Women Who Are Mad

Sanchez Marrugo, Betshy Paola

The Open University

27 December 2021

WOMEN WHO ARE MAD

I myself am a ‘mad’ woman, a suffragette woman, a woman who has not been able to access justice. A domestically abused woman, a discriminated woman, an intersectional woman, a marginal woman, a raped woman, a borderline woman, an assertive woman. I have seen the horrors my gender can face at the hands of a patriarchal system. I have been diagnosed with a personality disorder and a psychotic spectrum disorder. I am Colombian, my ethnicity according to mainstream questionnaires is ‘any other ethnic group’. I don’t have any savings, and I don’t own property. I am studying forensic psychology, and I am still trying to obtain justice for the violence committed against me. My voice has been suppressed again and again. I sometimes feel like I am drowning. I have been placed at great disadvantage. Indeed, my story and personal experiences are just one of the many reasons why I have written this document. I am not here to tell my story, although the facts and figures do in some way tell it, because I am one of those women the facts and figures talk about. Throughout this document, the evidence has been collected and presented in the form of excerpts and statistics from trustworthy authority sources. I believe it is my freedom of expression to assert my concerns, my research, my experience, and my hope for change as stated in the ICCPR (United Nations, 1966a): ‘Everyone shall have the right to hold opinions without interference [...] Everyone shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of his choice’. I want the status quo to listen more to the superego quo, because change is overdue.

1. Id, Ego, And Superego Quo

The scene is set for a new preconscious quo, that is, a state of latent development where new ideas are entering or about to enter the status quo’s consciousness. For the purposes of academic exploration, I intend to explain the psychological impact that de facto and de jure discrimination have on ‘mad’ women. All this discrimination, of course, takes place in what we call the status quo. Oxford Reference (n.d.) defines status quo as ‘the existing

Author: Betshy P. Sanchez Marrugo
Student of (BSc) Forensic Psychology @ The Open University.
Contact: bsanchezmarrugo@gmail.com
LinkedIn: https://www.linkedin.com/in/betshy/

social, economic, and/or political system or the current power relations'. In other words, the status quo is the collective ego. The state of preconsciousness and consciousness of the system of things, reality. The ego quo. Freud (1923) in his book *The Ego and the Id* posited: 'We have formed the idea that in each individual there is a coherent organization of mental processes; and we call this his ego [...] The ego represents what may be called reason and common sense, in contrast to the id, which contains the passions [...] holding good on the average or ideally'. In this document, we will be exploring the collective ego, and as Freud posited, the 'common sense', the 'average', and the 'ideally'. Freud (1923) explained that the ego regulates the unconscious drives of the id and the superego. I find it necessary to first explain these concepts in order to explore what I mean by id quo and superego quo.

Freud saw the id as the basic human energy which is instinctual in nature. He established a theory where the id is part of the human body, and interacts in the form of impulses which are biological in nature. Freud believed that the id had the uninhibited elements of morality, which the ego has to regulate based on sociophenomenological events stored in memory. It is believed that the ego regulates such conflict by taking on board the signals sent by the superego, the unconscious morality learned through the early ego/status quo ante (starting in the microsystem, extending to the mesosystem, and finally internalising the macrosystem). Thus, the superego quo stores the moral foundations learned through different stages of development, and the id stores the natural instincts that are intrinsically human and animal. It all begins with memory. The superego quo stores the sublimated pathologies, and wants to inhibit the unconditioned responses of the id, which stores physical memory. The ego, being the consciousness of the self, must use the superego's knowledge base to successfully inhibit the impulses of the id. This process is accomplished through sublimation, and many people succeed in becoming inhibited adults who are able to behave in socially acceptable ways. Freud (1923) further states: 'the ego is in the habit of transforming the id's will into action as if it were its own [...] The super-ego is, however, not simply a residue of the earliest object-choices of the id; it also represents an energetic reaction-formation against those choices [...] its compulsive character which manifests itself in the form of a categorical imperative'. Reaction formation is an unconscious defense mechanism where an object cathexis happens (fixation of energy on a specific variable), and where the object of cathexis is the opposite to what the person's unconscious instincts tell them to fixate on. When a person has reaction-formation, they behave according to the superego's unconscious inhibitions, which are endlessly in battle with the unconscious impulses of the id. Whilst Freud's theories had many limitations, many of his concepts remain operational in psychoanalysis. Freud (1923) posits that object-cathexis 'proceeds

Author: Betshy P. Sanchez Marrugo
Student of (BSc) Forensic Psychology @ The Open University.
Contact: bsanchezmarrugo@gmail.com
LinkedIn: https://www.linkedin.com/in/betshy/

from the id'. This is then assessed by the ego which draws behavioural standards from the superego, and finally a response is decided. The self might feel a compulsion towards inhibiting certain responses from the id, whilst enacting other impulses. Freud (1923) states: 'As the child was once under a compulsion to obey its parents, so the ego submits to the categorical imperative of its super-ego'.

These categorical imperatives are made and remade throughout life by the superego, which continues to internalise the superego quo to update its knowledge base. In our status quo, the unconscious forces driving de facto morality are often legislation and leaders. Humans tend to internalise the very attitudes ingrained in laws and procedures, rather unconsciously; and also tend to identify with those in authority positions. If these leaders, attitudes, and norms are fair; people introject it and reaction-formation happens leading to sublimation. However, things can go wrong. For instance, political leaders, norms, and attitudes which indicate discrimination can also be introjected, and identification leading to reaction formation happens in a maladaptive way. The superego quo registers that it is okay to discriminate against people in certain socially acceptable circumstances (e.g. gender pay gap) and thus, the impulses sent by the id to discriminate are not registered by the superego as impulses that need inhibiting. In other words, the superego (also known as the 'ego ideal') internalises that which has been defined as socially acceptable, average, or ideal. Thus, for instance, if the law protects homosexuals, then the society of the jurisdiction tends to adapt their ego towards the new status quo, that is, that there is nothing wrong with homosexuality and it would be a crime to engage in hate crime. This is the superego quo inhibiting the homophobic impulses stored in the id's database which is based on a personal, early status quo ante. Nevertheless, the id quo continues to send drives, attitudes, and impulses collectively stating that conversion therapy is legitimate although the superego quo has led to petitions specifically asking the UK government to ban conversion therapy. Thus, the preconscious quo becomes the idea that conversion therapy might be harmful, and illegitimate as the ego quo regulates such an ideological conflict (UK Government and Parliament, 2021). The ego quo is in transition, and hopefully soon conversion therapy will be in the status quo ante, in the same way that the criminalisation of homosexuality is also in the ego quo ante. Yet, not everyone is able to inhibit their maladaptive responses. Some continue to discriminate and engage in de facto hate crime. To this day, they have not been able to identify with leaders who promote equality, and continue fixated on leaders whose attitudes are full of prejudice and greed. This is the id quo which also sends impulses to the ego quo, and at times this can be reflected in de facto injustices and hate crime. In Freud's (1923) words:

Author: Betshy P. Sanchez Marrugo
Student of (BSc) Forensic Psychology @ The Open University.
Contact: bsanchezmarrugo@gmail.com
LinkedIn: https://www.linkedin.com/in/betshy/

> ‘Now that we have embarked upon the analysis of the ego we can give an answer to all those whose moral sense has been shocked and who have complained that there must surely be a higher nature in man: Very true we can say, and here we have that higher nature, in this ego ideal or super-ego [...] What has belonged to the lowest part of the mental life of each of us is changed, through the formation of the ideal, into what is highest in the human mind by our scale of values [...] As a child grows up, the role of father is carried on by teachers and others in authority; their injunctions and prohibitions remain powerful in the ego ideal and continue, in the form of conscience, to exercise the moral censorship. The tension between the demands of conscience and the actual performances of the ego is experienced as a sense of guilt. Social feelings rest on identifications with other people, on the basis of having the same ego ideal. Religion, morality, and a social sense - the chief elements in the higher side of man - were originally one and the same thing [...] Reflection at once shows us that no external vicissitudes can be experienced or undergone by the id, except by way of the ego, which is the representative of the external world to the id. Nevertheless it is not possible to speak of direct inheritance in the ego [...] We have already said that, if the differentiation we have made of the mind into an id, an ego, and a super-ego represents any advance in our knowledge, it ought to enable us to understand more thoroughly the dynamic relations within the mind and to describe them more clearly. We have also already concluded that the ego is especially under the influence of perception, and that, speaking broadly, perceptions may be said to have the same significance for the ego as instincts have for the id. At the same time the ego is subject to the influence of the instincts, too, like the id, of which it is, as we know, only a specially modified part.’

2. The Injustices Women Face

BBC News (2021) documented the id quo for the year ending in March 2020 in the United Kingdom. In that year, 4.9 million women were sexually assaulted. Out of those, 1.4 million

women were raped. 98.5% of the rapists were males. The statistics show that women are the most likely gender to be sexually assaulted. Only an estimated number of 139,000 women reported the assault to the police, and out of this, only 1,439 cases led to a conviction. This indicates that the id quo still gets away with the impulsive libidinal crimes against women. There were several reasons why other women did not report the crime, including embarrassment, hopelessness, feelings of humiliation, and fear. Even the UN has an id that their ego attempts to regulate based on superego standards. For instance, the United Nations (2015) 'expresses deep concern over continuing allegations of sexual exploitation and abuse by United Nations peacekeepers and non-United Nations forces, including military, civilian and police personnel, urges police- and troop-contributing countries to provide robust pre-deployment training on sexual exploitation and abuse and vetting of their peacekeeping personnel'.

The id quo continues to seek instant gratification in the form of aggression as the facts and figures demonstrate. The superego quo continues to exert its evolved moral foundations to achieve the higher good. The ego quo continues to regulate this conflict. The United Nations (2017) states that violence against women 'remains pervasive in all countries, with high levels of impunity [...] one of the fundamental social, political and economic means by which the subordinate position of women with respect to men and their stereotyped roles are perpetuated. [...] a critical obstacle to the achievement of substantive equality'. We can see that the UN demonstrates to have a moral conscience, by tackling reports and incidents of violence against women through the recommendation and instruction of actions to effect change. This is the ego quo of the UN, an organisation that oversees everything and conducts research globally to motivate international jurisdictions to regulate their ego quo so the planet can have an overall healthier status. Their research and instruments continue to influence changes worldwide, including here in the United Kingdom, whose ego quo became antisocial with itself, the larger continental and international ego quo. Brexit is one of the scariest things to ever have happened to women in the UK. No wonder the government is now rushing with the *Domestic Abuse Act 2021*, which still does not cover the standards of the Convention.

As this document aims to elucidate, the *Domestic Abuse Act 2021* (p. 1) does not guarantee the prevention of injustices, and the protection of women's rights. It simply assists 'individuals in certain circumstances'. And indeed, certain personal circumstances only. It does not include other settings where psychological abuse also happens such as social, occupational, and bureaucratic institutions. The act states that the 'behaviour of a person

("A") towards another person ("B") is "domestic abuse" if— (a) A and B are each aged 16 or over and are personally connected to each other, and (b) the behaviour is abusive'. But, what is a personal connection? Relationships that are classed as 'personal' are often family, and romantic partners. Friendships can also be personal, and even professions can be personal, such as the role of a psychotherapist. I have been studying forensic psychology for a while now, and I know that it does not take a personal relationship for violence against women to happen. It can happen anywhere, to anyone whether personally or impersonally.

The *Domestic Abuse Act 2021* limits 'certain circumstances' through its own definition of 'personally connected'. As explained above, two people do not necessarily need to be 'personally connected' for these injustices to happen. Some of these injustices occur in other settings. Their definition (p. 2) states: 'For the purposes of this Act, two people are "personally connected" to each other if any of the following applies— (a) they are, or have been, married to each other; (b) they are, or have been, civil partners of each other; (c) they have agreed to marry one another (whether or not the agreement has been terminated); (d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated); (e) they are, or have been, in an intimate personal relationship with each other; (f) they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2)); (g) they are relatives'. As it can be seen, the act disagrees with the psychological operational definition of what constitutes a personal relationship. For instance, the University of Minnesota (n.d.) from the United States posits that personal relationships include friendships. Yet, the *Domestic Abuse Act 2021* has no room for this. So it is not an integral response to the struggles women face, but rather just a response to certain circumstances and certain linguistics. I mean, the (Scottish) Collins English Dictionary (2021) clearly states that 'personal relationships' are defined as: 'relationships between people, esp those between friends, lovers and family members'. Furthermore, the Council of Europe (2013, p. 12) states: 'Feminist criminal theory has criticised general concepts and principles of criminal law as representing the male experience rather than that of women'.

Domestic abuse as a concept does not encompass the scope of women's rights. It is my opinion that 'intersubjective abuse' is a more integral, less ambiguous, and multilateral term when it comes to harm. This is because women not only need protection in their romantic relationships, but also protection in all other settings where abuses of power happen. According to the United Nations (2017, p. 5) such abuses include 'physical, sexual, psychological or economic harm or suffering [...] harassment, coercion and arbitrary

Author: Betshy P. Sanchez Marrugo
Student of (BSc) Forensic Psychology @ The Open University.
Contact: bsanchezmarrugo@gmail.com
LinkedIn: https://www.linkedin.com/in/betshy/

deprivation of liberty' and 'may amount to torture or cruel, inhuman or degrading treatment in certain circumstances, including in cases of rape, domestic violence or harmful practices. In certain cases [...] may also constitute international crimes'. As it can be seen, the UK's legislature created an act that only covers the section on 'domestic violence', but excluded the rest. This can be interpreted as a form of de jure violence against women. *The Domestic Abuse Act 2021* only gives scope to narrow circumstances; whilst overlooking the many other aspects and contexts of intersubjective violence against women. Butchard (2020) published a briefing on the *House of Commons Library* explaining that 'in the UK, provisions of an international treaty can only have effect in domestic law if they are written into or incorporated by domestic legislation'. After Brexit, only the *Human Rights Act 1998* ratifies the European Convention on Human Rights (Council of Europe, 1950). But the UK continues to be actively involved with the United Nations, meaning that there are agreements in place for international deliberation which the UK must respond to. But the UK's id continues to send instincts to the UK's ego and the ego sometimes chooses to ignore the advice of its superego quo. The state apparatus forgets that there are four basic principles for measuring access to justice legislatively. First, *prevention*; ensuring that there are clear bodies of law with substantive measures to prevent violence against women from happening. Second, *protection*; that is, if prevention failed, making sure there are procedural safeguards to protect women from further harm; *prosecution*, which means ensuring that a perpetrator of violence against women does not escape justice; and *policy* which should be coordinated to facilitate the implementation of these principles. It is justice as a motivation that drove the recommendation made by the United Nations (2017), specifically related to accessing such a justice, and also ensuring that legal aid access is granted in order for victims and survivours to claim a reddress at the very least. But the GOV.UK should not wait for victims to take legal action, justiciability requires governments to initiate protective mechanisms as soon as a victim exists. The United Nations (2017, p. 15) encourages countries to provide 'appropriate and accessible protective mechanisms to prevent further or potential violence, without the precondition that victims/survivors initiate legal action, including through removal of communication barriers for victims with disabilities'.

For a long time, women have been treated as less than human beings. Even though the United Kingdom brexited, it continues to have international obligations to uphold human rights standards. Justiciability requires that women have access to justice when their human rights are being or have been violated. The state is accountable to this, and has substantive principles to apply practically. Moreover, the aspect of accessibility requires that the United Kingdom makes justice affordable or free, that is, to prevent those who cannot pay for a

lawyer from being left behind; as well as to prevent a culture of impunity rooted in patriarchal legislative frameworks. The United Kingdom is expected to act in due diligence because for women, this is a matter of life and death. Perpetrators tend to get away with violence against women, as was documented above in the rates provided by BBC News (2021). De jure gender-limiting laws such as the *Domestic Abuse Act (2021)* lead to de facto gender discrimination against women, because the status quo is influenced by both the superego quo and the id quo; and this is regardless of whether two individuals connect personally, or impersonally. In other words, the conscience of the legislation is internalised by the masses as what is 'normal', 'average', or 'ideal'. It becomes cultural; and eventually it becomes everyday practices, beliefs, and attitudes. Gender-limiting laws suchs as the *Domestic Abuse Act 2021* fail to listen to the superego quo's progressive standards. Lack of access to justice for human rights violations is an aspect of the id quo, that so far might not even have been recognised by the legislature, but has nevertheless been highlighted in the collective preconscious as something that could be more regulated. All these dimensions influence what we know as the status quo. This is how 'normality' is made and remade, and why it is so essential that there exists a de jure conscience. Gender oppressive laws are sometimes referred to as 'gender-neutral', although the Council of Europe (2013, p. 9) states that using the word neutral is deceptive because 'failing to take into account the daily and diverse reality of women's lives, this "neutrality" is an illusion, misleading policies and actions'. This is a reality that the United Kingdom is facing, a reality where not enough gender mainstreaming (the assessment of laws and how these impact on gender differences) is being conducted, and a great number of women continue to face a reality of horror and suffering as a result. The Council of Europe (n.d.) states: 'Belonging to vulnerable groups of women can result in an increased restriction of access to certain rights, including justice [...] women from these groups are also often victims of stereotyping, which can result in bias and insensitivity on the part of the justice system, or even denial of justice'.

Not only does the law need to be fair (de jure equality), but general and cultural practices must also be fair (de facto equality); the latter which is recommended by the international community as a legitimate interpretation of equality and human rights law involving the European Convention on Human Rights (Council of Europe, 1950). The Council of Europe (2017) in the *Training Manual for Judges and Prosecutors on Ensuring Women's Access to Justice*, defines substantive equality as 'an understanding that "historical inequalities, structural disadvantages, biological differences and biases in how laws and policies are implemented in practice" lead to unequal results and opportunities for women and men [...] the primary issue is the distribution of power'. And indeed, it is power

that is removed from women with acts such as the *Domestic Abuse Act 2021*, which only protects certain situations and contexts; but fails to be both, broader, and more specific. Its very title is ambiguous, because 'domestic' as a term also encompasses domestic legislation abuses. But conveniently, such a de jure context does not seem to be included in the act. Nevertheless, *Recommendation no. 33* explains that the United Nations Committee on the Elimination of Discrimination against Women (2015) documented 'many examples of the negative impact of intersecting forms of discrimination on access to justice, including ineffective remedies, for specific groups of women. Women belonging to such groups often do not report violations of their rights to the authorities for fear that they will be humiliated, stigmatized, arrested, deported, tortured or have other forms of violence inflicted upon them, including by law enforcement officials [...] when women from those groups lodge complaints, the authorities frequently fail to act with due diligence to investigate, prosecute and punish perpetrators and/or provide remedies'. Many injustices such as that mentioned in the *Recommendation no. 33* are frequently reported in the United Kingdom. For Instance, SafeLives (2015) reports that '85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse'. Some reported it to the police, whilst others reported it to clinicians. There were safeguarding failures all over the place. Yes, there are many ways in which women are suppressed and silenced today; and many injustices happen as a result of individuals silencing the stories of women. Substantively, UN Women (2016) encourages countries to 'ensure that the confidentiality rules imposed by internal law on certain professionals do not constitute an obstacle to the reporting of acts of violence covered by the Istanbul Convention to the competent organizations or authorities'.

A lot of these injustices are often unjustified and illegitimate in nature. In the UK, the *Human Rights Act* 1995 protects women by ratifying the European Convention on Human Rights (Council of Europe, 1950). Yet, many women who have been raped continue to suffer alone, and their perpetrators continue to escape justice. This is a de jure faux pas. *Recommendation no. 33* (United Nations Committee on the Elimination of Discrimination Against Women, 2015, pp. 5-11; UN CEDAW) also clarifies: 'In addition to articles 2 (c), 3, 5 (a) and 15 of the Convention, States parties have further treaty-based obligations to ensure that all women have access to education and information about their rights and remedies available [...] Give special attention to access to justice systems for women with disabilities [...] Protect women complainants, witnesses, defendants and prisoners against threats, harassment and other harm before, during and after legal proceedings [...] judicial institutions must apply the principle of substantive or de facto equality as

Author: Betshy P. Sanchez Marrugo
Student of (BSc) Forensic Psychology @ The Open University.
Contact: bsanchezmarrugo@gmail.com
LinkedIn: https://www.linkedin.com/in/betshy/

embodied in the Convention and interpret laws, including national, religious and customary laws, in line with that obligation'. Isn't this what the UK wants for women?

3. Inequities in Women's Mental Health

A lot of de facto human rights abuses occur in daily practice in the mental health industry. Patients are often dismissed, and treated with less dignity if they have a personality disorder, for example. The National Institute for Health and Care Excellence's (NICE; 2009) guidelines are misinterpreted and this can be understood by analysing the great number of patients reporting iatrogenic traumas obtained in the mental health system. For instance, Healthwatch (2016) reported that 'people feel that there is still progress to be made regarding people's understanding of mental health. People told local Healthwatch about feeling stigmatised and that they were not given the support they needed because their conditions were either not recognised or taken seriously'. People are overpathologised, assumed to be 'different' to the clinician, and their dignity is trampled over as soon as they exert their freedom of speech and expression. A lot of distress is caused as a direct result of systematic actions. Risk to others is prioritised, and risk to self is sometimes neglected. This constitutes a social injustice. Most avenues to dissent have been sealed off as 'symptomatic' and voices are suppressed and silenced. The Parliamentary and Health Service Ombudsman (2020) reported that 1 in 5 people do not feel safe using mental health services in the UK, and more people (52%) reported that they would not complain even if they were dissatisfied with the services. Moreover, 70% reported that NHS staff did not instruct them on how to make a complaint, 32% did not think their complaints would be taken seriously, and 25% thought that complaining would lead to unfavourable treatment. Finally, 40% felt that they didn't want to 'cause trouble'. This poses serious questions about the human rights of mental health patients in the UK. Ideally, as the Parliamentary and Health Service Ombudsman (2020) reports: 'Patients must be supported to speak up when mistakes happen and not left scared that their treatment will be affected if they do so'. But often, as the figures show, the opposite happens. This is not an ideal world.

Dignity means to be worthy and valued, and when an opinion, complaint, or concern is dismissed as simply a symptom; it can be said that the psychiatric industry has become inherently tyrannical. Mad women suffer injustices even in contexts where they are being

cared for. For instance, the United Nations (2017 p. 7) state that 'gender-based violence against women occurs in all spaces and spheres of human interaction, whether public or private, including in the contexts of the family, the community, public spaces, the workplace, leisure, politics, sport, health services and educational settings'. The psychiatric industry is one such places where injustices occur; and services provided to women are often the most neglected. There seems to be more support for mental illnesses which predominantly have a male sample. More femenine diagnoses do not always get the necessary help. Furthermore, Healthwatch (2016) states: 'Tackling unfair health differences will need those in power to listen, hear the experiences of those facing inequality, understand the steps that could improve people's lives, and then act on what has been learned'. And there are many of such detrimental experiences occurring in the UK. For instance, the Mental Health Foundation (2017) commissioned a research project in which 2,290 interviews were conducted by NatCen. Nearly two thirds of people had experienced mental health problems. Out of all responses, only 13% reported living with high levels of good mental health. Furthermore, the report stated that 'women (70%) are more likely than men (60%) to report having experienced a mental health problem [...] Women are more likely to report having experienced depression (45% compared to 40% men), phobia (15% to 12%) and PTSD (8% to 5%). They are marginally more likely to be living with negative mental health (19% to 14%) and marginally less likely to be living with positive mental health (11% to 15%)'. This evidence indicates that overall, quality of life was lower for women who experienced mental health problems.

De facto malpraxis

The Parliamentary and Health Services Ombudsman (n.d.) defines injustice as 'a negative impact on someone's life as a result of an organisation's actions'. Based on this definition, it can be said that when *a patient loses their ability to enjoy his or her dignity, this constitutes a social injustice. Where a person's capacity to enjoy their dignity is lost, this is also an incapacity to enjoy their human rights. This brings concerns of legitimacy of practices currently being experienced by populations diagnosed with mental health problems. But first, what makes a government legitimate? Well, when it comes to cases of unlawful discrimination, legitimacy first of all involves a de jure compliance with the universal principles of justice. Are the laws which exist today currently protecting patients from systemic failures? The evidence indicates that it is failing them. Because NICE guidelines are not mandatory and are often misinterpreted, a lot of de facto injustices occur where practices are discriminatory and degrading. If the legislation fails to protect this, then this is

de jure discrimination. Furthermore, Murdoch et al. (2020, pp.4-5) state that 'while the NHS cannot always solve the causal factors which increase the likelihood of developing a mental health problem, it has a duty to advance equalities in NHS services. This means accounting for the particular needs of groups at risk of, or already experiencing, inequalities and ensuring our services meet their needs. Further, it means working with those groups to identify ways in which inequalities in access, experience and outcomes can be reduced [...] Different groups report having different levels of satisfaction with the healthcare they receive. This is an inequality in experience. An example is lesbian, gay and bisexual (LGB) and black, Asian and minority ethnic (BAME) individuals reporting poor levels of satisfaction'. According to the World Bank (2021), when it comes to health inequalities, it is the services that support women that have the biggest gaps. Brewer (2017) also reported that women were being let down by their local authorities. It is clear that the intersection of gender and mental health disability do make the experience of women in the mental health system, uniquely difficult.

Introduction to Borderline Personality Disorder (BPD)

According to the National Institute for Health and Care Excellence (NICE, 2009), 'borderline personality disorder (BPD) is characterised by a pattern of instability of interpersonal relationships, self-image and affects, and by marked impulsivity. Its diagnosis does not imply any specific cause'. BPD also defined as Emotionally Unstable Personality Disorder (EUPD) is a Cluster B personality disorder as stated on the fifth edition of the *Diagnostic Statistical Manual of Psychiatric Disorders* (DSM-V; APA, 2013); where Cluster B personality disorders are defined by the American Psychiatric Association (APA; 2013, p. 646) as including 'antisocial, borderline, histrionic, and narcissistic personality disorders'. This manual further states on the same page that 'individuals with these disorders often appear dramatic, emotional, or erratic'. Furthermore, the DSM-5 (APA, 2013, p. 647) states that 'this enduring pattern is inflexible and pervasive across a broad range of personal and social situations [...] and leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning. The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood'. 0.7% to 2% of the general UK population had BPD in 2009 when NICE's operational guidelines were written. Several people have since then tried to find updated prevalence rates. For instance, the Office for National Statistics (ONS, 2018) was specifically asked for updated rates for BPD, and unfortunately, what they answered with was instead a more generalised version of mental illness by age, gender, and ethnicity. More recently, Knott (2016) published an article which

cited a *Ministry of Justice* document stating that the disorder affects 4-11% of the UK population and 60-70% of the prison population. Moreover, she mentioned that NICE's guidelines still claim a prevalence of 1% and call the disease BPD instead of EUPD. NICE has clearly abandoned its quality reviews for BPD, failing to provide updated information. Furthermore, it is sadistic to abandon the only disease that has 'fear of abandonment' listed as a medical symptom. This is neither peaceful nor honourable. Finally, Knott (2016) also mentions that the majority of people suffering from EUPD are women (prevalence of 52.8%). A minority are male (prevalence of 30.1%), and it is known that symptoms can present differently as a result of two opposite hormonal systems: testosterone and estrogen coordinated by sex. Reynolds (2017) published a news article on *The Guardian* stating that 'this highly stigmatised condition is misunderstood and frequently misdiagnosed'. She also stated that 10% of people diagnosed with BPD commit suicide. This equals 1 in 10 people. In science, only a 5% is required in science when it comes to statistical significance. This means that a significant number of people with BPD end up choosing to end their lives as a result of their ongoing circumstances. Finally, those who do not end up killing themselves, have a life expectancy of -19 years (Lamb, 2018) in comparison to anyone else who is not diagnosed with a personality disorder. Indeed, borderline women go through great adversity and complex situations. For instance, Sheehan et al. (2016, p. 10) states: 'Recent studies highlight the negative attitudes and behaviors of health care professionals towards people with personality disorders, particularly those with BPD. Psychiatric nurses, social workers, psychologists, and psychiatrists are all sources of harmful attitudes towards people with BPD [...] psychiatric nurses have the most stigmatizing attitudes […] psychiatrists had the lowest empathy towards people with BPD'.

Classification of Borderline Personality Disorder (BPD)

The symptoms of borderline personality disorder are one of the most debated aspects of the disease. There are different diagnostic systems used to diagnose BPD. This document will outline the two most frequently used systems: The ICD-10 and the DSM-5. The World Health Organization's (WHO, 2019) International Classification of Diseases 10 (ICD-10) is a global medical system. The UK's psychiatric industry diagnoses and treats BPD based on this system. BPD is listed under reference code 'F60.3 Emotionally Unstable Personality Disorder' and is defined as a 'personality disorder characterized by a definite tendency to act impulsively and without consideration of the consequences; the mood is unpredictable and

capricious. There is a liability to outbursts of emotion and an incapacity to control the behavioural explosions. There is a tendency to quarrelsome behaviour and to conflicts with others, especially when impulsive acts are thwarted or censored. Two types may be distinguished: the impulsive type, characterized predominantly by emotional instability and lack of impulse control, and the borderline type, characterized in addition by disturbances in self-image, aims, and internal preferences, by chronic feelings of emptiness, by intense and unstable interpersonal relationships, and by a tendency to self-destructive behaviour, including suicide gestures and attempts'. Under this system, only three symptoms are required to meet the criteria. Similarly, the DSM-5 (American Psychiatric Association, 2013), a more detailed manual with more specific guidelines lists nine symptoms, out of which only five are required for diagnosis. This is the manual often used for research in universities, and also the most challenged one due to reasonable concerns and claims of empirical bias (Clark et al., 2015) when it comes to the many forms the disorder can manifest:

DSM-5 Diagnostic Criteria (APA, 2013, p. 663)

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts, as indicated by five or more of the following:

1. *Frantic efforts to avoid real or imagined abandonment.*
2. *A pattern of unstable and intense interpersonal relationships characterised by alternating between extremes of idealisation and devaluation.*
3. *Identity disturbance: markedly and persistently unstable self-image or sense of self.*
4. *Impulsivity in at least two areas that are potentially self-damaging (e.g. spending, sex, substance abuse, reckless driving, binge eating).*
5. *Recurrent suicidal behaviour, gestures, or threats, or self-mutilating behaviour.*
6. *Affective instability due to a marked reactivity of mood (e.g. intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).*
7. *Chronic feelings of emptiness.*
8. *Inappropriate, intense anger or difficulty controlling anger (e.g. frequent displays of temper, constant anger, recurrent physical fights).*

Author: Betshy P. Sanchez Marrugo
Student of (BSc) Forensic Psychology @ The Open University.
Contact: bsanchezmarrugo@gmail.com
LinkedIn: https://www.linkedin.com/in/betshy/

9. *Transient, stress-related paranoid ideation or severe dissociative symptoms.*

According to the National Institute for Health and Care Excellence (NICE; 2009) 'people with borderline personality disorder have sometimes been excluded from any health or social care services because of their diagnosis. This may be because staff lack the confidence and skills to work with this group of people'. Furthermore, sometimes the voices of 'borderline' women are suppressed. Their concerns are perceived as symptomatic, and they are afraid to make complaints. These prejudices also infect clinicians and those working to help patients. Conservative values are often imposed on patients against their wishes, and democratic voices are silenced. Patients are coerced into doing things that they feel unable to do; and it is this aspect of psychiatric coercion that most concerns immature forensic psychologists like me. Psychiatric coercion can only happen once a patient's capacity has been devalued and dehumanised. The situation leads clinicians to make decisions even if such decisions will exacerbate the distress of a patient. In order to elucidate this statement, we will explore the dimension of self-harm in mental health settings. Many patients self-harm in today's psychiatric industry, but it is patients with BPD who are mostly not treated with dignity and respect when they self-harm even though NICE (2009) recommends that people managing clients with the disorder should 'follow the recommendations in "Self-harm" (NICE clinical guideline 16) to manage episodes of self-harm or attempted suicide'. Ideally, all patients who self harm— regardless of their diagnosis— should be treated equally. However, it is precisely because Borderline patients self-harm, that they are most despised and perceived as a liability in comparison to other disorders, to the point of being excluded from services as shown above. Yet, NICE (2004) clearly recognises that 'the experience of care for people who self-harm is often unacceptable'. Furthermore, they state: 'People who have self-harmed should be treated with the same care, respect and privacy as any patient [...] People who self-harm should be involved in the planning and delivery of training for staff'. Changes need to happen in service delivery and service prioritisation in order to tackle intersectional inequities. The huge risk is that such an ego quo can be internalised by patients, and introjection/identification can lead to an exacerbation of symptoms; meaning that recovery is based on the relationship between the patient and the system, which can be internalised as a superego standard; and thus can lead to the hypernormalisation of everyday cruelty, OR — if we are lucky- to justice as fairness (one can only hope).

Author: Betshy P. Sanchez Marrugo
Student of (BSc) Forensic Psychology @ The Open University.
Contact: bsanchezmarrugo@gmail.com
LinkedIn: https://www.linkedin.com/in/betshy/

So when patients state that their human rights are being violated, how can we know what the guidelines define? The National Institute for Health and Care Excellence (NICE; 2019) published quality standards where they clearly instruct that 'people using mental health services are treated with empathy, dignity and respect'. They (NICE, 2015) also published quality standards for the treatment of personality disorders where they reiterate that 'people receiving care should be treated with dignity, have opportunities to discuss their preferences, and are supported to understand their options and make fully informed decisions'. However, many patients have reported that they feel they are being given no respect or dignity in their care. Watson and Krawitz (2003, p. 4) comment: 'The belief that these clients were untreatable, whilst understandable at the time, has had far-reaching and long-lasting effects. It has been used to support individual and institutional policies of not providing resources and treatment; policies no longer tenable'. This brings into question whether the collective voices of this patient group are being listened to. Is the psychiatric industry anti-democratic, and therefore unjust? Shapiro (1996, p. 580) states: 'On my view, although democracy is not sufficient for social justice, arguments about democracy and social justice are more deeply entwined with one another than the conventional opposition suggests. The mutual dependence of these two ideals is signaled by the fact that, on the one hand, most arguments for democracy rest at bottom on intuitions about what is just, and, on the other, if we dig deeply enough into arguments about social justice we frequently discover that they rest on appeals to democratic moral intuitions. This is not to say that commitments to democracy and to social justice entail one another; it is to say, however, that no account of either that undermines one's moral intuitions about the other is likely to be judged satisfactory'.

Are the NICE guidelines failing BPD patients?

NICE is taking a long time to edit/update the guidelines for Borderline Personality Disorder (BPD). Surely, the prevalence rates are not uniform. According to the United Nations (2017) 'gender-based violence against women constitutes discrimination against women under article 1 and therefore engages all obligations under the Convention. Article 2 provides that the overarching obligation of States parties is to pursue by all appropriate means and without delay a policy of eliminating discrimination against women, including gender-based violence against women. That is an obligation of an immediate nature; delays cannot be justified on any grounds, including economic, cultural or religious grounds'. The evidence suggests that no, such matters of life and death cannot be delayed. Furthermore, an update on

Author: Betshy P. Sanchez Marrugo
Student of (BSc) Forensic Psychology @ The Open University.
Contact: bsanchezmarrugo@gmail.com
LinkedIn: https://www.linkedin.com/in/betshy/

epidemiological data such as prevalence rates is necessary for every review. There is an urgent necessity.

Furthemore, Lamb (2018, pp. 12-13) states that 'changing the way in which we respond to people's needs is sometimes deemed to be expensive, but offering inadequate help is costly too [...] This consensus statement challenges those currently delivering services to make small, low cost or cost neutral changes that will make a difference [...] Critically, the mental health system isn't working as it needs to work. It's still based on the idea that most of the time we are mentally well but that some people "cross a line" and become mentally ill [...] We now know different; that psychological health changes over time, that all of us probably at times experience distress that means we need extra support, and that there often isn't a clear dividing line between the type of distress that requires treatment and the type that doesn't. People who end up with the diagnosis of personality disorder seem particularly ill served'. (Sighs) This document has come a long way and has become super detailed about the id quo, the superego quo, and the management of this conflict in the status quo. The majority of patients with BPD are women, and the great majority of women with BPD have suffered several forms of violence. It is one of the most traumatised conditions in the entire repertoire of mental illness. But why is dignity a duty of care? Should NHS staff members be concerned about their patients' dignity, or should they continue violating this? What can help clarify such a decision? Well, the operational universal principles of justice are the call to action. According to Lamb (2018, pp. 18-19) patients with personality disorders wanted 'to be seen by knowledgeable and competent staff and suggested that professionals could have more training to understand their difficulties better and hence be better equipped to support them [...] Inadequate resources led to feelings of frustration, particularly around long wait times and limited access to some services [...] Professionals lack of understanding of participants was highlighted as a difficulty'.

4. Intersectional Discrimination

A long time ago, the United Nations (1966a) Human Rights Office of the High Commissioner (OHCHR) issued the International Covenant on Civil and Political Rights (ICCPR) stating that 'everyone shall have the right to recognition everywhere as a person before the law'. Sadly, dehumanisation still occurs, even in developed countries. The more protected

characteristics a person has, the more likely they are to be discriminated against and treated in inhumane or degrading ways. After all, it has been a while since the id quo and the superego quo have been battling, and there will always exist a moral battle. The status quo shows that there are a lot of stimuli urging change into a higher reality entering the preconscious quo. Yet, mad people's voices get suppressed and silenced. According to the United Nations (2017, p. 4), these are some of the characteristics triggering prejudice: 'women's ethnicity/race, indigenous or minority status, colour, socioeconomic status and/or caste, language, religion or belief, political opinion, national origin, marital status, maternity, parental status, age, urban or rural location, health status, disability, property ownership, being lesbian, bisexual, transgender or intersex, illiteracy, seeking asylum, being a refugee, internally displaced or stateless, widowhood, migration status, heading households, living with HIV/AIDS, being deprived of liberty, and being in prostitution, as well as trafficking in women, situations of armed conflict, geographical remoteness and the stigmatization of women who fight for their rights, including human rights defenders'. Any number of these intersecting qualities combined would impact on women, and the *Equality Act 2010* only protects some of these characteristics. Another de jure faux pas.

Ideally, there should be procedural safeguards in place for substantive violations of women's rights. The state should recognise all existing variables, and distribute primary goods according to necessity in order to promote equity. Many women continue to be unheard, unseen, and undervalued. These patterns of disempowerment are problematic, persistent, and pervasive. These asymmetries must be addressed in order to achieve a transformation. Women with mental health problems tend to lack awareness about procedures relating to accessing justice, and even when they do, they still have difficulty accessing it and the state does not always provide legal aid. This points to a de jure faux pas, which leaves intersectional women at great disadvantage. The Council of Europe (2013, p. 11) states that 'discriminatory attitudes, stereotypes and prejudices at the cultural level may also play a key role'. Where there is no legal aid to access human rights violations, this is an indicator that violations currently happening are unreported and undocumented. This is terrifying, and also constitutes a de jure social injustice. McGregor (2016) stated in regards to this that reforms were needed to make sure that people have access to justice, especially in 'employment, housing, education and social welfare benefits'.

The United Nations Development Programme (2021) specifically states that the human development index project 'was created to emphasize that people and their capabilities

should be the ultimate criteria for assessing the development of a country, not economic growth alone'. The UK, as a developed country is expected to uphold the commitments with human rights law, and this will be explained further. For now, I will say that this entails ensuring that the least disadvantaged also get a fair share of primary goods. However, in reality, intersectional and marginal women experience from discreet to complex problems in their daily lives. They rarely experience 'no problem'. Women are disproportionately affected by social imbalances created by inequities, planetary pressure, risks, and shocks. Women need more empowerment to develop their capabilities, their sense of agency, and their values. Women need to be equipped with the instruments needed to navigate the jurisdictional system which fails them. They also need the correct resources and education to make informed decisions and choices. The marginal and detrimental effects of de jure and de facto discrimination are systemic and are being distributed across the population. Women need an increased sense of security. It is their right to live free of indignities. It is a form of human development, and essential for the solution to the problems faced by all humans.

A lot of women report domestic violence, rape, and abuse to state and non-state actors, and these facts are sometimes kept in confidentiality even though it falls within the remit of criminal law, and there is an obligation for professionals to safeguard women from violence. This is unfortunately a common way in which women are silenced in today's status quo. Furthemore, many women are coerced into mediation procedures with their perpetrators, which often place them at great dangers, and with severe repercussions. This constitutes a human rights crime. UN Women (2016, p. 48) specifically urges the 'existence of provisions prohibiting mandatory alternative dispute resolution processes, including mediation and conciliation, in relation to all forms of violence covered by the scope of the Istanbul Convention'. This type of faux pas is quite common and de facto problematic in the United Kingdom because some of these women have been raped by the very people who the state expects them to reconcile with. This has led to numerous repeating offences and the loss of dignity of victims and survivors. Most of the women who go through injustices are unaware of the fact that their human rights have been violated, and continue to live in a hopeless state of isolation. What's worse, students at university are not always being taught about women's rights and access to justice. Some of the curricular content remains patriarchal and women are institutionally oppressed through procedures even though the United Nations (2017, p. 13) urges the 'integration of content on gender equality into curricula at all levels of education, both public and private [...] the content should target stereotyped gender roles and promote the values of gender equality and non-discrimination'.

Author: Betshy P. Sanchez Marrugo
Student of (BSc) Forensic Psychology @ The Open University.
Contact: bsanchezmarrugo@gmail.com
LinkedIn: https://www.linkedin.com/in/betshy/

5. Interpretative bias and everyday malpraxis

According to the Online Etymology Dictionary (n.d.), the word 'dignity' comes from the meaning of a 'state of being worthy'. Now, the concept of dignity is one of the most debated concepts in today's world especially because it is linked to the concept of justice. Let's analyse this so we don't misinterpret it. Are patients correct in their claim that their human rights are being violated, or are they simply crazy people talking about dignity in a nonsensical way? Thankfully, the United Nations Human Rights Office of the High Commissioner (OHCHR; n.d.) clarifies how to interpret human rights law as stated on the instrument of the Universal Declaration of Human Rights (United Nations, 1948). They state: 'Dignity and justice for each and every human being is the promise of the Universal Declaration of Human Rights. The concept of dignity lies at the heart of human rights. It is mentioned in the first sentence of the Preamble to the Declaration and appears again in Article 1. Yet of all the rights to which everyone is entitled, dignity is perhaps the most difficult to express and to put into a tangible form. Put simply, it means we must treat each other with respect, tolerance and understanding. Governments must do the same, in law as well as in practice'. Moreover, the European Union Agency for Fundamental Rights (2007) clarifies that 'the dignity of the human person is not only a fundamental right in itself but constitutes the real basis of fundamental rights.' Furthermore, Article 1 of the EU Charter of Fundamental Rights (European Union Agency for Fundamental Rights, 2007) states that 'human dignity is inviolable. It must be respected and protected'. However, since the UK brexited, this EU charter is sadly no longer in effect.

But what does the domestic legislation say about dignity? The word 'dignity' does not appear once in the *Equality Act 2010*, *Human Rights Act 1998* or *Domestic Abuse Act 2021*. This points to a de jure failure to ratify the convention in an appropriate way. Nevertheless, one piece of domestic legislation does speak of 'dignity' — the *Health and Social Care Act 2008*, which governs political aspects of NHS services. Page 8 of the act states that 'service users must be treated with dignity and respect.' This is lucky for NHS service users, but unlucky for women, or human beings. The *Equality and Human Rights Commission*

Author: Betshy P. Sanchez Marrugo
Student of (BSc) Forensic Psychology @ The Open University.
Contact: bsanchezmarrugo@gmail.com
LinkedIn: https://www.linkedin.com/in/betshy/

published an article (Mcgregor, 2016) on the subject. They mention the International Covenant on Economic, Social, and Cultural Rights (ICESCR; United Nations, 1966a) and state that 'the UK government has signed up to this treaty which is binding as a matter of international law [...] the bad news is that there is a lot of work for the government still to do to make the protections in the treaty a reality for everyone in the UK'. And indeed, not including the word dignity in key legislation about equality, women's, and human rights can be said to be one major example of de jure failure since it is dignity that is at the heart of human rights law.

The *Human Rights Act 1998* protects the rights guaranteed in the European Convention on Human Rights (Council of Europe, 1950), of which Protocol 13 states in regards to the right to life that such a right is necessary for ' for the full recognition of the inherent dignity of all human beings'. The word dignity does not appear any more, however the convention does state that it takes into consideration the Universal Declaration on Human Rights (United Nations, 1948). So the *Human Rights Act 1998* ratifies the authority of the European Convention on Human Rights (Council of Europe, 1950), and the latter ratifies the Universal Declaration of Human Rights (United Nations, 1948), of which Article 1 states that 'all human beings are born free and equal in dignity and rights'. Article 22 states that everyone has a right to social security in the form of resources which are 'indispensable for his dignity and the free development of his personality'. Article 23 speaks of workers' rights and states that all workers have a right to be paid enough to ensure 'an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection'.

Furthermore, the ICESCR (United Nations, 1966b) states in regards to dignity: 'Considering that, in accordance with the principles proclaimed in the Charter of the United Nations, recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world. Recognizing that these rights derive from the inherent dignity of the human person'. Furthermore, Article 13 states: 'the States Parties to the present Covenant recognize the right of everyone to education. They agree that education shall be directed to the full development of the human personality and the sense of its dignity, and shall strengthen the respect for human rights and fundamental freedoms. They further agree that education shall enable all persons to participate effectively in a free society, promote understanding, tolerance and friendship among all nations'. It has been a while since the status quo has been changing. O'Cinneide (2012, p. 22) states that 'sharp criticism of the existing status quo has also come from Lord

Hoffmann, a former Law Lord, certain politicians (including the Prime Minister)', and others. In a participatory democracy, everyone's voice would be heard by our leaders. But the system has not designed itself yet in this way, and so the technical errors lead to voices being lost and silenced. The preconscious quo is a state of tentative development. If only leaders dreamed of a positive status quo for the least advantaged, then the id quo would not conquer the superego quo's advice with its uncivilised instincts. O'Cinneide (2012, p. 14) states: 'Strong expectations exist that Parliament, along with executive, local authorities, the police and other organs of the state, should respect basic principles of justice, fairness and respect for rule of law. In particular, a consensus exists that individuals possess certain basic and inalienable human rights and that democracy should be based on respect for these rights, without which individuals could not participate freely or effectively in the democratic process'.

Based on this and all of the above, it is possible to rest assured that the concept of dignity is of political relevance, and entails psychological dimensions such as the development of one's personality, and of one's society. It is also granted that dignity is a human right. It concerns the fair distribution of resources in order to recognise inequalities, prevent inequities, and protect the least advantaged from discrimination. Therefore, when indignities occur, a lot of psychological harm results in many aspects: the development of personalities, security, social harmony, and peace. Dignity is at the heart of human rights law, and indignities are at the heart of inequalities. But what is an inequality, anyway? NHS England and Public Health England (n.d.) define health inequalities as 'preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs'. So considering the preconscious quo is already speaking of inequalities, what will it take for the ego to make it fully conscious? Well, according to the Parliamentary and Health Services Ombudsman (2018), one barrier is that NHS staff 'lack the capacity, skills and training they need to do their job effectively, and do not always have the support they need to learn from mistakes'. This shows the extent of the inequality. We have a state apparatus where very delicate operations are conducted by people who are disadvantaged too, and who have not accessed the knowledge to de facto comply with expectations. Without the necessary support, staff will struggle to achieve the state of preconsciousness necessary in order to effectively help those who cannot help themselves. In other words, the ombudsman brings the reader to the attention of how these vulnerable lives are often left in the management of people without

the necessary knowledge to conduct mental health operations in a way which fulfills what both; the academic, and international communities have set as good practice standards. Such malpraxis results in great amounts of unnecessary distress, and sometimes impedes the recovery of those who are most vulnerable. NHS staff should have the support to develop their ego ideals. There is a certain innocence in ignorance.

What are harmful practices?

According to the United Nations Committee on the Elimination of Discrimination Against Women (2014, p. 5) 'harmful practices are persistent practices and forms of behaviour that are grounded in [...] intersecting forms of discrimination that often involve violence and cause physical and/or psychological harm or suffering [...] There is also a negative impact on their dignity, physical, psychosocial and moral integrity and development, participation, health, education and economic and social status'. The same document states that one of the criteria for admissibility of harmful practices in litigation are practices which 'constitute a denial of the dignity and/or integrity of the individual and a violation of the human rights and fundamental freedoms enshrined in the two Conventions'. As we have seen, depriving a human being of their dignity is a tremendous crime that is multilaterally and diplomatically legislated. Please note how a relevant and recurrent theme can be found in the concept of dignity as a human right. Of course excluding such a word from key legislation is a de jure malpraxis and indicates interpretative bias. This is why key legislation whether in human rights or equality law should include such a keyword in order to meet multilateral standards.

If these harmful practices are legal, this constitutes a de jure crime. If these harmful practices are illegal such as forbidden acts of the *Equality Act 2010*) but are culturally normalised or happening independently of domestic law but within social norms (e.g. when there was a do not resuscitate order for people with intellectual disabilities during the COVID-19 pandemic; McFall-Johnsen, 2021); this constitutes a de facto crime. De facto crimes can first be prosecuted through national courts, although this is not always easy as there is still a lot of de jure work to be accomplished, and a lot of judicial adaptation to be achieved in regards to accessing the international apparatus. Yet, a de facto crime can in some cases also be a de jure crime. For instance, the Istanbul Convention (Council of Europe, 2011) states: 'Parties shall take the necessary measures to promote changes in the social and cultural patterns of behaviour of women and men with a view to eradicating prejudices, customs, traditions and all other practices which are based on the idea of the inferiority of women or on stereotyped roles for women and men'. UN Women (2016) did say

to follow the Istanbul Convention, and the UK is a member of the UN security council, meaning that as a country in the international community, the UK should have women's rights placed at the centre of human rights. Smith (2016) cited in Lang (2016, p. 1) states that 'the UK is of course a permanent member of the UN Security Council, and this status would not be affected by a Brexit. As the UN Security Council is the most important international institution, it could be argued that Brexit would have little impact on the UK's role in the most powerful multilateral body'. In other words, even though the UK brexited, there are still commitments to uphold the Istanbul Convention (Council of Europe, 2011), I mean, is that not what the UK wants any way? Surely women in the UK also deserve to live in dignity. What this means is that failure to prevent injustices, and to protect women's rights is a form of de jure gender-based aggression. For instance, psychologically speaking, Ferguson and Rule (1983) cited in Eysenck (2000) posited that there are three main criteria for determining whether someone is engaging in aggressive behaviour: actual harm; intention to harm; and norm violation'.

6. Conclusions

De facto and de jure social injustices are an expression of the id quo. These impulses have a detrimental effect on women's daily lives, making it a lot more difficult for them to enjoy their human rights. This document has shared data particles of knowledge about current injustices occurring to 'mad' and 'intersectional' women in the UK, the psychological impact of these injustices (e.g. Borderline Personality Disorder), and the legal framework of international law, which the UK is subject to. De jure and de facto injustices exacerbate mental health problems, and lead to the introjection of maladaptive behaviours, and can corrupt the individual superego. Furthermore, UN Women (2016) recommends that all countries take on board the Istanbul Convention, and the UK is a country member of the UN Security Council. The UK's *Domestic Abuse Act 2021* does not fully cover all the criteria necessary for the prevention and protection of women's rights, as well as the prosecution of perpetrators of violence against women. Similarly, the *Equality Act 2010* only protects some of the many characteristics that elicit discrimination against human beings, and the word 'dignity' does not appear once in the *Human Rights Act 1998*. This seemingly innocuous semantic exception is a malpraxis. All these technical legislative failures lead to very costly consequences for the least advantaged in the status quo. The facts and figures have shown that women in the mental health sector are the most affected group, out of which patients with BPD tend to struggle the most with daily attitudinal obstacles, intersectional

Author: Betshy P. Sanchez Marrugo
Student of (BSc) Forensic Psychology @ The Open University.
Contact: bsanchezmarrugo@gmail.com
LinkedIn: https://www.linkedin.com/in/betshy/

discrimination, and de facto impediments. The id quo continues to battle the superego quo, and the scene for a new preconscious quo has been set. What will the new status quo be like? Will the conscience of the jurisdiction evolve?

References

American Psychiatric Association (2013a) *Diagnostic Statistical Manual of Mental Disorders*, 5th ed.

BBC News (2021) 'How many violent attacks and sexual assaults on women are there?', 24 September [Online]. Available at https://www.bbc.co.uk/news/explainers-56365412 (accessed 16 November 2021).

Brewer, K. (2017) 'Women in the greatest need are being let down by a lack of local support', *The Guardian*, September [Online]. Available at https://www.theguardian.com/public-leaders-network/2017/sep/25/women-disadvantage-risk-local-council-support-services- (accessed 23 November 2021).

Butchard, P. (2020) 'Principles of international law: a brief guide', *House of Commons Library*, 21 September [Online]. Available at https://researchbriefings.files.parliament.uk/documents/CBP-9010/CBP-9010.pdf (accessed 16 November 2021).

Clark, L. A., Chmielewski, M., Bagby, R. M., and Watson, D. G. (2015) 'Method Matters: Understanding Diagnostic Reliability in DSM-IV and DSM-5', *Journal of Abnormal Psychology, vol.* 124(3), pp.764–769 [Online]. Available at https://pmt-eu.hosted.exlibrisgroup.com/permalink/f/gvehrt/TN_cdi_pubmedcentral_primary_oai_pubmedcentral_nih_gov_4573819 (accessed 18 March 2021).

Collins English Dictionary (2021) 'Personal relationships' [Online]. Available at https://www.collinsdictionary.com/dictionary/english/personal-relationships (accessed 17 November 2021).

Author: Betshy P. Sanchez Marrugo
Student of (BSc) Forensic Psychology @ The Open University.
Contact: bsanchezmarrugo@gmail.com
LinkedIn: https://www.linkedin.com/in/betshy/

Council of Europe (1950) 'European Convention on Human Rights', *European Court of Human Rights,* August [Online]. Available at https://www.echr.coe.int/documents/convention_eng.pdf (accessed 14 November, 2021).

Council of Europe (2011) 'Convention on Preventing and Combating Violence Against Women and Domestic Violence', Istanbul, 11 May [Online]. Available at https://www.coe.int/en/web/conventions/full-list?module=treaty-detail&treatynum=210 (accessed 14 November 2021).

Council of Europe (2013) 'Feasibility Study: Equal Access of Women to Justice', *Gender Equality Commission*, Strasbourg, 28 May [Online]. Available at http://help.elearning.ext.coe.int/mod/resource/view.php?id=124789&redirect=1 (accessed 14 November 2021).

Council of Europe (2017) 'Training Manual for Judges and Prosecutors on Ensuring Women's Access to Justice', September [Online]. Available at https://rm.coe.int/training-manual-women-access-to-justice/16808d78c5 (accessed 14 November 2021).

Council of Europe (n.d.) 'Guaranteeing Equal Access of Women to Justice' [Online]. Available at http://help.elearning.ext.coe.int/mod/resource/view.php?id=124793&redirect=1 (accessed on 14 November 2021).

Domestic Abuse Act 2021 [Online]. Available at https://www.legislation.gov.uk/ukpga/2021/17/contents (accessed 17 November 2021).

Etymonline (n.d.), 'dignity (n.)', Online Etymology Dictionary [Online]. Available at https://www.etymonline.com/word/dignity (accessed 22 November 2021).

Equality Act 2010 [Online]. Available at https://www.legislation.gov.uk/ukpga/2010/15/contents (accessed 22 November 2021).

European Union Agency for Fundamental Rights (2007) 'Article 1 - Human dignity' [Online]. Available at https://fra.europa.eu/en/eu-charter/article/1-human-dignity (accessed 12 November, 2021).

Author: Betshy P. Sanchez Marrugo
Student of (BSc) Forensic Psychology @ The Open University.
Contact: bsanchezmarrugo@gmail.com
LinkedIn: https://www.linkedin.com/in/betshy/

Eysenck, M.W. (2000) *Psychology: A Student Handbook*, East Sussex, Psychology Press Ltd

Freud, S. (1923) 'The Ego and the Id' [Online]. Available at https://www.sigmundfreud.net/the-ego-and-the-id-pdf-ebook.jsp (accessed 14 November 2021).

Health and Social Care Act 2008 [Online]. Available at https://www.legislation.gov.uk/ukdsi/2014/9780111117613/regulation/10 (accessed 12 November, 2021).

Healthwatch (2016) 'What people think of mental health services', 12 February [Online]. Available at https://www.healthwatch.co.uk/news/2016-02-12/what-people-think-mental-health-services (accessed 21 November 2021).

Human Rights Act 1998 [Online]. Available at https://www.legislation.gov.uk/ukpga/1998/42/contents (accessed 12 November, 2021).

Knott, L. (2016) 'Emotionally unstable personality disorder', 19 January [Online]. Available at https://patient.info/doctor/emotionally-unstable-personality-disorder (accessed 12 September, 2021).

Lang, A. (2016) 'Brexit and the UN Security Council', *House of Commons Library*, 19 May [Online]. Available at https://researchbriefings.files.parliament.uk/documents/CBP-7597/CBP-7597.pdf (accessed 18 November 2021).

McFall-Johnsen, M. (2021) 'UK: People with learning disabilities have been given inappropriate "do not resuscitate" orders for COVID-19, *Business Insider* [Online]. Available at https://www.businessinsider.com/uk-learning-disabilities-inappropriate-do-not-resuscitate-orders-2021-2?r=US&IR=T (accessed 18 November 2021).

McGregor, L. (2016) 'The right to live with dignity', Equality and Human Rights Commision, 29 June [Online]. Available at

https://www.equalityhumanrights.com/en/our-work/blogs/right-live-dignity (accessed 12 November, 2021).

Mental Health Foundation (2017) 'Surviving or Thriving? The State of the UK's Mental Health' [Online]. Available at https://www.mentalhealth.org.uk/sites/default/files/surviving-or-thriving-state-uk-mental-health.pdf (accessed 17 November 2021).

Lamb, N. (2018) 'The Consensus Statement for People with Complex Mental Health Difficulties who are diagnosed with a Personality Disorder', *The British Psychological Society,* 8 February [Online]. Available at https://www.mind.org.uk/media-a/4353/consensus-statement-final.pdf (accessed 18 November 2021).

Murdoch, C., Dyer, J., and Farmer, P. (2020) 'Advancing Mental Health Equalities Strategy', *NHS England*, 16 October [Online]. Available at https://www.england.nhs.uk/publication/advancing-mental-health-equalities-strategy/ (accessed 12 November, 2021).

National Institute for Health and Care Excellence (2004) 'Self-harm in over 8s: short-term management and prevention of recurrence', 28 July [Online]. Available at https://www.nice.org.uk/guidance/cg16/chapter/1-Guidance (accessed 13 November, 2021).

National Institute for Health and Care Excellence (2009) 'Borderline personality disorder: recognition and management', 28 January [Online]. Available at https://www.nice.org.uk/guidance/cg78/chapter/1-Guidance (accessed 13 November, 2021).

National Institute for Health and Care Excellence (2015) 'Personality disorders: borderline and antisocial', 11 June [Online]. Available at https://www.nice.org.uk/guidance/qs88 (accessed 22 November 2021).

National Institute for Health and Care Excellence (2019) 'Service user experience in adult mental health services', 31 July [Online]. Available at https://www.nice.org.uk/guidance/qs14 (accessed 12 November, 2021).

NHS England and Public Health England (n.d.) ‘Reducing Health Inequalities resources’ [Online]. Available at https://www.england.nhs.uk/about/equality/equality-hub/resources/ (accessed 12 November, 2021).

O’Cinneide, C. (2012) ‘Human Rights and the UK Constitution’, *The British Academy* [Online]. Available at https://www.thebritishacademy.ac.uk/documents/262/Human-rights-and-the-UK-constitution.pdf (accessed 20 November 2021).

Office for National Statistics (2018) ‘Counts and percentages of adults with a mental illness, by occupation, age, sex, and ethnicity, between May and July 2012 to 2017’, 16 March [Online]. Available at https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/mentalhealth/adhocs/008200countsandpercentagesofadultswithamentalillnessbyoccupationagesexandethnicitybetweenmayandjuly2012to2017 (accessed 11 September, 2021).

Oxford Reference (n.d.) ‘Status Quo’ [Online]. Available at https://www.oxfordreference.com/view/10.1093/oi/authority.20110803100529551 (accessed 15 November 2021).

Parliamentary and Health Service Ombudsman (2018) ‘NHS failing patients with mental health problems’, 20 March [Online]. Available at https://www.ombudsman.org.uk/news-and-blog/news/nhs-failing-patients-mental-health-problems#:~:text=Vulnerable%20patients%20with%20mental%20health,Service%20Ombudsman%20report%20published%20today (accessed 12 November, 2021).

Parliamentary and Health Service Ombudsman (2020) ‘1 in 5 mental health patients don’t feel safe in NHS care’, 19 February [Online]. Available at https://www.ombudsman.org.uk/news-and-blog/news/1-5-mental-health-patients-dont-feel-safe-nhs-care-ombudsman-finds (accessed 17 November 2021).

Parliamentary and Health Service Ombudsman (n.d.) ‘What happens if someone complains about your organisation?’ [Online]. Available at https://www.ombudsman.org.uk/organisations-we-investigate/what-happens-if-someone-complains-about-your-organisation (accessed 17 November 2021).

Author: Betshy P. Sanchez Marrugo
Student of (BSc) Forensic Psychology @ The Open University.
Contact: bsanchezmarrugo@gmail.com
LinkedIn: https://www.linkedin.com/in/betshy/

Reynolds, E. (2017) ‘Borderline personality disorder: ‘One doctor told me I wasn’t ill, just a bad person’, 27 October [Online]. Available at https://www.theguardian.com/healthcare-network/2017/oct/27/borderline-personality-disorder-stigmatised-misunderstood-misdiagnosed (accessed 11 September, 2021).

SafeLives (2015) ‘Getting it right the first time’ [Online]. Available at https://safelives.org.uk/policy-evidence/getting-it-right-first-time (accessed 14 November, 2021).

Shapiro, I. (1996) ‘Elements of Democratic Justice’, *Political Theory*, Vol. 24 (2), Sage Publications, pp. 579-619 [Online]. Available at https://www.jstor.org/stable/192017 (accessed 14 November, 2021).

Sheehan, L., Nieweglowski, K. and Corrigan, P. (2016) ‘The Stigma of Personality Disorders’, *Current Psychiatry Reports*. New York: Springer US, 18(1), pp. 1–7 [Online]. Available at https://pmt-eu.hosted.exlibrisgroup.com/permalink/f/gvehrt/TN_springer_jour10.1007/s11920-015-0654-1 (Accessed 26 July 2019).

UK Government and Parliament (2021) ‘Make LGBT conversion therapy illegal in the UK’, *Petitions* [Online]. Available at https://petition.parliament.uk/petitions/300976 (accessed 21 November 2021).

United Nations (1948) Universal Declaration of Human Rights, 10 December [Online]. Available at https://www.un.org/en/about-us/universal-declaration-of-human-rights (accessed 12 November, 2021).

United Nations (1966a) ‘International Covenant on Civil and Political Rights’, *United Nations Human Rights Office of the High Commissioner,* 16 December [Online]. Available at https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx (accessed 16 November 2021).

United Nations (1966b) ‘International Covenant on Economic, Social and Cultural Rights’, *United Nations Human Rights Office of the High Commissioner* [Online]. Available at https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx (accessed 12 November 2021).

Author: Betshy P. Sanchez Marrugo
Student of (BSc) Forensic Psychology @ The Open University.
Contact: bsanchezmarrugo@gmail.com
LinkedIn: https://www.linkedin.com/in/betshy/

United Nations (2015) ‘Resolution 2242’, *Security Council*, 13 October [Online]. Available at https://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_res_2242.pdf (accessed 15 November 2021).

United Nations (2017) ‘General Recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19’, *Committee on the Elimination of Discrimination Against Women*, 26 July [Online]. Available at https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/CEDAW_C_GC_35_8267_E.pdf (accessed 15 November 2021).

United Nations Committee on the Elimination of Discrimination against Women (2014) ‘Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child on harmful practices’, *United Nations Human Rights Treaty Bodies*, 14 November [Online]. Available at https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fGC%2f31%2fCRC%2fC%2fGC%2f18&Lang=en (accessed 14 November 2021).

United Nations Committee on the Elimination of Discrimination against Women (2015) ‘General recommendation no. 33 on women’s access to justice’ [Online]. Available at https://digitallibrary.un.org/record/807253?ln=en (accessed 13 November, 2021).

United Nations Development Programme (2021) ‘Human Development Index’, Human Development Reports [Online]. Available at http://hdr.undp.org/en/content/human-development-index-hdi (accessed 16 November 2021).

United Nations Human Rights Office of the High Commissioner (n.d.) ‘The Universal Declaration of Human Rights - in six cross-cutting themes’ [Online]. Available at https://www.ohchr.org/en/udhr/pages/crosscuttingthemes.aspx (accessed 12 November, 2021).

UN Women (2016) ‘Framework for measuring access to justice including specific challenges facing women’, *Council of Europe* [Online]. Available at http://help.elearning.ext.coe.int/mod/resource/view.php?id=124786&redirect=1 (accessed 15 November 2021).

Author: Betshy P. Sanchez Marrugo
Student of (BSc) Forensic Psychology @ The Open University.
Contact: bsanchezmarrugo@gmail.com
LinkedIn: https://www.linkedin.com/in/betshy/

University of Minnesota (n.d.) ‘What do we mean by personal relationships’, *Taking Charge of Your Health and Wellbeing*, Earl E. Bakken Center for Spirituality & Healing [Online]. Available at https://www.takingcharge.csh.umn.edu/what-do-we-mean-personal-relationships (accessed 17 November 2021).

Watson, C. and Krawitz, R. (2003) *Borderline Personality Disorder,* Oxford, Oxford University Press [Online]. Available at https://www.amazon.co.uk/Borderline-Personality-Disorder-Practical-Treatment/dp/0198520670 (accessed 22 November 2021).

World Bank (2021) ‘Attacking Inequalities in Health’, *Open Learning Campus* [Online]. Available at https://olc.worldbank.org/content/attacking-inequalities-health-%E2%80%93-self-paced-training (accessed 23 November 2021).

World Health Organization (2019) F60.3 Emotionally unstable personality disorder [Online]. Available at https://icd.who.int/browse10/2019/en#/F60.3 (accessed 12 September 2021).

Author: Betshy P. Sanchez Marrugo
Student of (BSc) Forensic Psychology @ The Open University.
Contact: bsanchezmarrugo@gmail.com
LinkedIn: https://www.linkedin.com/in/betshy/