

ALTERNATIVES BEYOND PSYCHIATRY



Full Title: Alternatives Beyond Psychiatry

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Reviewer: Maria Christoforatos

Crimes of the mind... Psychiatry is the authority for this in our time and functions as an arm of social force, ultimately an arm of the state, with state powers, police powers, real locks and bars, drugs and torments. But it also embodies an idea, the idea that the individual carries an invisible disease or taint, which no pathology can prove, but which experts can intuit and cure by force. This idea prevails by common consent, by publicity and propaganda, by the borrowing from the prestige of science itself and applying the force of the state and its overwhelming armory of physical power.

This statement, by the eloquent Kate Millett in her contributing essay "The Illusion of Mental Illness", well summarizes the concerns of many activists and compassionate therapists regarding involuntary treatment and Big Pharma. Robert Whitaker, in his sobering preface, informs that the number of those diagnosed with psychosis and depression has increased six-fold since the introduction of chlorpromazine (the first

antipsychotic drug) in the 1950's, in the United States alone, while Australia and other countries relying on the biochemical model also exhibit proportional increases in "psychiatric disability".

Alternatives Beyond Psychiatry is a long overdue book by leading therapists, lawyers, and visionaries in the consumer/survivor/ex-patient movement (c/s/x). There is something deliciously 1970's about this book, not only in the design –from the beige cover with photos of the authors to the verbose chapter headings- but all the idealism and heady visions of change. But lest the word "idealism" deter anyone, I hasten to add that while there is plenty of theory in this book; it is absolutely a practical resource.

SAFE SPACES

In the opening segment "Why Psychiatry Hurts More Than It Helps", Dorothea Buck-Zerchin, "historical witness", writer, and super-activist, recalls her experiences of forced sterilisation as a psychiatric patient at age 19, during the Nazi era. Now, after decades of surviving psychiatry (up until the chlorpromazine explosion), 91 year-old Buck-Zerchin advocates passionately for peer-run crisis hostels and indeed the creation of such havens is one major goal of the c/s/x movement. Many authors in *Alternatives Beyond Psychiatry* extensively relate their experience with safe and long-term residences for people in crisis and Soteria House, developed by the late psychiatrist Loren Mosher, is arguably the most popular model. Lesser known yet equally inspiring is the Berlin Runaway House, described by Petra Hartmann & Stefan Braunling, as the place "where it is possible to go through crazy states within the widest possible limits". In its current incarnation, the Hostel houses up to 13 residents and around-the-clock helpers. Each group differs in philosophy; from the Podvollian view of supporting the "islands of clarity" that occur in every storm of madness to a more Laingian view of "madness as sane response to insane circumstances". The practical and common approach however is the dissolution of the patient/therapist hierarchy, no or minimal use of psychiatric treatments, and a communal routine which each resident could choose to (or not) participate in.

COMMUNITY & SELF

Experiences of madness, or prolonged altered perception, often profoundly shatter one's relationship to or faith in the dominant social paradigm. Maryse Mitchell-Brody discusses her work with The Icarus Project which experiments with community and support from an activist perspective, particularly as traditional support groups can be challenging for they "emulate and reproduce the stress and trauma of the world (we) intend to change". Language is perhaps the fundamental human utensil connecting one's identification to the social fabric and as such, The Icarus Project embrace a radical re-vision of one's self, which, often, is not compatible with the "self as diseased" psychiatric position. Psychologist Rufus May is also sympathetic to this approach and in "Reclaiming Mad Experience" discusses the Evolving Minds meetings in the United Kingdom where self and language are explored alongside alternative ways of managing and living with unusual beliefs. Marc Rufer, medical doctor, expands on this and looks at the pitfalls of internalising psychiatric labels and powerfully highlights psychiatry's misappropriation of the quite unrelated field of neurobiology to supply a form of "neuromythology".

ADVANCE HEALTH DIRECTIVES

Another vital source of empowerment, emphasised by Miriam Krucke, is the creation of advance health directives. Having completed a master's thesis on the topic Krucke discusses the therapeutic value of advance directives and power of attorneys in a "voiceless" field where the "right to treatment" often overrides a person's wishes for their own health care. Laura Ziegler, in "Upholding Psychiatric Advance Directives: The Rights of a Flea" discusses the more controversial aspects of advance health directives and cites various astounding legal cases. For example, the 1997 case of R. R. who created a durable power of attorney (DPOA) stating a refusal of "any drugs or ECT against her will" if deemed incompetent. R.R's DPOA was ignored within Vermont State Hospital and her agent was banned from visiting the hospital with staff asserting R.R competent enough to consent and therefore claimed the DPOA was inactive. Finally, in 1999, a court case was settled with R. R. awarded \$30,000 and "an agreement was signed detailing how the hospital would comply with her DPOA". It is clear that psychiatric legal documents remain a complex minefield, yet with advance health directives being legally binding in some states of America and Australia, and with activists and lawyers working toward uniformity, this is an important area indeed.

PSYCHIATRY & CULTURE

In many parts of the world, faith and religion is explicitly bound up with treatment of mental and emotional turmoil as in Ghana where relatives may send a sufferer to a spiritual camp where conditions are often difficult. Dan Taylor discusses Mindfreedom Ghana's work not only in community outreach, but also in improving hospital ward conditions, and "assisting people with severe mental distress to receive the treatment they want or get protected from treatment they do not agree with". Philip Thomas and Salma Yasmeen in "Choice and Diversity: Developing Real Alternatives for People from Non-Western (and Western) Cultures" explore the problems with applying a Western medical model to countries with economical disadvantages. Additionally, the Western cultural philosophies and values do not always translate over to non-Western cultures, to detriment. And while the "rationalizing" and paternalistic hand is one core dilemma created by psychiatric dogma across all cultures, "this struggle assumes a particular saliency for people from non-Western cultures, where histories of colonialism and slavery must be reckoned with."

Other topics the book touches on is care of people who experience dementia; working with teenagers; family therapy; the male gender role and sexuality.

CONCLUSION

Alternatives Beyond Psychiatry bursts with guidance, affirmation, tactics, irreverence, and authenticity, and is bound to rankle some people by the sheer audacity. Exerting authority over what happens to one's own psyche, in the context of psychiatry, is, apparently, a radical act. If so, this is a radical book. While there are plenty of excellent doctor, therapist, and lawyer contributors here for those concerned with credentials, the beauty of this book and its promise lies in the united convictions of professionals and the ordinary members of community with direct experience of "crazy states". Each author writes with a sense of urgency, having peered through the cracks of psychiatry. A powerful book deserving of a wide audience.

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