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BOOK REVIEWS

Alternatives Beyond Psychiatry. Peter Stastny and Peter Lehmann (Eds.). Berlin, Germany; Eugene, OR; Shrewsbury, UK: Peter Lehmann Publishing, 2007, 431 pp., $37.99 (softcover).

This groundbreaking book draws from the experiential knowledge of 61 individuals of diverse ages and nationalities in the areas of self-help, care in crisis, and alternatives for recovery for those experiencing severe emotional suffering. Even the book's cover with its lively display of authors' photos is designed to communicate the richness in diversity together with the energy of those authors who have contributed their knowledge and expertise.

These works require many readings. They are chock-full of wisdom and power. We are given the opportunity to learn about new and innovative alternatives that many of us knew were needed but had no idea were already in existence. I found it absolutely liberating to learn about an emergency service developed by survivors to help each other in shifts should a crisis occur. Authors from a variety of professions and experience remind us that only through our strengths and self-determination and not through being defined by outside authority can we be free to recover and move forward in our lives. This book reminds us that psychiatry's dark history of brain-damaging treatments, coercive power, and stigmatization of society's most vulnerable continues to be reflected in what is considered best practice. Fortunately, however, there are growing numbers who are designing and implementing their own alternatives for change and well-being.

Robert Whitaker asks in the preface, "Why do we need alternatives?" We need alternatives primarily because mainstream psychiatry is not helping those diagnosed with mental illness and is making them sicker. The shocking statistics are that since the introduction of the new, "better" drugs beginning with Prozac in 1987, the number of those diagnosed with a mental illness are being disabled at the increasing rate of 150,000 people per year, or 410 newly disabled per day. Whitaker states that "other countries that have adopted a drug-based paradigm of care, such as the U.K. and Australia, have also reported a great surge in the number of people disabled by mental disorders in the past 50 years. This interesting fact leads to only one conclusion: mainstream psychiatry's paradigm of care has failed." Whitaker indicates that our search for alternatives invites us to remember the Quakers' philosophy of care for suffering souls and that we need to realize they are "brethren," not alien others with "broken brains."

In the section "Why Psychiatry Hurts More Than It Helps," Peter Lehmann reported on a survey that the board of the German Association of Users and Survivors of Psychiatry administered to 665 (ex)-users and survivors of psychiatry. Among the questions asked was whether they had been informed of the risks and side effects of treatments. Not one person had been made aware of such information.

Dorothea S. Buck-Zerchin is a 90-year-old survivor of psychiatry who was first subjected to forced treatment at the age of 19. Through her own experience, she provides us with a history of psychiatric treatment since World War II. When Dorothea received

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antipsychotic drug injections during her last psychotic experience in 1959, she was appalled and stated, "I considered this to be a total dictatorship which prevented us from thinking and feeling and also caused extreme physical weakness; it was deeply repulsive." Throughout five hospitalizations, Dorothea was never talked with about her psychoses or asked what she thought was the cause of them. The same inhumane treatment exists today. People become an object for treatment based on their label. They are observed for their symptomatology rather than engaged in relationship. In response to such demoralizing care, Dorothea and other survivors along with Dr. Thomas Bock at the Department of Psychiatry of the Hamburg University Clinic started the "Psychosis Seminars" in 1989. (Ex)-users, survivors, family members, and professionals engage in a *trialogue* to promote understanding and equal rights. This is helpful in allowing people to safely speak of any level of human experience without discrimination or objectification. Today, these seminars are still going on; however, Dorothea points out that far too few psychiatrists are participating. Dorothea remains a tireless and passionate witness for the truth and the horrors that were visited on her as well as the ones that are perpetrated today.

Relatives of those harmed by psychiatry commit to antipsychiatry through direct experience. This experience is often humiliating, alienating, and cruel. Uta Wehde learned of her brother's psychiatrist's cruel treatment of him after it apparently precipitated his suicide at age 22. Out of her commitment to her brother and her awareness of the suffering of survivors of psychiatry, Uta Wehde was one of those who were instrumental in setting up Runaway House in Berlin. Wehde is involved in training and educating others from the perspective of independent survivors as well as promoting user-controlled research.

Families in many locales are in need of a recovery model that is constructed from a critical perspective and respects the experience of the consumer, ex-user, and survivor. In Toronto, Canada, such a model does exist. Although there may be disagreement or alienation among family members and survivors initially, most survivors want the support of families provided that they are respected and allowed to determine their own path to recovery. Unlike the National Alliance on Mental Illness, the Family Outreach and Response Program (FOR) in Toronto provides a critical perspective of the mental health system and seeks to create a supportive recovery environment for loved ones. Families experience the traditional mental health system as one that brings forth hopelessness and despair along with alienation and discrimination. Relatives of survivors are taught to expect little for their loved ones' future.

"These programs create like-minded thinking between families and mental health professionals, which further reinforces the limiting idea that severe mental distress is an illness and brain disease and must be treated with medication or otherwise recovery is not possible."

FOR's initiative is to provide critical thinking when developing skills and supports to help themselves and family members. This is counter to the oppressive model of the mental health system. They have developed an educational program based on the *Windhorse Guide for Families*. Educational groups are usually conducted by one parent and one survivor. The content is based on *hope, self-determination, choice, and recovery education*.

FOR is a much-needed model of families/survivors informing and supporting each other and should be made available to all families seeking to build healthy strength-based relationships.

In addition to the many survivors who report their personal experience of how they cope with suffering, there are examples of professional help where individuals develop their own recovery bolstered by the support and understanding of staff. The Windhorse Project, which served as one inspiration for FOR, provides companions in small home settings. It is a model of compassionate care that provides a way to live in relationship and work toward independence. Windhorse acknowledges the many traumatic forces that may come together when someone becomes psychotic but maintains that no one is a victim and that each person is capable of being active in his or her recovery.

"Windhorse was founded by contemplative practitioners who first examined their own minds and lives, holding to the understanding that self awareness provides the basis for offering anything useful to others."

The writers of the Windhorse chapter have included an important quote by Aboriginal educator Lilla Watson that bears repeating:

"If you have come here to help me, you are wasting your time. If you come because your liberation is bound up with mine, then let us work together."

Perhaps one of the most important aspects of Windhorse is the fact the staff practice "being with" in mutual learning, providing healthy development for both staff and clients.

As in any situation involving human rights, justice provides the overall umbrella for progress. The General Assembly of the United Nations adopted the first human rights treaty of the 21st century, the Convention on the Rights of Persons With Disabilities, in December 2006. It states that "persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life." The disability movement has established a clear way to further strengthen such rights of the disabled:

"As an alternative to *substituted decision making*, the disability movement suggested *supported decision making*. Instead of guardians who have proxy decision making authority for the person, they suggested that people who are close friends or personal supporters could just help these persons express and communicate their own decisions."

Personal agents, sometimes called the personal ombudsman (PO) in Sweden, represent only the client and usually are employed by the community or nongovernmental agencies. They are employed because of their ability to understand, respect, and carry out the wishes of the service user. They must be flexible as they work round-the-clock, and they build a cooperative relationship over time with clients who often live very privately in an isolated lifestyle. Countries who become open to using such assistants for clients present a way for individuals to regain dignity and equality.

Jim Gottstein who heads the Law Project for Psychiatric Rights in Alaska has become a powerhouse promoting choice for those diagnosed with a mental illness. He clearly shows that justice opens the door to providing alternatives for individuals seeking nonmedical avenues to recovery. He continues to work tirelessly for change in the system, demonstrating the need to change public attitudes, honor legal rights, and act to put alternatives in place so that individuals have their right to choice when asserting their need for care.

David Oaks, director of Mind Freedom International (MFI), continues the fight for justice as he brings together many countries in his work for nonviolent change in human rights in psychiatry. Oaks's MFI reaches more than 10,000 people internationally and continues to attract passionate volunteers from all over the world. MFI is the only nongovernmental organization that has consultative status in the United Nations.

I have chosen only a few examples to indicate the very significant work being done by survivors in creating and utilizing alternatives to an oppressive medical system. It would be impossible to note the many fine chapters in this book, each rich in its own way and unique in its teaching. This refers to the section on self-help and professional support as well as the chapters that address the specificity of needs of different age-groups. Bruce Levine has an excellent article on troubled children and teens. Erich Schuetzendorf gives us a new way to look at true respect when relating to people with dementia.

What comes to mind when reading this series of fine works is the interconnectedness of all beings and the need for humane, loving approaches based on mutual respect and the honoring of soul.

Unfortunately, there are only small numbers of people in different locales who have access to alternative approaches for care. Each of us is called to begin now—to become informed, spread the word, and make this movement grow.

To quote from Kate Millett, "We are the ones to tell the truth, to say that mental illness is an illusion, intellectually and scientifically, but also a system of social control of unprecedented thoroughness and pervasiveness. It is our role to expose this illusion and to free us all—for we are all constrained, oppressed, limited, intimidated by this phantom of mental illness. We stand with reason against error and superstition, with imagination against conformity and oppression. What good fortune to be part of such a struggle for freedom and human rights."

Nothing changes until it becomes real Those of us who undertake the task of informing those we know personally, as well as the public, begin to make the oppression real. We can then begin to make real the changes necessary for us to have the right to be who we are.

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