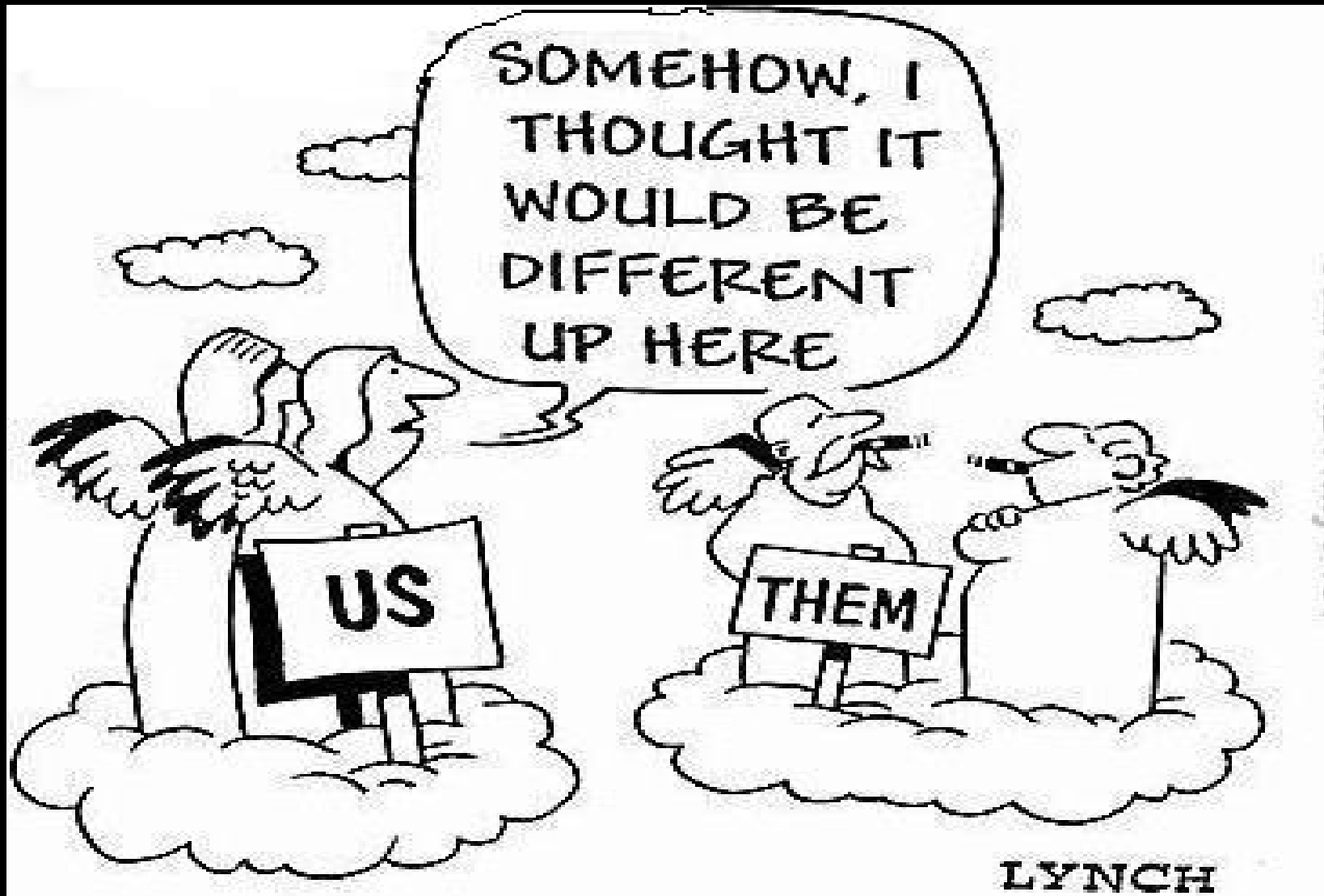


FROM EXCLUSION TO INCLUSION

Rights in the Community

FROM EXCLUSION TO INCLUSION

Rights in the Community



In 1494 the German theologian Sebastian Brant published his *Das Narrenschiff* (“the ship of fools”), a satire about the current state of the church (Barclay, 1874; Cook, 2006; Kamen, 2000). Brant discusses a hundred and ten varieties of fool (Remy, 1907). Brant’s work was translated into English in 1509 by Alexander Barclay (Cook, 2006; Hager, 2005).



However, later scholars have stated that there were no real ships of fools, and that Foucault misinterpreted an allegorical work as truth (Dumm, 2002; Miller, 2000; Rezneck, 1991; Scull, 1989; Scull, 2007; Smith, 2006; Still & Velody, 1992).

Foucault (2006) uses this as evidence of the social exclusion of the mad in medieval times, stating that the mad were herded into ships which were then turned away from city after city in Europe (Arboleda-Florez & Sartorius, 2008), and in particular Germany.

Documentary evidence from Frankfurt, for example, suggests that the practice of paying ships’ captains to remove madmen from the city was common in the late 14th and early 15th centuries (Kent, 2003).

A man who had run naked through the streets of the city was removed in this manner in 1399.

Thus the ship of fools could be considered a medieval variety of asylum.

The Mass of Separation

During the Medieval period, leprosy sufferers were often ostracized from society and condemned to living in seclusion without recourse to social contact with the community.

They were declared legally dead and their goods were confiscated.



Once identified as a leper, a “Mass of Separation” (13th century) was performed by the priest at the site of the leper’s hut.

The whole parish accompanied a newly identified leper to his/her new home as the priest performed the mass.

“I forbid you to enter the church or monastery, fair, mill, market-place, or company of persons...ever to leave your house without your leper's costume...to wash your hands or anything about you in the stream or fountain. I forbid you to enter a tavern...I forbid you, if you go on the road and you meet some person who speaks to you, to fail to put yourself downwind before you answer...I forbid you to go into a narrow lane so that if you should meet anyone he might catch the affliction from you...I forbid you ever to touch children or give them anything. I forbid you to eat or drink from any dishes but your own. I forbid you to eat or drink in company, unless with lepers.”

The X factor

ex-a prefix meaning "out of," "from," and hence "utterly," "thoroughly," and sometimes imparting a privative or negative force or indicating a former title, status, etc.; Origin: < Latin, combining form of ex, ē (preposition) out (of), from, beyond, OUT, FROM, AWAY

EX clusion

EX communication

EX ile

EX it

EX termination

EX ception

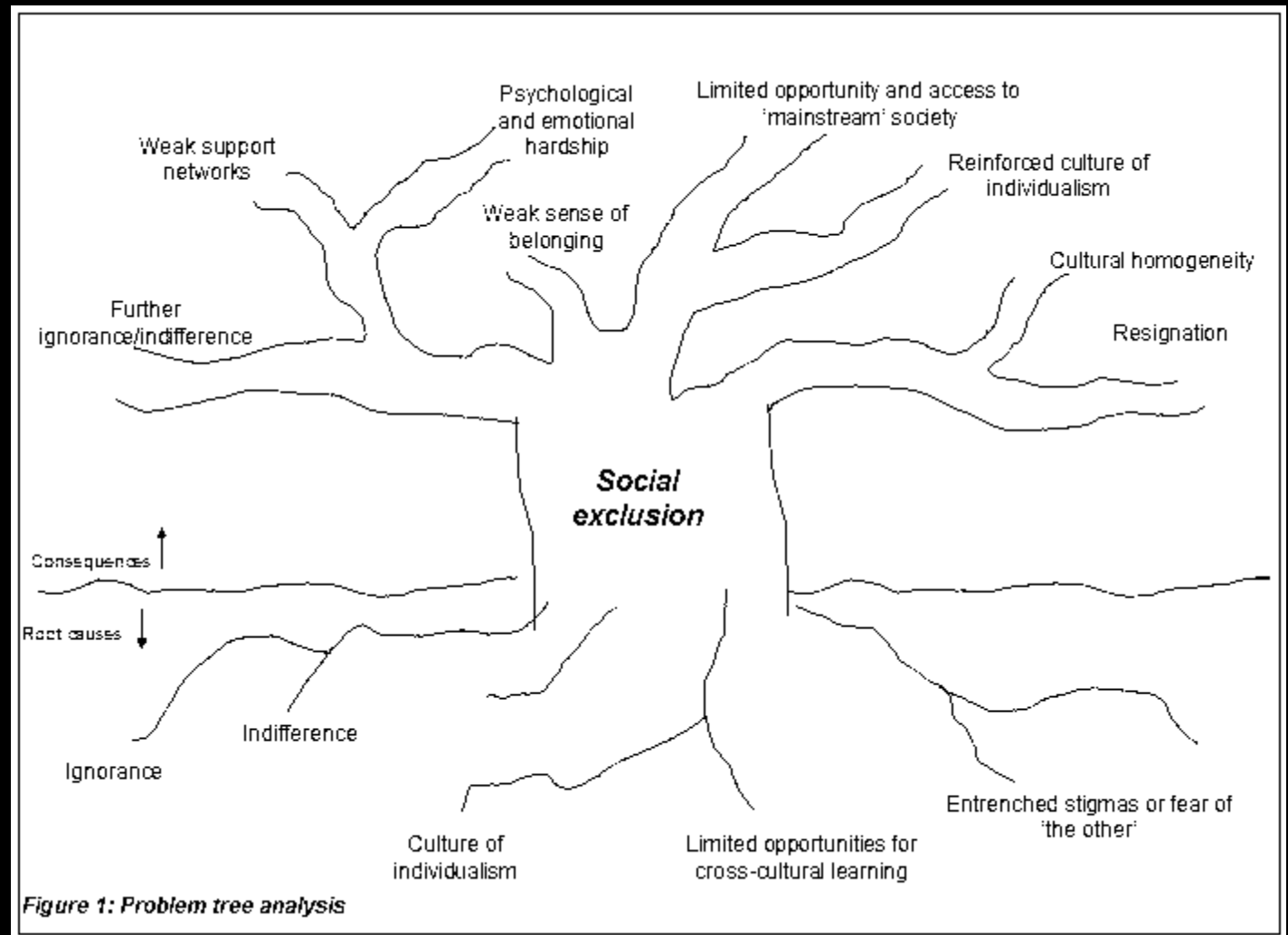
EX pulsion

EX pire

EX orcise

Ex tinguish

Ex tort



Different strokes for different folks

"I'm scared of turning into the people
I've seen in the day-centre.

I know I have a mental health problem,
but I'm not like that.

I want a way forward, not just sitting
there, just drinking tea and talking about
the side effects of various medication."

Social Rejection of abnormalcy, otherness & deviance...

Do we really care what other people think?

THIS IS YOUR BRAIN ON REJECTION

Ever wonder why you feel so physically rotten when your date doesn't call the next day? It turns out that it's your brain rather than your heart that takes snubbing the hardest. Researchers at UCLA and Macquarie University in Australia have shown that physical pain and the more psychological pain of rejection are processed by the same areas of the brain. Using functional magnetic resonance imaging, which records an active brain at work, they tracked college students as they played a three-person computer game designed to exclude one player. When a student was snubbed, two areas of the brain critical to generating feelings of physical pain and to developing emotions became more active (one area shown at right). Feeling the pain of social snubbing may have evolved as a survival mechanism to keep people connected to the safety of a larger group.



Why cultures across the world use words like "hurt" and "pain" - to describe the experience of both physical pain and social rejection: The same brain regions support the emotionally distressing feelings that accompany the experience of both physical pain and social rejection.

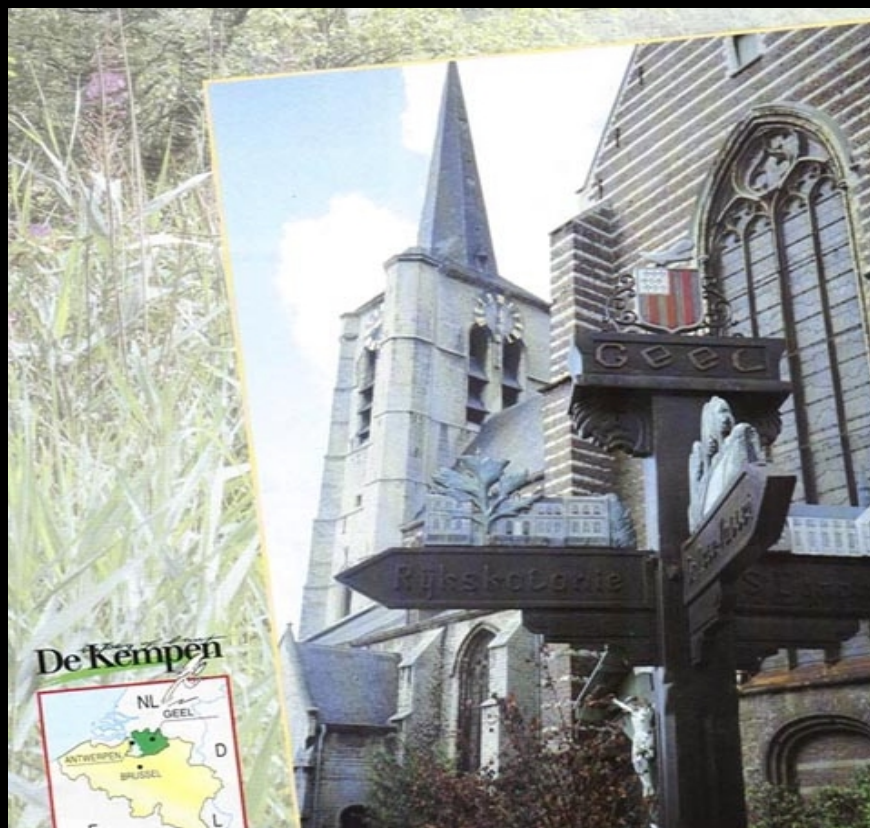


The Patron St of Insanity & the REAL miracle of Gheel

...The remarkable cures reported caused confidence in the saint to grow daily. At first the patients were lodged in a small annex built onto the church. Then gradually it came about that the patients were placed in the homes of the families living in Gheel. From this beginning Gheel developed into a town world-famed for its care of the insane and mentally afflicted. An institution, called the "Infirmity of St. Elizabeth," which was conducted by the Sisters of St. Augustine was later built for the hospital care of the patients.

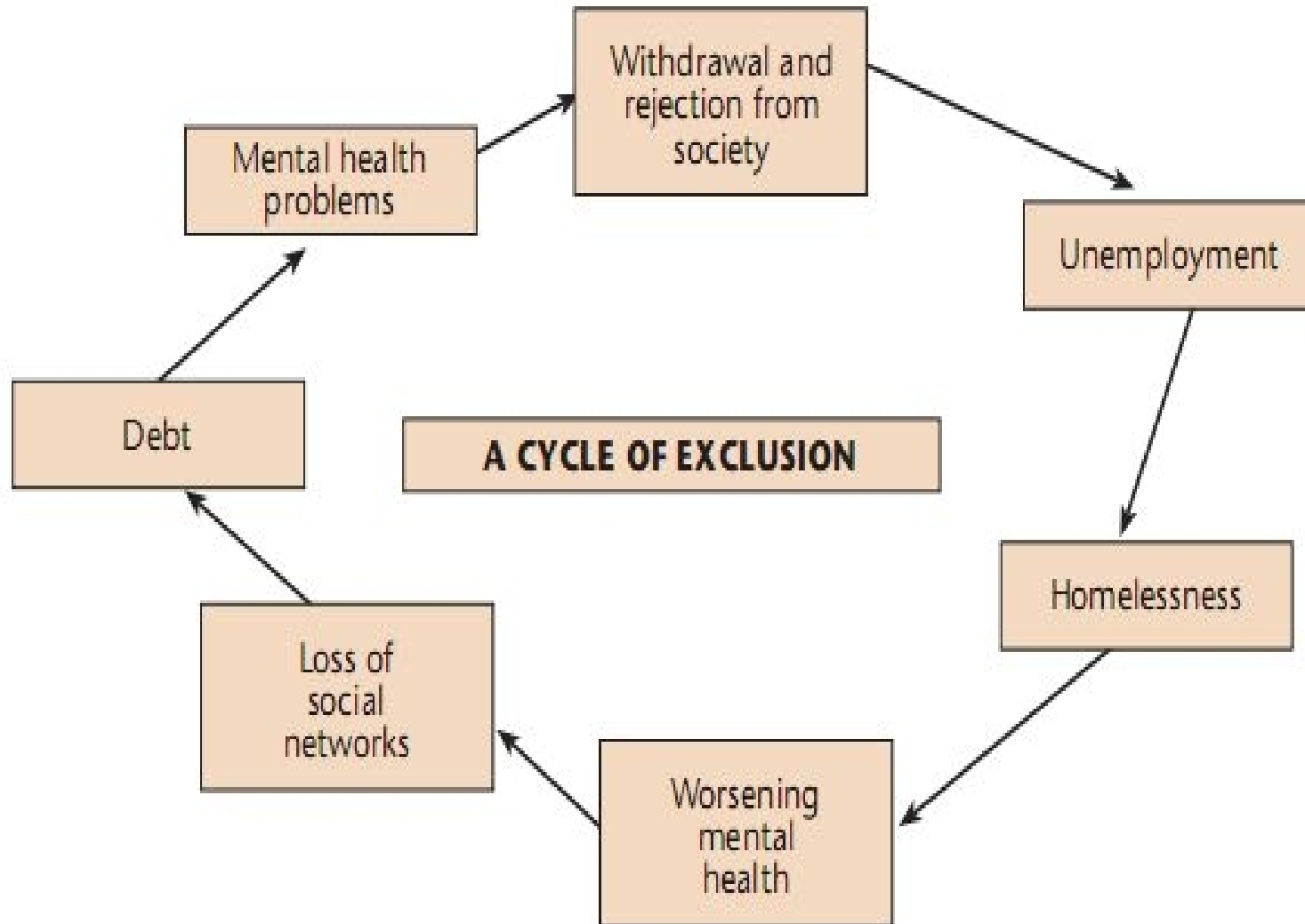
Most of the latter, after some time spent in the institution, are placed in one or other of the families of Gheel, where they lead a comparatively normal life. Every home in Gheel is proud to welcome to its inmost family circle such patients as are ready to return to the environment of family life.

Modern day Gheel like models: The Family Colony of Ainay-le-Chateau



Renowned psychiatrists are in full agreement with this statement, and testify that a surprisingly large number of patients could leave mental institutions if they could be assured of a sympathetic reception in the world, such as the people of Gheel take pride in showing. In fact, psychiatrists state that institutions can help certain cases only to a given extent, and when that point is reached, they must have help from persons outside the institution if the progress made in the institution is to bear fruit.

A cycle of exclusion



“ONCE YOU GET IN, YOU CAN'T GET OUT”

“For some of us, an episode of mental distress will disrupt our lives so that we are pushed out of the society in which we were fully participating. For others, the early onset of distress will mean social exclusion throughout our adult lives, with no prospect of training for a job or hope of a future in meaningful employment.

Loneliness and loss of self-worth lead us to believe we are useless, and so we live with this sense of hopelessness, or far too often choose to end our lives.

Repeatedly when we become ill we lose our homes, we lose our jobs and we lose our sense of identity. Not only do we cost the government money directly in health, housing and welfare payments, we lose the ability to contribute our skills and economically through taxes.

“So we are perceived as a social burden. We lose sight of our potential, and when we try to move on, discrimination and stigma prevent us getting jobs that use our skills and experience and push us out of housing and education. The jobs we do get are poorly paid, and don't utilise our skills and experience.

And there are practical considerations – we stand to lose our financial security, whether state benefits or private insurance, when we attempt to rebuild our lives. We also stand to lose the health and social services that we find helpful, so that at the time when we most need support, our coping mechanisms are undermined. Moving back into society becomes a risky business.”

Breaking the Chakravyuha



Abhimanyu is young, his prowess is great. His coat of mail is impenetrable. This one's father had been taught by me the method of wearing defensive armour.

With shafts well shot, you can, however, cut off his bow, bow-string, the reins of his steeds, the steeds themselves, and two Parshni charioteers. O mighty Bowman, O son of Radha, if competent, do this.

Making him turn back from the fight (by this means), strike him then.

With his bow in hand he is incapable of being vanquished by the very gods and the Asuras together. If you wish, deprive him of his car, and divest him of his bow.

Cause<--->EXCLUSION<---> Consequence

- Stigma / Discrimination
- Pessimism – outcomes/expectations
- Unintended Disincentivism
- Complex systems = Who's finally responsible?
- Social interactions can't be mandated! People living in seclusion miss opportunity to engage with community informally.
- Secondary exclusion – people with complex needs & ethnic/minority groups.

"People who happen to use mental health services need to be treated as people..."

Everyone should have the opportunity to have a family, to work, to live."

Wishlist

- Non-disclosure for job interviews of disability – UK
- Jury selection
- Vote & stand for elections
- First and foremost they want to be remembered, to be seen and heard and to be included in the reforms taking place across health and social care
- They want to take greater control over their lives and should be offered real choice and effective involvement in planning their mental health care.
- No OSFA – Choice without compulsion

Group Trade-Offs along the way

‘People with severe mental illness living in the community who have largely been forgotten by mainstream mental health services’ and who are ‘feeling rejected by society and who now live their lives without the all-round help and support that would allow them to raise their quality of life.’

People ‘deemed ‘too well’ to access support, but not well enough to get back to full-time work or to be otherwise socially included. They had been dropped off half-way along a road to recovery’

Rights in the Community

Our vision is of a future where people with mental health problems have the same opportunities to work and participate in the community as any other citizen. This will mean:

communities accepting that people with mental health problems are equal;

people receiving the support they need before they reach crisis point;

people having genuine choices and a real say about what they do and the support they receive in order to fulfil their potential;

people keeping their jobs longer and returning to employment faster, with real opportunities for career progression;

recognition of the fundamental importance of people's relationships, family and caring responsibilities, a decent home, and participation in social and leisure activities; and

health and social care services working in close partnership with employment and community services, with fair access regardless of ethnicity, gender, age or sexuality.

DISCRIMINATION

is being treated unfairly or denied opportunities. Programmes to tackle mental health stigma have begun to place more emphasis on discrimination, addressing society's response rather than placing the onus on people with a history of mental health problems.

"As a hospital manager ... I see first hand how quick we are to remove people from society and how reluctant we often are to return them because we worry about the harm they may do to themselves.

Yet we do not view the isolation, exclusion and removal of rights as harmful."

STIGMA

arises from negative stereotypes associated with the symptoms or diagnosis of mental health problems. Although stigma is often seen as the problem of people with mental health problems, they can lack the power to change the way they are seen.

"Mental health problems are lonely illnesses - it's the quickest way I know to lose all the people who aren't paid to care for you.

You need people to be with you, to stick by you, to talk about something other than what's going on inside your head. If you've got someone like that, you've got a good chance."

PREJUDICE

is public fear, misunderstanding and intolerance around mental health issues.

"My human rights are something I fight daily to have recognised.

When I sought an injunction against a man who had been violent to me for 15 years, I was subject to psychiatric reports to establish my credibility as a witness."

25th APRIL : Lying chained for 5 yrs, this hapless woman needs medical aid



- Her day starts and ends in a stinking room meant for tying animals
- She gets her frugal meals in that very room, where she has to answer the nature's call as well
- Her unkempt hair and filthy clothes show that Radha has not taken bath for long

Jakhal (Fatehabad)

Radha, who is in her early thirties, has spent the last five years of her life chained in subhuman conditions in a dingy room at her brother's house in the Bajigar basti of Jakhal village in Fatehabad.

It is very difficult for a visitor to stand in her stinking room for long.

Her brother, Gurmukh, who has kept his sister in chains, explained that Radha was born as a mentally retarded child and her problem aggravated with the passage of time. "Our parents tried to get her treated though they were not rich enough to take her outside for medical advice," he added. Now that the parents have died, Gurmukh is the only member of the family to take care of Radha. "I am a poor labourer and eke out a living for my family through manual labour. I am not in a position to get her treated from specialists," said Gurmukh.

Gurmukh said he took her to some doctors, but finally gave up five years ago when there was no improvement in Radha's condition. Since then Radha lies chained in her brother's house cut off from the rest of the world.

"No one in the village was aware of Radha's condition," said Krishna Rani, sarpanch of the village, adding that she would try to arrange government help for the hapless woman.

April 27th :Radha no more in chains, shifted to pingalwara

Jakhal (Fatehabad)

Radha is a free woman today. She is no more in chains in the dingy room where she was lying for the past five years in her brother's house in Jakhal village of Fatehabad.

After her plight was highlighted by The Tribune in its columns in a news item, "Lying chained for 5 years, this hapless woman needs medical aid", several benevolent persons came forward to help her.

After reading the news item, Dr Inderjit Kaur, who heads the All-India Pingalwara Charitable Society that runs pingalwaras for the destitute in five towns of Punjab, directed her staff to bring the woman to their Sangrur branch for her treatment and lodging.

Rajesh Kumar, in charge of the Sangrur branch of pingalwara, today came to Jakhal with his staff and shifted Radha there. Before this, he met SDM Ashwani Maingi at Tohana for the official formalities. Maingi deputed tehsildar Om Prakash to accompany Rajesh Kumar to Jakhal village for smooth shifting of the hapless woman to the pingalwara.

Radha's brother Gurmukh Singh or other members of his family did not offer any resistance to the move and rather happily agreed to shift her to the pingalwara. However, Radha herself was not ready to go out of her house and agreed only when her brother accompanied her to Sangrur. "Normally, we admit only destitute persons with none to look after them in our pingalwaras. However, I decided to shift her as a special case because even though she has a brother to look after her, he says he is too poor to provide her treatment," said Dr Inderjit Kaur.

She said the pingalwara in Sangrur had a capacity to house 200 inmates and they had all kinds of facilities for those living there, including regular medical check-up and treatment. Earlier, after reading the news story in The Tribune, Maingi sent his naib tehsildar to the victim's house and ensured that her chains were opened and she was lodged in a room where other members of the family lived. Radha, in her early thirties, has spent the past five years of her life in subhuman conditions in a dingy room of her brother's house in chains. She had been kept in chains in a room meant for animals, where she ate whatever was offered to her and answered the nature's call in the same room.

May 17th: Hapless Radha is no more

She could bear chains but not separation; starved herself to death

Fatehabad, May 17

Radha is no more now. The poor mentally challenged woman had stopped eating anything after she was shifted to the pingalwara in Sangrur against her wish on April 27.

Pingalwara managers had shifted an ailing Radha to the general hospital in Sangrur, from where Radha's brother brought her back to his home on Sunday. The woman, however, died yesterday and was cremated the same evening.

The Tribune had spotted Radha at her brother Gurmukh's house in Bajigar Basti of Jakhal village in this district, where she was kept in chains in a dingy room under subhuman conditions for the past five years. It appeared from her unkempt hair and stinking clothes that she had not bathed for several months. Radha's day started and ended in the same small room, where she took her frugal meals as also answered to the nature's calls.

After a news item highlighting her plight was published in The Tribune on April 25, a team from the pingalwara came to Jakhal on April 27 to shift Radha to their branch in Sangrur. Rajesh Kumar, manager of the pingalwara, Sangrur, said Dr Inderjit Kaur, who heads the All India Pingalwara Charitable Society at Amritsar, had taken the decision to adopt Radha after reading the news item in The Tribune.

Though Radha's family did not offer any resistance to shift her to the pingalwara, she herself was not willing to go. It was with great persuasion and her brother Gurmukh's assurance that he would also accompany her to Sangrur that Radha had agreed to go, though she was still hesitant.

The poor woman lived for years when kept in chains among her kin in her brother's house, but could not survive for even a month after she was separated from her roots. Gurmukh said he got a message from the pingalwara that Radha was ill and was admitted to a hospital. He brought the ailing Radha to Jakhal on Sunday, where she died the next day. Rajesh Kumar said Radha had stopped eating and they had to make a lot of efforts to persuade her to eat something.

What do we mean by stigma, discrimination and prejudice?

Stigma arises from negative stereotypes associated with the symptoms or diagnosis of mental health problems. Although stigma is often seen as the problem of people with mental health problems, they can lack the power to change the way they are seen.

Discrimination is being treated unfairly or denied opportunities. Programmes to tackle mental health stigma have begun to place more emphasis on discrimination, addressing society's response rather than placing the onus on people with a history of mental health problems.

Prejudice is public fear, misunderstanding and intolerance around mental health issues.

A Unique Partnership...

WHO wrote this about WHOM?

Frequent visits, sometimes during several hours of the day, helped me to familiarize myself with the deviations, vociferations and extravagances of the most violent maniacs.

From that point on, I had repeated conversations with the man best acquainted with their anterior condition and delirious ideas. utmost attention to humor all the pretensions of his amour-propre, questions that were varied and went back over the same material when the answers were obscure, no objections on my part when what he advanced was doubtful or improbable, but a tacit return to further examination in order to illuminate or rectify it.

The Unique Partnership of Pinel & Poussin



Dr. Philippe Pinel at the Salpêtrière, 1795 by Robert Fleury.
Pinel removing the chains from patients
at the Paris Asylum for insane women.

Mr Pussin, the governor... In his Treatise on Insanity of 1801 and repeatedly thereafter Pinel acknowledged his indebtedness to Jean-Baptiste Pussin and to Madame Pussin. They are often referred to as the governor and governess in Pinel's case reports. Jean-Baptiste Pussin was born in 1745, only five months after Pinel. He worked as a tanner before he was admitted to the Bicêtre in 1771 for scrofula, which was "cured." As often happened with former patients, he found employment at the hospital, first on the boy's ward and then, in 1784, as superintendent of the ward for incurable mental patients. In 1786 he married Marguerite Jubline, who was nine years younger than him. They worked together caring for patients at Bicêtre. Pinel met Pussin there in 1793, at the height of the reign of terror. Pinel gave a candid account of his relationship with Pussin in the years 1793-95: The dogmatic tone of the doctor was abandoned from that point on [i.e., from the moment that Pinel realized that Pussin had a great deal to teach him].

Pinel appreciated Pussin's contribution so greatly that in 1802 he arranged to have a position created for Pussin at the Salpêtrière, where Pinel was then working, at a salary ordinarily reserved for doctors.

inclusion

● ●●●
I'm apart.

●●●●
I'm a part.

EPILOGUE

The Wise King

The wise king

Once there ruled in the distant city of Wirani a king who was both mighty and wise. And he was feared for his might and loved for his wisdom.

Now, in the heart of that city was a well, whose water was cool and crystalline, from which all the inhabitants drank, even the king and his courtiers; for there was no other well.

One night when all were asleep, a witch entered the city, and poured seven drops of strange liquid into the well, and said, "From this hour he who drinks this water shall become mad."

Next morning all the inhabitants, save the king and his lord chamberlain, drank from the well and became mad, even as the witch had foretold.

And during that day the people in the narrow streets and in the market places did naught but whisper to one another, "The king is mad. Our king and his lord chamberlain have lost their reason. Surely we cannot be ruled by a mad king. We must dethrone him."

That evening the king ordered a golden goblet to be filled from the well. And when it was brought to him he drank deeply, and gave it to his lord chamberlain to drink.

And there was great rejoicing in that distant city of Wirani, because its king and its lord chamberlain had regained their reason.