

# **Anxiety Disorders, Mental Hospitals & Other Modern Evils**

**An inside look**

Mosa Charlo

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This is dedicated to all those who are suffering.

In the Summer of 1998, following a fed-up trip to city life, I resolved to live without electricity or running water in a trailer in Montana in complete social isolation. How long it would last I hadn't considered. Turns out it was a year before the hermitism (literally not speaking to a soul for six months, broken only by a passerby requesting directions, and thereafter resumed), and tedium took its toll.

It was time to re-enter "civilization." To accomplish this in my rural area requires a vehicle. Herein lay the glitch. Without a consistent dose of car riding (I don't drive), I had developed vehicle phobia. Also, noise and social phobia. I checked myself into a mental hospital. From that time on I've never looked at the mental health system and technological society the same.

## **Noises and Social immersion**

I hadn't bargained for the noises and social immersion I'd have to endure in the hospital: intercoms, phones, TVs, faxes, juice and ice coolers, radios, vacuums, carpet cleaners, meal tray wheels, and, the culture shock of people around me everywhere. I freaked.

It is a patient's right to leave the hospital within 48 hours of appealing—but, with a catch. I requested to leave, explaining my quandary was more with anxiety than suicidal depression. (Because of inundated patient-to-hospital capacity, they release you if you're not grimly suicidal.) All the modern din was merely exacerbating my condition, I added. The catch about the request was that the decision lies in the doctor's discretion. And, he didn't buy what I was saying. "You got the ball rolling by admitting yourself; now we take over."

This imprisonment and loss of control was sulfurous at the moment, but I am now glad I stayed for the next two and a half weeks. I was exposed to the mental health profession at its purest: a mental asylum. Generally speaking, while prisons are the holding tanks of those who display their deviance outward, mental hospitals are the tanks for those who pilot it inward. Industrial society abides neither.

The lowdown on anxiety disorder is that one's fight-or-flight mechanism is thrown out of whack. It fires off mostly during what the profession calls "irrational portents." There are subtypes of anxiety disorder: panic disorder, generalized anxiety disorder, agoraphobia (fear of public places), social phobias, obsessive-compulsive disorder, and post-traumatic stress disorder. I was diagnosed with them all.

In psychology books, there's almost always the "tiger analogy." In the "caveman days," upon an assault from a tiger (or lion, or whatever), anxiety's symptoms served us well. Muscle contraction for quick action. Increased heart rate and blood pressure convey more nutrients and oxygen to muscles. Increased urination to flush toxins

out. Decreased digestive and sexual appetites to prevent distraction. Sweating to cool the body. Decreased ability to focus on small details. Dilated pupils apparently to improve night vision. Cortisol is the hormone most associated with stress and what is usually monitored in experiments testing for it.

## **Tigers ad infinitum**

Today, there are “Tigers,” ad infinitum, only they are machines and variations thereof. Yet, this is something the medical practice persists, for the most part, in wantonly and inauspiciously denigrating or ignoring.

The number one psychological plight today is not depression, but anxiety (for reasons I’ll specify later, I dispute calling various mental pitfalls “disorders,” but for convenience, I’ll refer to them as such). Eighteen million Americans suffer from it. That’s one-fifth of the population that has been officially diagnosed. Other accounts say one-quarter. Anxiety-allied predicaments (irritable bowel, chronic fatigue, heartburn, etc.) are the number one reason for physician visits-85% of them. Anxiety has been implicated in most or all psychopathologies: schizophrenia, crime, alcoholism, etc. (*New Perspectives in Abnormal Psychology*). Thirty-five percent of emergency entrances for people who think they’re having heart attacks are actually for panic attacks. Anti-anxiety drugs are among the top three medications prescribed.

With anxiety is at epidemic levels, and the genome project completed, people are being brainwashed (directly or indirectly) that the problem is pretty much all in their genes. First, it was Freud et al with their narratives of childhood familial tribulations and repressive, but not necessarily modern, society. Now, it’s the gospel according to genes. And, while genes may be the scaffolding for experiences and final demeanor, the black plague ain’t no fucking gene problem.

## **“Goals for the Day”**

In the hospital, we had a syllabus for each day, but all days were pretty much the same. We each had to profess our “goals for the day” (e.g., smile a lot); meds were distributed (the ubiquitous Prozac, plus others for my heartburn and insomnia); vital signs were taken, classes on medications, healthy eating/living; there were crafts; a modicum of exercise (comically, always chair exercise videos so as not to exclude the elderly and grossly out-of-shape); convening with one’s shrink; group therapy; a walk for those with off-ground concessions; elective journal writing; board games; visiting hours; and another group assembly; roughly in that order. There was also a bedtime Catholic prayer over the intercom and optional Sunday mass since it was a religiously affiliated center.

The days of zombies shuffling about in hospital gowns asphyxiated by tranquilizers are gone, at least in hospitals; full-fledged asylums likely diverge from this. I was not despotically administered sedatives to speak of. The trend now is to deluge patients with reality. Various shrinks espouse this to assorted degrees. My shrink swore on it like the Holy Grail, to my utter petulance. Indeed, prior to my hospital ingress, I’d been “self-medicating” with copious amounts of sleeping pills (a relative’s prescription), so I was experiencing heinous withdrawal.

There were about ten rooms in all, two beds each, with the only view afforded me and my fellow neoteric life incapacitates were a rooftop and highway. Video surveillance was (to my knowledge) reserved for three rooms for high-risk patients (which I was not). Another unit occupied the same floor, locked off, for those at extreme hazard, usually having just attempted suicide; or recalcitrant, psychotic, and such. Each of their rooms were video surveyed, and gowns, it seemed, were compulsory. Shrieks and altercations were often heard from that unit.

I, by contrast, was tagged high functioning by the staff. A fellow patient once remarked that I was not one of them (that is, the patients). I replied that I only hid it well. There was not, confoundingly, a distrust of the professionals by the patients, but a patient also informed me that the cleaning lady was the only one there you could trust. Indeed, she was a very humble and sincere lady.

One can’t but feel like a number or a guinea pig or whatever when a nurse makes his or her rounds every ten or fifteen minutes, twenty-four hours a day to check you’re still present. Notes were recorded about you several times a day, which I found both amusing and alienating.

Incidentally, rubbernecks in the 1800s and earlier used to pay to gawk at inmates in asylums, like animals in zoos. Now, hospital staffs are paid to do the same.

There was no exercise equipment really, just flimsy crap, one of the things I disrelished most since I'm accustomed to being very active, and it helps my nerves. Other patients and I took to power walking the perimeter of the Bantum Unit, like mice on a running wheel, to the vexation of the staff.

The hospital is in Missoula, Montana, close to Ted Kaczynski's former residence in Lincoln and his then sporadic haunt (Missoula, not the hospital), and the Flathead Indian Reservation where I live. While I was on the ward, there was a disproportionate number of Native Americans: six (including myself) to the 143 or so whites. This surmounts the ratio of natives even on my reservation, where some 3/4 are white. (That's correct; an Indian reservation full of white people.)

## **Plenitude of Horrifying Stories**

Native Americans have the highest rate of mental and physical disease, alcohol and drug use, and suicide of any ethnic group. A big culprit is poverty. Socioeconomic status is the single most significant variable affecting mental illness in America.

Not that I exhort economic development as rectification.

I was exposed to a plenitude of horrifying stories from patients which, out of regard for them and for brevity, I will not divulge. I will say this: When one's childhood involves suicide attempts and one's children are doing so, there is something gravely amiss with the world.

We were asked to sign something every day affirming that we were no longer contemplating suicide, which was a crock because I'm sure just about everyone there had the idea; many patients confided this to me. It was not mandatory, but to be released one had to do it. Half the people were there, according to my psychiatrist, by court order, and no one felt they were at Disneyland, so you did it.

I cannot stress enough how agonizing all the cacophony was for me. When I was alone in the trailer, which was in the back woods yet close to a residential road, I got in the habit of wearing the embarrassing getup of not only ear plugs but also construction worker-type headphones during all times save for my outdoor exercise when I donned the plugs only. So, perhaps the reader can envision my arrival at the hospital: without my noise-muffling accouterments, it sounded like a hard rock concert.

Later, a relative delivered plugs, but still, that damn intercom I just loathed. I pleaded for them to turn the one in my room off—it was beside my bed—but they said they couldn't, didn't even know how. I tidied my room spick-and-span and put the garbage sacks outside my door to avert the cleaning lady, nice as she was, from vacuuming in the room. I posted a sign on my door: "Please tread lightly. Trying to sleep [even if I wasn't]. Do not wake." But some knocked anyway, startling me, so I eventually kept the door open. I snuck meals into my room to avoid the dining area noises. I beseeched family members not to call to curtail phone rings and kept my curtains drawn.

## **Dilrod**

"Dilrod" is a variation of my assigned shrink's real name, a pet-name I acquired from another patient of his. A corpulent, egg-shaped man ever without suspenders, bearing a rigid expression, I came to detest my rendezvous with him almost as much as the noises.

On the whole, he was, just like any other shrink, well-meaning. However, in typical mental health system fashion, he gave every indication of disregarding civilization's role in mental illness.

I elucidated my anti-tech notions to him, although I don't remember precisely how I delineated them. I do recall I was gazing at the highway most of that time. I believe I rattled off the forms of technology we need to abrogate, and brought up the subject of the Unabomber's manifesto and desperation. The next thing Dilrod said was something like, "How's your Prozac coming along?"

Finally, during one session, I told him categorically I didn't like him and desired another psychiatrist. That won't be done, he replied. It's my right, I retorted. The likely implication was that it's not efficient to change doctors in the middle of therapy, but he was also on a blatant ego trip. Either way it was miscreancy. Next meeting he got the silent treatment, which he stated he'd not received in eight years.

During that day's group therapy there was a minor patient insurrection, courtesy of yours truly. I told them about Dilrod. "Asshole." "Doctor's God Syndrome." Patients rhapsodized about straight away grabbing the phone book and getting a lawyer. One related how Dilrod had made sexually inappropriate remarks to her. Counselors tried to keep order. Even in the face of suicidal ruminations, my inner rebel had roared through. Soon after, Dilrod dictated that the most obnoxious patient, one who I had before the uprising supplicated the staff not to room with me, be my roommate in my, up until then, single room. Patients who try to flee are often harnessed down, drug-fed and video monitored, among other measures, but I was determined to attempt it anyway, or kind of. During my off-ground time, I spent hours mulling how to return to the res. Finally, I again requested release. To my shock, Dilrod, over the phone, assented. I suppose I'd been there long enough and also was becoming a royal pain in the backside.

## **Brick Walls**

The last time I spoke to Dilrod, a week or so following my release, and while I was seeing another, more conciliatory therapist at the same center, he told me something dumbfounding: "The objective now is to get you to drive yourself."

What?! I am not hearing that, man. Have never and will never partake directly in something that is making my life utterly wretched and largely caused my anxiety fucking nightmare in the first place. The therapist concurred with him; so that was the end of her and me. If you've ever sought psychiatric help, you know how estranging it is to confess your primitivist creed in a room replete with computers, phones, faxes, artificial lighting, and cars visible through the window. Or, if you're an atheist or non-Catholic, religiosity can prove an obstacle as when, during my closest brush with suicide, I was handed a Bible by a counselor. I did try getting help again months after the ward, but with all the technology in the room, coupled with my reticence, I canceled appointment after appointment until the clinic forbade me to make any more.

Exclusive of one warmhearted counselor at the ward, all shrink ordeals for me—about six since age eleven—have been like talking to brick walls. The most beneficial aspect of that hospital escapade was being in the retinue of others who feel as shitty about life as I do.

Interesting to note, however, is that physicians have the highest suicide rate of any occupation. Yet the nonerudition about its causes rages on.

## **It's All in Your Head**

There are centers in this country specifically for anxiety. One such place is called the Midwest Center for Stress & Anxiety, Inc., which I became aware of through a video. It was from the early 1990s, so it is possible the clinic is now defunct, but probably not.

The gist of their seminars, which they trumpet are so popular people must often be turned away, is the whole contemporary strategy for treating anxiety disorder. The axioms are as such: "You choose how to react to stressful events. The solution is not to avoid, but to face your fears. Do whatever is the limitation, whether fear of flying, driving, elevators, whatever. The problem is not with what surrounds you, but with what is inside your head."

These platitudes are redolent of conversations I had with Dilrod. I would tell him that it was mostly his personality that deterred me from interacting with him. He retorted it was the other way around. Similarly, the mental health system drills: "It's not really modern life; it's what's in your mind, your genes, your alcoholic father..." "O.K., somewhat. But it's mostly modern life." "No, it's you." "No, it's modern life."

Look, I've spent the past year being driven in a car (for college) "facing the fear." And, with only Prozac and that for only half the time. But it never lets up. I recently experimented with various dosages of Valium to ascertain how much it would take to have an average person's car experience. One 5 mg pill is sufficient for most people and their sundry anxieties. I've tried 17 of these at once, an amount that knocks out most people, and felt only rapidly nuanced. No need to try more. To have a tolerable car ride I need to be blacked out cold or really inebriated.

As for visualizing ocean beaches and deep breathing type of things, are you kidding? My apologies, but I'm no superhuman. That kind of mind mastery is suspect even for the most ardent full-time meditating monk.

To put the icing on the cake, the woman who spews these Midwest, Inc. seminars and apparently runs the place, a self-proclaimed recovered anxiety-disorder sufferer, boasts that she has been on Oprah, Regis & Cathy Lee, Maury Povich, and other TV shows, and is a motivational speaker for Ford Motor, AT&T, Chrysler, McDonalds, and Merck Pharmaceuticals, among other corporations. The cluelessness involved here has no limit.

My own recovery has certainly been challenge owing to my anarcho-primitivism. Indeed, upon engagement at the ward, my situation felt so formidable that I determined to be less antagonistic about technology, relegating these ideas, I suppose, to some sort of subconscious.

Clearly, most every anxiety disorder sufferer would not be victimized had we never left the primeval. What is really called for is total annihilation of mass technics, wherein mental misery would be a speck of what it is today.

Also murky is whether some or all mental diseases should be classified as such. There are the simply ludicrous categories such as Attention Deficit Hyperactivity disorder for kids who can't sit still in classrooms, impulse control disorder, conduct disorder—all for those who feel the rug of self-determination constantly ripped out from under them (consciously or not) by the Mega-machine.

It would be far more veridical to call mental illnesses "anti-domestication difficulties," in which case we all have some form or other. "Disorder" signifies the abnormality of a minority, but today it is a majority, and how can a majority have an abnormality? Ah, but we know the government has its own mission, making a tighter than asshole mold for everyone.

Moreover, there was the sentiment of a fellow patient, who told me I am more "sane" than most "sane" people—"9 to 5ers"—who rebuff the state he world is in. Comrades, I'm proud to say I'm not suffering from ignorance disorder.

## **Deinstitutionalization Policy**

Depression is said to have evolutionary roots (ditto every behavior, of course). According to a recent thesis by University of Michigan psychiatrist Randolph H. Nesse, "Some features of our simian ancestors survive..." (See *U.S. News and World Report*, Feb. 14, 2000.)

Monkeys with low status have been observed with depression-like symptoms like withdrawal, and Nesse and other researchers have postulated that these behaviors are adaptive since they help prohibit harassment and aggression of them by higher ranking monkeys. (Some consequences of stress from such bullying include elevation of the stress hormone Cortisol which kills brain cells and low estrogen in females which causes atherosclerosis and bone loss.) But "monkey groups are very fluid with a change in members, which can happen monthly or even weekly. A marginal monkey could very well end up at the top again," Nesse says.

However, Nesse strays into apathy when he argues, "But people live longer than monkeys and don't change jobs or family groups from month to month. That may be how these gray moods crossed the line from adaptation to disease." Merely a lack of change in social groups, and in jobs? Apparently, Nesse has amnesia disorder about civilization as a whole.

The duncery grows cancerous: "Depression-like symptoms in apes and monkeys suggest that depression is not a uniquely human—or even a modern—illness. Why does depression afflict [19 million Americans]?" (emphasis mine) Might I propose, Mr. Nesse, that evolution cannot outpace something—industrialization—that has only been an iota in our millions of years existence? But then again, Nesse has the nerve, or stupidity, to claim civilization has virtually no role in the stinking mess we're trapped in.

Incidentally, most people with depression have anxiety and vice versa. The two compound each other.

One of the most ghastly components of the psych system, carried out in conjunction with the government, is its deinstitutionalization policy. This process, initiated in the late 1950s, diminished U.S. institutional mental hospitals (not the type I was in, but the genuine asylums) from 560,000 beds to 130,000 by 1991. Many if not most have ended up homeless, left by the government and its citizens to linger in the streets and rot.

There is an utterance in the book I earlier castigated, *Mind, Mood, and Medicine*, the ideas of which should not be oversights: "Society has used psychiatry as a repository for its manifold residual ills." I have not emphasized this enough. It is not the mental health system, and I am not calling for its reform. I am calling for total upheaval and quashing of industrial life.

## What Now?

I was on Prozac for half a year and have been off it the same amount of time. In addition to my anti-tech ethics, I didn't renew my prescription because the advantages were not dramatic enough. Save for the occasional minor sedatives, Xanax, Valium, and Lorazepam, I am currently chaste, drug-wise. These don't do nearly enough for me anyway. The things I've found to really work are vigorous exercise, music, sex, and alcohol. Tribal sweat lodge ceremonies are also beneficial. And, I don't have to subject myself to the mental health complex to obtain any of these.

I still wear earplugs unremittingly, even at home. I am now confronting the possibility of stomach surgery for an anxiety-induced heartburn ailment. The most overwhelmingly hellish problem I have is still being driven in a car. I venture to say I have anxiety surpassing anyone in the movement. My distress and realizing its origins are what actually brought me to anarchism five years ago.

I am presently entitled to access to my hospital records, comprising all the notes Dilrod and Co. took about me. I'm assuming it'll be a long process with much red tape, so my apologies for the preclusion of such tidbits.

I am acquainted with a, if not the, major cultural leader and tribal college instructor of our tribe, who educates anyone earnest enough to listen on all things tribal including medicinal plants. I also know someone who took his plants class. There is no plant for tension that this elder spoke of, she said. I also perused the 512-page *Medicinal and other use of North American Plants: A Historical Survey of Indian Usage*. Hardly anything in there either. It seems natives never had much need for anxiety reduction.

Whenever I think of this, the primal beast, however betrodde by tiger machine after tiger machine, clueless shrink after clueless shrink, stress after stress, rises up in me with fury and passion that will not be ignored.

## Noise in modern technological society (sidebar)

Like Mosa Charlo in the article above, Dirk Leach reacted with revulsion to the constant noise around him when he worked on a Mercedes-Benz assembly line in Germany in the early 1980s to finance his philosophy studies at a Berlin university. His reading of existentialism and his direct experience in the factory, led to his examination of the concepts of nihilism and to a confrontation with modern life which he chronicled in his 1986 book, *Technik*, published by Cris Banal, Editeur. Excerpts from it appear below.

"I don't write much in the off-hours now. Whenever I did, a motor somewhere always seemed too loud. Work at the factory had become a duller, more massive, and less eventful experience. It seemed to consist of nothing so much as getting especially close to the noise one heard everywhere all the time. After work, the work of others dominated the air. An urgent drone was the basis of the sound, and internal combustion engines or sputtering power tools usually clattered in the foreground. When I tried to write, more and more often I became distracted and wondered at the noise. It was fast and regular. It went on. It approximated constancy with a blattering push punctuated by the shortest of pauses. I knew that a long time at the factory would eventually destroy my ability to write altogether..."

"I hear a voice in the sky. It is a tunnel of sound that, as it rockets into the distance, begins to rumble like a roaring blaze, like a receding wave of 'Combustion.'"

“The voice in the sky, of contained destruction progressing into the distance—my thinking listens to that, but also feels my walking, thinking speaks over the sound of the passing automobiles and it walks down the edge of the highway listening to the rocketing tunnel of traveling combustion. My thinking takes all that into itself.”

# fifth Estate

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