

Institutional syndrome

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Institutionalization can also mean voluntary or involuntary commitment, the process of committing someone to a facility.

In clinical and abnormal psychology, **institutionalization** or **institutional syndrome** refers to deficits or disabilities in social and life skills, which develop after a person has spent a long period living in mental hospitals, prisons, or other remote institutions. In other words, individuals in institutions may be deprived (whether unintentionally or not) of independence and of responsibility, to the point that once they return to "outside life" they are often unable to manage many of its demands;^{[1][2]} it has also been argued that institutionalized individuals become psychologically more prone to mental health problems.^[3]

These walls are funny. First you hate 'em, then you get used to 'em. Nuff time passes, you get so you depend on 'em. That's *institutionalized*.

"Red" *The Shawshank Redemption*

The term *institutionalization* can both be used to the process of committing an individual to a mental hospital or prison or to institutional syndrome; thus the phrase "X is institutionalized" may mean either that X has been placed in an institution, or that X is suffering the psychological effects of having been in an institution for an extended period of time.

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Background

In Europe and North America, the trend of putting the mentally ill into mental hospitals began as early as the 17th century,^[4] and hospitals often focused more on "restraining" or controlling inmates than on curing them,^[5] although hospital conditions improved somewhat with movements for human treatment, such as moral management. By the mid-20th century, overcrowding in institutions,^{[6][7]} the failure of institutional treatment to cure most mental illnesses,^[6] and the advent of drugs such as Thorazine^[7] prompted many hospitals to begin discharging patients in large numbers, in the beginning of the deinstitutionalization movement (the process of gradually moving people from inpatient care in mental hospitals, to outpatient care).

Deinstitutionalization did not always result in better treatment, however, and in many ways it helped reveal some of the shortcomings of institutional care, as discharged patients were often unable to take care of themselves, and many ended up homeless or in jail.^[8] In other words, many of these patients had become "institutionalized" and were unable to adjust to independent living. One of the first studies to address the issue of institutionalization directly was Russel Barton's 1962 book *Institutional Neurosis*, which claimed that many symptoms of mental illness (specifically, psychosis) were not physical brain defects as once thought, but were consequences of institutions' "stripping" away the "psychological crutches" of their patients.

Since the middle of the 20th century, the problem of institutionalization has been one of the motivating factors for the increasing popularity of deinstitutionalization and the growth of community mental health services,^{[2][9]} since some mental healthcare providers believe that institutional care may create as many problems as it solves.

Romanian children who suffered from severe neglect at a young age were adopted by families. Research reveals that the post-institutional syndrome occurring in these children gave rise to symptoms of autistic behavior. Studies done on eight Romanian adoptees living in the Netherlands revealed that about one third of the children exhibited behavioral and communication problems resembling that of autism.^[10]

Issues for discharged patients

Individuals who suffer from institutional syndrome can face several kinds of difficulties upon returning to the community. The lack of independence and responsibility for patients within institutions, along with the "depressing"^[6] and "dehumanizing"^[7] environment, can make it difficult for patients to live and work independently. Furthermore, the experience of being in an institution may often have exacerbated individuals' illness: proponents of labeling theory claim that individuals who are socially "labeled" as mentally ill suffer stigmatization and alienation that lead to psychological damage and a lessening of self-esteem, and thus that being placed in a mental health institution can actually cause individuals to become more mentally ill.^{[11][12]}

Notes

1. Williams (1994, pp. 83–5)
2. Solving Mental Health Problems (2001)
3. Leite & Schmid (2004)
4. Nemade, Rashmi; Dombeck, Mark (14 February 2006), "Institutionalization and Deinstitutionalization with Schizophrenia" (http://www.mentalhelp.net/poc/view_doc.php?type=doc&id=8813&cn=7), *MentalHealth.net*, retrieved 11 June 2009
5. Grob 1994, p. 104
6. Grob 1994, p. 127
7. Palmer, Ann, *20th Century History of the Treatment of Mental Illness: A Review* (<http://web.archive.org/web/20040710022826/http://www.mentalhealthworld.org/29ap.html>), archived from the original (<http://www.mentalhealthworld.org/29ap.html>) on 10 July 2004, retrieved 11 June 2009
8. Shorter 1997, p. 280

9. Williams (1994, p. 151)
10. Hoksbergen, Rene; J. Laak, K. Rijk, C.V Dijkum, F. Stoutjesdijk (October 2005). "Post-Institutional Autistic Syndrome in Romanian Adoptees". *Journal of Autism and Developmental Disorders* **35**.
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