

**sample CPN 101/103 assignment:  
argumentative research essay**

Writing Assignment  
CPN 101, Section 094

Argumentative Research Essay

Write a five-to seven-page research essay that addresses an argumentative topic that would be of interest to other students in your composition class. Structure the paper as an argumentative essay and use at least three sources of information, synthesizing the ideas you find relevant to your thesis and purpose. One source should be taken from the Internet, and the remaining two should be from journals, periodicals or books.

To document your source, include MLA-style parenthetical citations and a "Works Cited" page.

## sample CPN 101/103 essay: argumentative research essay

*essay heading: does not include instructor's name (according to portfolio guidelines)*

*essay title: uses key terms to clarify the purpose and focus of the essay (see Troyka 52-3)*

*writer supplies purposeful background information on sources, including authors and titles*

*writer presents an arguable thesis*

Mazor 1

Erica Mazor  
CPN 101, section 094  
14 April 1998

### The Severely Mentally Ill Should Be Cared For--Voluntarily or Involuntarily

¶1

A man sleeping on a park bench--a woman screaming at an invisible enemy--the hunger and desperation of the homeless have become common features of the nation's major cities. Tamar Lewin reviews E. Fuller Torrey's book, *Nowhere to Go: The Tragic Odyssey of the Homeless Mentally Ill* in the *New York Times*. Lewin tells us that estimates of our nation's homeless range from 350,000 to one million (2). Nancy Wolff, a psychiatrist, and her colleagues report that most studies show that one-third of these homeless are mentally ill (341). The presence of even the non-mentally ill homeless creates a stronger sense of squalor, and moreover, a sense of degradation. Although many people believe that the estimated number of the mentally ill homeless is exaggerated, strong evidence leads to the contrary. Eighty percent of the total number of mentally ill patients were freed from mental institutions over the last thirty years (Lewin). Many of these patients who were severely mentally ill ended up on the streets. Deinstitutionalization has contributed greatly to the homeless population. Many argue against involuntary hospitalization, saying it violates rights. However, the mentally ill are indeed ill. Just as severely physically ill people should be hospitalized, so should the severely mentally ill be cared for, whether it be voluntarily or involuntarily.

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E. Fuller Torrey, a psychiatrist in Washington 12  
D.C., states in his article, "Stop the Madness",  
that the original plans of deinstitutionalization  
were based on ideology. Liberals found civil  
rights activists' demands for mental patients'  
freedom compelling. Conservatives were glad to  
cut mental health budgets by shutting down state  
hospitals. Torrey also says that advocates of  
deinstitutionalization formed their opinions and  
arguments mostly on such texts as Erving  
Goffman's *Asylums*. These texts firmly state that  
psychiatric patients' abnormal behavior was  
mostly a consequence of hospitalization, not of  
mental illness. Torrey explains that supporters  
of deinstitutionalization assumed that mentally  
ill individuals would voluntarily seek treatment  
if they needed it. These supporters wanted  
society to recognize patients' rights to live in  
the community, and they also sold deinstitution-  
alization as a cost cutting strategy (Torrey). A  
*New York Times* article, "Nowhere to Go: The  
Tragic Odyssey of the Homeless Mentally Ill"  
comments that community programs were supposed to  
solve the problems of the mentally ill. The  
programs would have allowed the severely mentally  
ill to avoid confinement in huge, unhappy mental  
institutions. The idea was to have various  
community programs that would provide treatment,  
housing, and other aid to discharged patients  
(Lewin). Most important, the patients would not  
be locked up against their will.

However, deinstitutionalization did not work 13  
out, as planned. "Stop the Madness" says that  
many of the released patients are worse off now  
than if they had stayed in the hospital. Only a  
few of the released mentally ill patients  
received after-care (Torrey). The rest did not.  
Furthermore, research has shown that Erving

*writer provides necessary  
background on controversy,  
using summary and  
paraphrase with  
MLA parenthetical  
documentation  
(see Troyka 490-503, 548-555)*

*writer supplies background  
information on sources,  
including authors and  
titles, and cites source using  
MLA form for on-line source  
with no pagination  
(see Troyka 573-579)*

*writer uses transition  
to link ideas*

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Mazor 3

Goffman's claim that mental patients were psychotic because of hospitalization is grossly false. As one expert says, schizophrenia and manic depressive illnesses are physical disorders of the brain, and many of the mentally ill homeless suffer from these two diseases. Furthermore, patients with these illnesses need treatment (Lewin). A large proportion of the mentally ill do not believe that they are ill; therefore, they will not voluntarily receive treatment. If the community programs actually materialized as they should have, the only patients to be helped would be the ones who admitted they were ill. As if that was not enough to deplete the effectiveness of the programs, psychiatrists began to treat patients that were less ill, but could pay more. Thus, the programs did not even fulfill their responsibilities.

*writer develops a major point  
in her argument*

Overall, deinstitutionalization has caused a dramatic downward slump in the quality of life of the homeless. Members of communities fear the mentally ill homeless and fight for ways to rid their neighborhoods of them. This antagonism does not help the mentally ill homeless get out of their situation. Community members just want them moved to another location, not entirely without reason; many of the untreated mentally ill constitute the population that commits violent acts (Lewin). Before deinstitutionalization, mentally ill people had lower arrest rates than the general population. A study in the 1970s revealed that the likelihood of released patients committing violent crimes had risen dramatically. They were twice as likely to commit murder, five times as likely to commit aggravated assault, and seven times more likely to commit rape than the general population (Lewin). Compared to having

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Mazor 4

lower arrest rates twenty years before, these statistics shows a great correlation between deinstitutionalization and violence among the released patients. Elliot Liebow, a retired anthropologist, asserts in his book, *Tell Them Who I Am: The Lives of Homeless Women*, that conditions associated with homelessness tend to aggravate mental health problems (42). However, with treatment, the individual's disorder can be controlled. Only then will the mentally ill begin to fit into the general population.

Society should worry about the homeless mentally ill not only harming the community, but also harming themselves. In many states, patients cannot be committed if it cannot be shown that they pose a danger to themselves or others. In Lewin's review of Torrey's book, we are shown incidents that should make us question this proposal. In Wisconsin, a judge ruled that "a man that barricaded himself in his house and sat with a rifle in his lap muttering 'kill, kill, kill' did not show enough violence to qualify for hospitalization (Lewin). Lars Eighner, a homeless man, wrote a book called *Travels With Lizbeth: three years on the road and on the streets*, in which he tells us about a mentally ill woman he was acquainted with. On medication, she was intelligent and acted just like anyone else in the general population. When on the streets, she was violent, talked nonsense, and literally threw her SSI check away (170). Only when she was extremely physically violent was she committed involuntarily. Her medication worked so well that she would cease to be violent almost as soon as she took her first dose. Then she was immediately discharged (171). Surely, if she was in a treatment program, she could have lived a more satisfying life in the community.

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*writer synthesizes two sources  
to support her argumentative  
point*

*transition: writer signals  
clearly another point in her  
argument*

*writer supports her point  
with specific examples  
(see Troyka 74-6)*

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Mazor 5

*writer acknowledges  
the opposition  
(see Troyka 139-156)*

*writer refutes the opposition*

*writer uses quotation and  
paraphrase with MLA  
parenthetical documentation  
to support her own view*

*writer repeats the main  
argument in her thesis to create  
unity (see Troyka 49, 71-4)*

*writer continues to  
acknowledge the opposition  
(see Troyka 139-156)*

¶6 However, such authorities as Douglass Mossman, a psychiatrist at Wright State School of Medicine in Dayton, Ohio, argues that the mentally ill are better off now that they are free to make their own decisions about their lifestyles and are free to display obvious signs of illness without fear of involuntary hospitalization (76). On the other side, John Martin, a sufferer of schizo-affective condition, is active in the community and holds a full-time job. Yet, he feels that the quality of life of the mentally ill was significantly better in institutions. He reflects that "in terms of meaningful activities and personal relationships, [he] had lived better when [he] was a patient" (3). In the hospital, an attendant made sure he took proper care of himself. Martin also attended social activities with other patients and had active treatment. He feels that for many of the seriously mentally ill, life is better in hospitals. Martin asserts that many of the mentally ill need the "protective and sheltered artificial community that can be created in a hospital environment" (6). While community programs benefit patients who are highly motivated, and effective institutionalization is more able to meet the needs of the chronically ill, those who are not highly motivated end up homeless. As the evidence reveals, the quality of life of the mentally ill plummeted in correlation to deinstitutionalization.

¶7 Although Dr. Mossman is a practicing psychiatrist, other psychiatrists and much of the general population strongly oppose his beliefs. Dr. Mossman claims that deinstitutionalization did not cause the majority of the homeless mentally ill population. He claims that those who believe that the problems of the homeless mentally ill could have been solved, had it not

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been for deinstitutionalization, fall into a myth. Mossman believes that what he calls the "abandonment thesis" (American psychiatrists abandoning the mentally ill) allow Americans to deal more comfortably with the problems of homelessness (71). He claims that those who believe deinstitutionalization contributed greatly to homelessness merely ignore the fact that mentally ill people do not necessarily want to be confined in hospitals. Furthermore, Mossman asserts that homelessness fluctuates in response to economic factors (73).

Although high unemployment, cuts in welfare benefits, and the loss of low-cost housing do contribute to homelessness, both for those who are mentally ill and those who are not, we cannot deny that when thousands of the mentally ill were released into the community, only a small portion were able to succeed at being free. Granted, there are mentally ill people who have homes and hold steady jobs. However, the severely mentally ill have difficulties dealing with the normal duties and actions of life. And granted, people who are mentally ill and have homes are more likely to stay in one place long enough to benefit from a treatment program (Liebow 231). However, without solving the lack of housing for the majority of the mentally ill, there is not much of a chance of saving them from permanent destruction.

As Liebow and Mossman state, unemployment, decreases in welfare benefits, and the lack of low-cost housing cause homelessness. We cannot deny that failing to treat the nation's mentally ill gives way to a rise in homelessness also. The severely mentally ill require and deserve proper treatment. Without proper treatment, the mentally ill are doomed to a disastrous ending. The nation has the responsibility to save mentally ill

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*writer refutes the opposition*

119

*writer repeats the main argument in her thesis*

*concluding strategy:  
writer calls for action*

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people from the degradation of homelessness.  
Releasing mental patients into an unstable  
environment is responsible.

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Mazor 8

Works Cited

- Eighner, Lars. Travels With Lizbeth: Three Years on the Road and on the Streets. New York: Fawcette Columbine, 1993.
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- Martin, John. "Deinstitutionalization: What Will It Really Cost?" April 1995. Online. Internet. <<http://www.mentalhealth.com/mag1/p51-sc02.html>.>
- Mossman, Douglas. "Deinstitutionalization, Homelessness, and the Myth of Psychiatric Abandonment: A Structural Anthropology Perspective." Social Science and Medicine 44 (1997): 71-83.
- Torrey, E. Fuller. "Stop the Madness." Wall Street Journal. 18 July 1997: Wall Street Journal Online. 23 March 1998.
- Wolff, Nancy, et al. "Cost Effectiveness Evaluation of Three Approaches to Case Management for Homeless Mentally Ill Clients." American Journal of Psychiatry 154 (March 1997): 341-48.

*MLA-style "Works Cited"*  
(see Troyka 555-580)