

FROM THE PLANTATIONS/ASYLUMS TO THE PRISONS: THE RELATIONSHIP BETWEEN HUMILIATION, STIGMA, ECONOMICS AND CORRECTIONAL CARE FOR THE MENTALLY ILL.

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The medicalization of prisoner care in the United States and around the world reflects a post-psychiatric, post-pharmacological, post-rehabilitative, heightened detention of those who are among the most stigmatized-inmates who are also mentally ill.

Our jails and prisons have become our largest mental health systems, ironically, with little rehabilitative purpose. The stigma of incarceration, augmented by the inherent humiliation that is the product of mental illness with no supportive institutions, has created an underclass perhaps even more greatly impacted with the stigma and humiliation that haunts race, religion, class, gender, or sexual orientation.

With the breakdown in our economy, and the move within mental health away from treatment and toward a Wal-Mart-like service orientation with patients seen every few moments, we are hiding our mentally ill, and scarring them with poor mental health care and a coercive environment documented to increase the symptoms of mental illness, a double whammy that isolates them forever.

What to do? Better treatment for the incarcerated? Methods to reengage those with criminal backgrounds into our community? The emotional and cognitive onslaught starts long before the age at which mental illness and aberrant behavior appear and start to become categorized as oppositional. We must look at those factors that take their dignity away in the first place, and the role of mental health specialists in struggling to create environments that are supportive before these people, whose risk factors are often identified early in life, are completely isolated and warehoused.