

Corpora Insana at Metropolitan State Hospital by Seth Many, MD

Theory and practice identified as "holistic" have received substantial attention recently in medical and psychiatric literature. (1, 2) Professional ambivalence continues to delay the application of tools and techniques designed to augment both general and specific host resistance to disease. (3,4) The public sector of psychiatry continues to lag most significantly in this respect. (5)

Psychiatric inattention to fundamentals of adequate psychophysical health has resulted in an enforced separation of persons from their natural biosocial environment. The pressing need for relevant nutrition, exercise, air, touch, peace and quiet is apparent. The abdication of practical treatment in favor of pharmacological control is the operative standard. Drugs are dispensed without specific indication and with little or no provision for the continued assesment of target behaviors.¹

Metropolitan State Hospital is distinguished by a wide expanse of green lawn, attractive shrubbery, a variety of song birds, perrenial mild climate, and adequate parking. Traditional institutional architecture, large gate signs "Subject to Inspection" and a perimeter chain-link fence signal an important penal element. (6) Most of its clientel are involuntary patients (80%), and a rising proportion have been deemed incompetent and "conservators" appointed. (7)

The acute care unit (ACU) services a large, wealthy urban county just south of Los Angeles. Acute care is its primary specified function. However ACU is both a holding and separating triage tank for persons netted by the mental health - social services police. A high proportion of patients are readmissions. Despite rigorous formal standards of civil protection of patients' rights, de facto availability of civil rights at MSH is notiriously limited. (8)

Diet

"A weak man is next to a sick man, while a sick man is made still weaker by indiscretions in his diet." (9)

In psychiatry history, a spur of great clinical importance was the discovery of nutritional deficiency at the foundation of endemic dementia and mental disability. In 1915 Goldberger found that pellagra could be induced in humans by an inadequate diet and cured by a "balanced" diet.(12) Acceptance of this notion was notably delayed. In 1937 Conrad Elvehjem reported nicotinic acid as the specific defect, and elimination of the disease was effected by replacement of this element.(13)

The testimony of former times remains relevant in assesing the relationship of food and temperament.(11) An emerging physician consensus supports the harmful

¹ Many psychiatrists at MSH discharge patients who refuse medication. Medication is construed as the totality of "treatment."

consequences in chronic disorders of the processed diet. (10) This is a diet of devitalized food, often partly cooked, sugared salted, and chemically augmented for long-term storage, mass distribution and instant preparation.

In the past several decades further examination has sustained the theory that a deficiency of certain food substances may further the risk of multifactorial mental ailments, including memory loss, specific dementias, and schizophrenia.(14, 15). The exploration of dietary precursors as agents in the treatment of disorders with specific neurotransmitter deficits (16) especially serotonin, acetylcholine, dopamine and norepinephrine systems. (17)

At MSH the implications of nutritional research are ignored. The basic diet conforms to standard fare: meat, potatoes, spaghetti, noodles, rice, over-cooked vegetables, wilted lettuce in oil and vinegar, gravies and counterfeit sauces; the basic ingredients of a high fat-starch-protein diet.² There is no scrutiny of diet.either in terms of individual differential sensitivity to foodstuffs, (18) or to the acknowledged potential of several substances, e.g. the gluten containing cereals and the milk and milk derivatives, to precipitate psychiatric disturbance in a small but undetermined proportion of psychiatric patients.(19) The potential for hypoglycemic changes such as irritability and personality distortion receive.no attention, or may be dismissed with a normal fasting blood sugar, a laboratory test which correlates poorly with the clinical syndrome. (20)

Food Excess

Perhaps the most substantial overlooked category of nutritional imbalance is that of food *overload*. The simple possibility that an excess of everyday food substances might result in both generalized and specific stress reactive patterns seems to have been almost entirely ignored, at least in the Western Hemisphere. Despite initial evidence for its efficacy, (21) fasting as a treatment for major psychiatric impairment has yet to undergo full scale testing. Rather, it is enjoined.

Mary L. is a fifty-six year-old divorced Caucasian female with a history of questionable diabetes, hypo-glycemia, alcoholism, treated hypothyroidism, hypo-chondriasis, depression and multiple allergies. She was committed to MSH abusive, agitated, suspicious and "unable to care for self." Family history is positive for mental disorder.

Mary, unable to get along with her family and with no apparent supportive friends, was remanded to this institution as a last resort. She had broken no law. A focused dietetic workup was not instituted. She was placed on the anti-psychotic drug "haldol" (halperidol) and transferred to a long-term unit for further "custodial care." The essential elements of "both biology and psychology remained unexamined. In this instance and many others, the habit of mass food preparation and distribution, combined with the psychiatric loss of clinical control over . nutritional status, took

²Considering the features of the above diet, patient satisfaction is quite high, reflecting both acculturated taste and availability with minimal effort.

precedence over clinical concerns.

Exercise:

In the Greece of Hippocrates, the Physician and the Gymnast had overlapping and complementary roles. The connection between exercise and good health was well noted. Current research in exercise supports a tension-relief effect, perhaps through alterations in activation levels of the spinal reflex arc. (22) At MSH, long weekends pass without even so much as a walk or any other form of guided musculoskeletal activity.

Jack K. is a thirty-two year-old Caucasian male, committed due to hostile and assaultive behavior which he denied except as a response to threats from " a u t h o r i t i e s . "

Although physically muscular, when I first saw him he could barely walk or talk coherently, so powerful was the influence of his medication.

Janet M. Is a forty-seven year-old manic-depressive lady with numerous repeat hospitalizations. On the unit she was notable for restlessness, pacing and confrontive interventions.

Through the medium of exercise, both patients extracted powerful therapeutic benefits. Jack evidenced strong interest in a jogging and exercise regimen and he became a valuable teaching adjunct to our weekend exercise "program." His example often helped to encourage participation of others, as well as increasing his own sense of useful involvement. Janet's knowledge of the grounds and the history of the hospital enlightened many of our walks, and contrasted most strongly with her behavior on the unit.

For the remainder of our ever-changing group, exercise clearly served several purposes. (23) Besides diffusing counterproductive on-unit energy exchange, exercise invigorates metabolic machinery subject in most cases to exogenous toxic stress, i.e. psychotropic medication. Beyond this it provides an alternative group focus, away from the narcissistic concerns of the psychological self. Relaxed yet resolute discussions: of psychiatric conditions and the effects of treatment and institutionalization were a frequent result. ³

³Over a period of several months, two patients "escaped." No physical effort to detain them was made, other than soliciting their "word" against this possibility beforehand, and stressing the notion of group accountability in such matters. Might

Smoking Pollution

Prominent among psychiatrists and other mental health professionals (25), a large proportion of the MSH staff were chain smokers. Therapeutic rationale for termination of smoking or even conscientious concern for the fresh air environment of others could not prevail against a substance addiction as powerful as that of nicotine (26).

A review of the literature and neuroendocrinological interactions suggest that smoking may be associated with or increase the risk of certain forms of schizophrenia (27). Mandell, in a seminal study of over 100 diagnosed schizophrenic patients, demonstrated that 75% had "important mental symptoms" attributable to smoking cigarettes, and 10% had a psychotic relapse after re-exposure to tobacco smoke following two to three weeks without smoking. (28)

The induction of hepatic enzymes by nicotine, (29) altered interactions with psychotropic medications, (30) demonstrable effects in rats upon the dopaminergic systems, (31) and complex interactions with other addictive substances (32) are known. This mind-altering potential of nicotine has generated remarkably little interest or study in the past half-century. (33)⁴

The perfusion and inhalation of cigarette smoke has unrecognized impact on the pharmaceutical treatment (34) It is also a pre-emption of the rights of both non-smoking patients and staff who may object to such non-voluntary "treatment." (27)⁵

Noise

Whereas the disorganizing effects of different forms of music, e.g. heavy rock, have been explored and documented(35), the relationships and effect on mental state of noise

quality, frequency, and fluctuation are poorly understood. One study shows hallucinations increased in loudness and duration in subjects exposed to white

this form of exercise, i.e. "escape" serve a useful therapeutic purpose, defeating an assumption of institutional infallibility as well as calling into use skills of obvious social survival? (24)

⁴The effects of nicotine on the beta-endorphins have yet to be investigated.

⁵Resistance to a smoke-free milieu may be mediated by factors other than a powerful and shared staff-patient addiction. One of the significant if inconsistent reward mechanisms operative on a psychiatric ward is the doling out of cigarettes. (27) The Metropolitan ACU, with its "token" token economy, was notable for the impact of arbitrary authority, personal and hierarchical, under no clinical guidance. Intermittant uncontrolled nicotine reinforcement may be the reason why some behavior modification programs fail.

noise.(36) Noise may be used as a weapon, to induce reactions or provoke behavior.
(37)

ACU sources of unpredictable noise include patient and staff outbursts. The latter often take the form of a shouted commands and across-unit communications. Such events appear to contribute to milieu disorganization. Random tv and stereo use and amplification add to the chaos. Patients are permitted broad latitude to pound on the available piano, as if to demonstrate the availability of an unrepressed opportunity for emotional expression. Yet no small niche for privacy or rest, prayer or meditation is present. Both staff and patients live in this noisy ambience with little protest.

In this undifferentiated shared-space context, an office may serve as an area of relative peace. Interpersonal "therapy" sessions may be interpreted as respite from a stimulus overload induced by noise and smoke. Opportunity for a "shared" negotiated peace, a place of quiet communion, may have a substantial calming effect on patients (and their therapists). (38)

Touch Deprivation

Customs of habitual physical distance promise some security for both the vulnerable and the powerful in our society. Predominant cultural modes regarding touch have resulted in the satisfaction of the few and the unfulfilled appetites of the majority, with resultant pathologic compensatory behavior.(39)

In the hospitalized psychiatric patients there is almost no utilization of tactile (physical) therapies. In the private sector, provisions for massage and tactile manipulations have fueled a new medical service industry. (40) The growth of chiropractic, polarity, accupressure, massage Swedish and Oriental massage, and "deep-body work" constitute a core curriculum and stock in trade for the complete holistic health center. A substantial mental health rationale accompanies their use. (41)

In stark contrast, the mental hospital's primary legitimate form of touch is "restraint." The intrusive forced injection is an even more invasive tactile procedure. Formal sanctions against non-aggressive mutual tactile interchange are strongly maintained. The denial of staff-patient "intimacies," while designed in some cases to protect the vulnerable patient from predatory staff, also mitigate against a realistic emotional flow within the milieu. Proscribed patient-patient tactile contact is inconsistently enforced. On the ACU, dormitory-style gender segregation created a paradoxical climate numerous "suspected" acts of sexual intercourse. This resulted in another invasive tactile interchange, a medical exam for evidence of intercourse.

Patients tend to deal with these persistent dilemmas through exaggerated love affairs, instant positive "transference," and other non-binding forms of symbolic promiscuity, such as demands for drugs. As in other circumstances of artificial deprivation, a Victorian cultural remnant tends to mitigate a continuum of sensuality in favor of a heightened artificial stimulation of the sex-aggressive instinct.

The most noteworthy potential contribution of holistic health in psychiatric practice may be in the realm of healing touch. At present this remains a most

significant unexplored therapeutic path, although one most clearly in accord with the insights of both psychology and ethology. (43)

Recommendations

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1. **Change Diet.** A. Diagnosis: Provide lab facilities for testing endocrinologic, allergy and micro-nutritional (vitamin/trace element) status. B: Repair. A diet-allergy-elimination protocol should be provided. The value of fasting should be explored among consenting voluntary patients. C. Restore. Individualized optimal diet plans for mental health
2. **End Smoking**
3. **Increase Exercise.** Minimum guarantee of at least one group walk outside the unit everyday, and individualized exercise programs.
4. **Reduce Ambient Noise.** .Provide a prayer/meditation room on every unit.
5. **Increase Contact.** Provide therapeutic touch and encourage natural expression
6. **Make Psychiatrist responsibility for mileau quality**

Summary

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An urban State Mental Hospital is examined from a "holistic" perspective. An holistic approach helps to identify conditions and implement changes whereby the natural economy of the person may be aided by a mileau of health and well-being. Ambient conditions which interfere with well-being and contribute to chronicity are identified. Healthful regulation of diet, end to smoking and excess noise, increased exercise and interpersonal tactile contact are suggested. The psychiatrist may usefully serve to guide and direct this movement in the state mental health system.

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Los Angeles California 1981

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