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WEARY OF LIFE — AT FIFTEEN

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The National Mental Hospital (NMH) was then, and still is at present, attempting to improve and modernize its facilities. Roads are being built and new pavilions are being constructed. The new pavilions were made to look "homey" (in the words of the chief nurse) and less threatening than the old buildings which were tall, concrete structures that appeared to get neither daylight nor fresh air in their interiors. Such structures housed at least 200 patients each. The newer pavilions were constructed to house a smaller number of patients.

At the time of the study, the NMH had some 5,437 patients listed. The ratio of patients to hospital beds was about 1.5 patients per bed. Because of lack of bed space the NMH had decided to set up branches in several regions in the country. However this was not widely known so that patients from distant provinces were still being brought to Mandaluyong. Because there were more patients than hospital beds, it was customary for patients to fight over the occupancy of beds or to have patients sleep on the cold cement floor, the same cement floor which in the course of the day, had served as spit bowl and toilet for other patients.

The hospital had its own chapel, auditorium, food service center, carpentry shop, orchestra, and infirmary to provide necessary services for patients. Laundry and janitorial services are provided by the patients themselves.

Male patients were segregated from female except in one pavilion where males and females have separate dormitories but shared a common living room, dining room and kitchen area. Those who are diagnosed to have better chances of recovery (acute cases) are separated from the more serious ones (chronic cases). Those who are able to pay for treatment are separated from the charity cases. Recently, there has been an attempt to segregate the adolescents from the adults.

The subject of this report, the Y Pavilion, is the product of NMH's attempt to improve and modernize its services as well as an experiment on the possible ways of handling adolescent patients. It is part of the three building complex funded by a foreign foundation and reputed to have the best facilities among the charity pavilions. Originally, the three pavilions were intended to house indigent patients, from ages 13-21, who were being admitted for the first time, and who were neither violent, unmanageable nor chronic. But the plan was upset because the facilities attracted the attention of patients and the families of patients who did not have the required qualifications but had the proper connections.

Y Pavilion

The Y housed female patients in the age range 13-18. Its maximum capacity was 40 patients and it was the policy not to accept more patients than beds available. Unlike other pavilions where the nurse to patients ratio was 1 nurse for 150 to 200 patients, in Y the ratio was 1:40. In other pavilions, attendants had about 100 patients to account for. In Y the attendant was responsible only for 40.

The Y had a personnel complement composed of doctors, nurses, social workers, psychologists, attendants, and occupational therapists which were shared with the two other pavilions in the complex. At Y only the

psychiatrist had special training in adolescent psychiatry. The nurses had a few weeks' exposure to psychiatric cases during their school days and had undergone a pre-service training program at NMH. The attendants had even less training than the nurses. Two of the six attendants had not received any training prior to their exposure to the ward and were left to their own resources in the handling of patients, so to speak.

The Y was reputed to be one of the best pavilions in terms of its facilities, service, and policies covering the treatment and management of patients. For instance, Y was one of the few pavilions that allowed patients to wear dresses, pants or shorts instead of the hospital gowns (which looked like sacks of flour) other pavilions provided their inmates. It was also one of the few that experimented on allowing patients greater freedom of movement even outside the pavilion. In the treatment of patients, Y was unlike other pavilions also because it did not favor the use of the electro-convulsive treatment (electric shock or ECT) except in a few select cases. The doctor in charge believed that ECT impaired the memory of the recipient and that the indiscriminate use of ECT could handicap the adolescents for the rest of their lives.

The patients of Y were divided into two major classifications: the closed ward and the open ward patients. Those classified as closed ward were confined to a room whose length could be covered in 32 steps. They were allowed to leave the room only during meal times. In the evening they were sometimes allowed to stay in the living room to watch television. The patients with open ward privilege were allowed to leave the pavilion from time to time as long as they had the permission of one of the Y staff.

Visitors at Y were initially impressed by the appearance of normality which Y, at first glimpse, presented. The girls looked like normal, healthy, and bouncing teenagers, even if their skins were rough with sores.

What visitors did not see was the condition in which these kids were brought to the hospital.

Admission Into Y

The patients were generally committed by relatives or employers. The admission procedure was routinary, but usually tense, sometimes dramatic. The staff sized up the new admission, who was normally in a state of bewilderment, depression or agitation, to determine how they would handle the patient. The party committing the patient was, on the other hand, apprehensive about the treatment the patient would receive. Take the following incident as an example. The brother of one patient replied, in the following manner when asked whether he intended to visit his sister regularly or not: *"Bakit ko pa siya dadalawin? Hindi naman siya gagaling diyan. Mamamatay lang naman siya diyan. Sasama lang ang loob ko kung dadalawin ko siya."* Though they regretted having to commit the patient to the institution fearing that it might not be to the benefit of the patient, there was also a sense of relief that accompanied the shift of the burden of caring for the patient from the family to the institution.

The Inmates

Though the youngsters came from various parts of the country, their case histories bore many striking similarities.

Mainly, they belonged to families in the lower economic strata of our society. Majority of the patients came from the rural areas, some of whom did not even speak Pilipino. Most of the patients were in high school but had to stop studying because of financial difficulties. About 60 percent of them had at least one year of high school. The rest were in the grade school when the breakdown occurred or when they had to stop schooling.

A considerable number (about 40 percent of patients were products of broken families. Included in this category were patients orphaned of one parent and patients whose parents had separated. (There was for instance one girl whose parents had separated, remarried and had children with their respective spouses. She was rejected by both parents as the undesirable fruit of an undesirable marriage.)

Seventy percent of girls were employed at very early ages. At thirteen, 15 girls were forced to leave their homes to work as housemaids in homes of relatives, friends or total strangers. Approximately one out of every 30 girls who worked as housemaids had had sexual relations with a member of the employer's household either through rape or seduction. Some others, a minority, found their way into cocktail lounges, cabarets. One of them was four months pregnant when interned at Y. Still others landed in factories. These 70 percent no longer depended on their parents for financial support. They, in fact, were helping to support their families while still in their teens.

How did these experiences affect the outlook of these young people?

The question of equality was an academic question because life had taught them they were less than others. Once I asked a patient why she never approached the doctor about her complaints and she answered *"Hindi kami nararapat lumapit sa kanya. Iba siya sa amin. May pinag-aralan siya. Mayaman siya."* Her skin she felt was coarser than her upper class counterparts. Her looks were less attractive. Her food less appetizing. Her home would fit into the toilet of her affluent counterparts. Her role was defined as one in which she did what she was told. Her future improvement depended on the amount of schooling she received and she had to earn her tuition, while her upper class counterpart went to a better school without having to sweat for it.

The world for her was not a limitless universe. The future was not a search for self-actualization. It was viewed with resignation instead of anticipation. It was a search for a minimum of security and comfort, and the road from present to future was deemed to be difficult if the past was to be the basis for predicting the future. Here are some accounts given by the patients about their past and expectations for the future.

Romana (15) was an honor student in her barrio school in Samar. Her parents brought her to Mandaluyong looking haggard and uncommunicative. She watched people by using her hands as though they were binoculars. After a few months at Y, Romana was able to speak and this was her story: "I like to study. My teacher said I was a good student. But we are only poor people. My allowance is only very small. I had to choose to use it for food or transportation. I would go to school by hiking 4 kilometers. Often I would not eat anymore. Then we did not have money anymore. My father said I can not go to school. I worried and worried about how I would go to school next year. I could not sleep at night. It is only here (in NMH) that I have been able to rest. But my problem is still there only here it seems far away. I still want to go back to school. How will we get the money?"

Estrellita (18) was a working student before she was committed. This was her account: "It is very difficult to work and study at the same time. You work all day and when you go to school you're so tired it is difficult to absorb the lesson. Then you force yourself to study when you get home at night. Then you even have to do some housework. I'm afraid to think about going back to school after I get out of here. I'll have to go through the same routine again. And when I go back my classmates will have finished. Life will have passed me by."

Elizabeth (16) worked in a shoe factory and lived with an aunt who she claimed was closer to her than her mother: "I'm so tired," she said, of working. I've been working ever since I was a little girl. I've never stopped working. Ever since I can remember, my childhood was spent working. I'm so tired of it already. Is there no end to it? If I don't go back to school, what will happen to me? If I stay in my job I'm going to rot there forever. I've got to go back to school. But how can I do that? I've got to work even harder. We have no money. It's so hard to think about it. Why is it that we who are poor are the ones who get this sickness? *Bakit kaming mahihirap pa ang dinadapuan ng ganitong sakit? Isipin mo na lang ang perang nawala sa akin dahil sa pagtigil ko dito sa Y.*

Juana was 16, and had been in and out of the NMH ever since she was 14. One day she cried out in frustration when her cousin visited her and told her that her condition in the hospital was not bad at all: "What did my cousin mean by that?" she cried. "Am I supposed to remain here for the rest of my life? I've been in and out of the hospital since I was fourteen. I left home when I was thirteen. I miss my mother so much. I don't even know where she is now. They told me she had left our province. Since my father died we were all scattered to earn money. Will we ever see each other again? I think of them all the time but what can I do?"

Chato was also 18, a very dominating patient at the Y. She felt she was being ostracized by the others because she had worked as a "receptionist" in a cocktail lounge. She never spoke about it though except when she was what in Y was known as *"sumpong,"* defined as the date when the patient was disturbed and manifesting symptoms of emotional distress. During one such attack Chato said: *"Gusto kong dalawin ako ni Fred.* Boyfriend *ko siya. Pero* virgin *pa ako. Mahal talaga niya ako. Minsan tinanan niya ako, pero walang nangyari . . . Hindi, mayroon nang nakagalaw sa akin. Pero isa lang. Nagpapakasal kami. Wala nang iba. Kahit na nagtratrabaho akong receptionist sa klub. Hindi naman masama iyon, hindi ba Ate. Hindi naman masama iyon? Hindi ako puta. . ."*

To go through life the way these kids have to requires a certain amount of bravery. They see the reality of life contradicting the moral values society is supposed to uphold particularly with regards to sex and marriage. Being abandoned by one parent, usually the father, poses problems in developing healthy attitudes about men and about oneself. Equating a woman's worth with her virginity leaves the girl with a tremendous sense of guilt, a feeling of worthlessness, and of having done irreparable damage to her future when she loses her innocence.

The transfer of the young girls from their homes to those of strangers' cuts off the girls from the emotional support and stability provided by the family. Furthermore the transfer from home to employer's residence often entails a move from a rural municipality to an urban area and a confrontation with totally alien attitudes, values and behavior and experiences of loneliness.

This way of life requires a certain amount of courage: to behold the social ladder and accept the lowest rung as one's inevitable future. All these are characteristic of the life of the girls at Y. Although I cannot say that these conditions directly cause certain types of mental illness, we cannot deny that these conditions do violence to the dignity of the human person and can weaken the desire and ability of people to cope with life's endless hardships. These conditions can, and do, weaken the moral fiber of persons subjected to them. Poverty saps the vitality of the body as well as of the spirit.

Treatment of Patients

There were some very spectacular recoveries which occurred in Y. Some patients showed tremendous improvement in appearance and speech in a matter of weeks. The treatment of the mental disorders took the form of chemotherapy (the use of drugs for electro-convulsive patients), group therapy, and engaging the patients in various activities.

The treatment was geared toward the removal of the bizarre behavior exhibited by patients which are the external manifestations of mental disorder. The prevailing attitude was that the patients needed time to rest. They exhibited such behavior because of their inability to rest; so the hospital would provide them the opportunity they needed. The patients did gain weight, appeared to be more rested, and were capable of carrying on routine activities and ordinary conversation. The treatment, however, did not involve the psychological make-up of the adolescent. The patient did not leave Y with a better understanding of herself, the society and the family which greatly affected her development as a person. If anything, the treatment just served to reinforce the perceptions about themselves and society that they already possessed. The group therapy sessions proved inadequate to provide new insights into themselves and others nor were group therapy functions supported by the environment in the ward.

In the first place the hospital's primary mission is the segregation of the mentally ill from the rest of society. The task of treatment and rehabilitation were secondary. For this reason, the doctors did not call the shots in the hospital. The administrative personnel, for instance, decided what medicines to purchase without consulting the doctors. The doctors had to prescribe whatever was available or was purchased by the administrative personnel.

The effect of this custodial orientation on the ward was to leave the patients to the care of the attendants who were expected to "manage" the patients. The doctors and nurses had a limited involvement in ward life so that ultimately, therapy of patients was largely in the hands of the personnel in the hospital who were

the least qualified; who were least trained to handle mental disorders, who were not even subjected to psychological tests to determine their emotional stability. In the five months that I was at Y, the doctor entered the ward only six times. Sometimes a patient would be in the ward for one or two months before the doctor would be able to interview the patient. The nurses interacted with the patients whenever the patients required medical attention or when medication was distributed.

As a result the patient's feeling of inferiority, of being unimportant were further reinforced by the ward environment.

The life in the institution made the patient aware of her status as inferior. She was aware that she was in a charity ward and should be grateful for whatever conveniences were available. She was expected to do most of the housework in the ward and that she should be at the beck and call of the attendants. She was sometimes asked to work in the homes of hospital personnel and paid a nominal fee for it. (This practice was called placement and was reserved for patients who behaved well and were good workers.)

The life in the institution is also a series of degradations which may not have been willfully intended to degrade the patient. (But this oversight may indicate a lack of sensitivity on the part of the institution to the feelings of the patients and a lack of understanding of their condition.)

The person committed to an institution is immediately forced into the role of patient. To help her accept the role within a short span of time, the patient is stripped of the material and emotional supports that could prevent complete and immediate assumption of the patient role.

The following are typical admission procedures of Y: The patient arrives with her hands tied behind her. The nurse receives the patient, asks her some questions, then turns her over to the attendant. The attendant looks the patient over; writes the girl's name and pavilion of origin on the patient's hospital gown; then tells the patient to strip off all her clothes so she can be given a bath because she smells bad and probably has a lot of lice and fleas on her. The attendant orders one or two other patients to give the girl a bath in the laundry which has only one wall and is in full view of the neighboring building. This constitutes her rough introduction into the collective life of the ward, a collective life which intrudes into the personal privacy of the patient. From this moment on, her life, her body, her personal effects become public property. Her case history may be openly discussed even in front of other patients. Female patients have been known to be sexually molested by hospital personnel. All that the hospital did was to warn the girls to be more careful about wondering about the grounds because they might get raped in the process. This does not serve to improve the girls' attitudes toward the opposite sex nor toward their own womanhood. I know of two young girls who, while in the infirmary (which is noted for its very poor conditions) allowed themselves to be used so that they could have more food.

If this kind of treatment is supposed to prepare a patient, toughen her up, to face the realities of life then we should ask what sort of a society is it that must subject its members to indignities so that they can be acceptable again. And if this treatment is merely an oversight on the part of the institution, it is high time to assess its mission and make a more *conscious* effort in the rehabilitation of patients.

Note

At the time she read this paper, Monica R. Shotwell was with the Management and Organizational Development Section of the Development Academy of the Philippines.

The information on which this paper is based was gathered by the author for a period of 5 months (November 1974 to April 1975) during which the author observed and participated very closely in the activities in a psychiatric ward of the National Mental Hospital (so closely she was often mistaken for a patient herself).

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