implementation and recommendations of the report.⁹
2. The establishment of a Mental Health Commission, and a national advisory board in terms of legislation.
3. That the Minister of Health request the Mental Health Commission prepare a Blueprint for the development of services.¹⁰
4. That current expenditure on mental health services, including drug and alcohol, be increased incrementally over a five year period of not less additional funding than \$125 million per annum.
5. Expenditure on mental health services including drug and alcohol service be ringfenced at the Regional Funding Authority and Crown Health Agency hospital level.

This report in effect was highlighting the amount of frustration at the many words and intentions of previous reports with little action, and is in effect saying now is the time for action. As a consequence, the Mental Health Commission is in existence today, there is a Blueprint for Mental Health Services, and in terms of public information, the project to counter discrimination and stigma associated with mental illness are all contributing to the current activity within the mental health sector of New Zealand.

Along with this activity, at a political level there is a range of growth and new understandings about mental illness. To briefly name a few, there is the understanding of the medical “brain disease” model, the disability inclusion model, individual growth model, and the spiritual development model,¹¹

CONCLUSION

I've attempted here to uncover some of the contributing values and paradigms toward the understanding of mental illness in the various cultures of New Zealand, in this the beginning of the 21st century. There is still much healing needed with us all, as each “stakeholder” group uncovers its own prevailing paradigm and challenges the role in which each of us play now. And as we look for the new roles which we may move towards, it is with some sadness that I note in today's Herald¹² the news media article concerning the amendments to the Mental Health Compulsory Care and Treatment Act¹³. This article sadly suggests in bold type

⁹ *Ibid* p. 21

¹⁰ *Ibid* Ref 2-3 at p. 118

¹¹ *From Psychiatric Patient to Citizen: Overcoming Discrimination and Social Exclusion*, by Liz Sayce. Macmillan Press Ltd, London, 2000.

¹² *New Zealand Herald*, March 30 2000, p A14

¹³ Mental Health Compulsory Care and Treatment Act 1992, with Amendments 2000.

that the law “aims to avert tragedies blamed on misguided bids to guard patient privacy”, with highlighted photograph images “Flashpoint; Schizophrenic Stephen Anderson who gunned down six people in Raurimu in 1997”. This article is demonstrating the paradigm of Bedlam. This article was suggesting that our society thinks it still needs Bedlam. It is our task and the task of those of us active within the mental illness service sector to prove that we do not.

CHALLENGES: A SUMMARY OF LISTS OF THINGS TO CHALLENGE

1. The destigmatisation programme will not reduce the prevalence of mental illness, it may enhance the opportunity of recovery, but it would be wrong for us think that it may do anything more for us.
2. This perceptive cartoon challenges the notion that deinstitutionalisation is a reasonable option:
3. New Zealand currently spends \$6 billion on health, which includes \$570 million on mental health, per year. Reasonable calculations from publicly-based funded streams on 3% of the population continue to highlight and indicate that the proportion of money allocated within the health boat is not representative of what reasonably is still required to deliver mental health services.
4. The Mental Health Information project currently underway in New Zealand proposes to collect and track diagnoses, and thinks this information will be useful in planning services. This is a highly questionable assumption, as tracing the history of movements of Schizophrenia, Bi-Polar Affective Disorder and Depression around the population, and those diagnoses change, it is clearly a dislocation from the understanding of the humanity and the personhood of the people with those labels.
5. Within the Ministry of Health *Guidelines for Clinical Risk Assessment and Management*¹⁴ the seeds of a paradigm shift are apparent. The principal categories of risk acknowledge that the risk of progression of illness is a risk to the health of the individual. There is a risk of unintentional harm to self or exploitation, and the risk of unintentional violence; there is a risk to the quality of life, dignity, social and financial status and there is a risk of vulnerability, including exploitation, sexual abuse and violence from others. Clearly and thankfully we're beginning to see within this document at least, the seeds of a

¹⁴ Ministry of Health *Guidelines for Clinical Risk Assessment and Management*, 1998

- new paradigm or a consumer focused paradigm to risk, where we ask the question meaningfully, what is the risk to the person with the condition?
6. When will we develop and acknowledge transformational service delivery, rather than transactional service delivery.
 7. When will our stigmata be transformed and we reclaim a wholesome ownership of our stigmata? When soon will we reclaim Bedlam for our own, and acknowledge that within our society values and meaningful leadership will come from the people who experience mental illness in our community.