The Author Replies

It is a pleasure to read a thoughtful critique of my work (Wasow 1986). Zipple, Carling, and McDonald’s (1987) response is excellent and has even influenced me—an event that happens infrequently in academia! I will briefly respond to a few points.

I do not call for an “extensive development” of highly protective settings for the mentally ill. I only ask that it be part, a small part, of a continuum of care.

“It is simply not clear to us how a ‘helpful asylum’ would differ, if at all, from one of the more pleasant State hospitals” (Zipple et al. 1987, p. 540). As I clearly stated in my article, it would differ by being small, humane, and unlocked. Being unlocked is a very specific and important difference from the old way. People are free to come and go. I want to see food, shelter, medical care, and some social stimulation provided for people—I do not want to lock anyone up.

Zipple et al. point out that there are currently no attractive models for an asylum. I saw one in 1980 in London, England—The Maudsley Hospital. Admittedly I have not seen it in 7 years, but I remember it as a wonderful place; unlocked, humane, lots of bustle and activity, much of it run by patients, tea served at 4 p.m. with the rest of London, and supervised work in the community.

Zipple et al. state “asylums have always tended . . . to become isolating, impersonal, and relatively impermeable to the communities . . .” (p. 541). I agree. So are single room occupancies, jails, shelters for the homeless, and flophouses.

The authors have influenced me most by stressing that consumers are opposed to asylum. They are right of course, and this throws me into conflict. The conflict is this: We do not hesitate to give penicillin to young children with strep throat, as we know they are not mature enough to make that judgment. People suffering from severe mental illnesses are not children, but because severe mental illnesses affect the brain, are such people mature enough to make judgment on their need for asylum at times? I do not know what the answer is.

Most of all, I agree with the authors that the main problem is our need to “rehabilitate society.” Lack of money, poverty, and discrimination are the main problems facing mentally ill people. This is the ugliness in our society that needs changing. If we could change this, I would not be calling for asylum. Perhaps our only area of disagreement is one of faith! I do not have the faith that our society will ever provide anywhere near adequate community care for people suffering from severe mental illnesses. Today, too many people are living in shelters, jails, on the streets, and in isolating, ugly single rooms. I want shelter and “asylum” (unlocked) for the minority who need it now.

But I will join you in the fight for better community care!

References


Mona Wasow, Ph.D.
Clinical Associate Professor
School of Social Work
University of Wisconsin
Madison, WI 53706