

Is There a Need for Alternatives to Psychiatry?

Review of the book: *Alternatives beyond Psychiatry*, by P. Stastny and P. Lehmann. Editors. 2007. Berlin: Peter Lehmann Publishing, 431 pages.

Transforming experience into policy

A new book, entitled *Alternatives beyond Psychiatry* was published simultaneously in both German and English in 2007. It is a collection of articles submitted by 61 different authors. Some of these authors are engaged in a specific field in health care, such as social work, clinical psychology, psychiatry, psychotherapy, public health, complementary medicine, nursing, or gerontology, while others work in professions that include law, teaching and journalism, or academically in sociology and philosophy. Yet others pursue one of the muses – writing, theatre, cinema or sculpture. Even more importantly, most of the participants in the collection are individuals who feel the need to get involved in politics.

For the most part they do this by joining non-governmental organisations, volunteers' associations or mutual support groups, participating in consultative councils and legislative committees or drafting new programmes for the public health and welfare sectors. In this way they attempt to influence political decision-making in a very specific area, namely the mental health care sector. Their motivation is very powerful, as they have generally developed their views on mental health and illness not only in their professional work but also through the experience of personal crisis. In addition, many of the authors are successfully merging policy shaping work in their professional field with voluntary activities. Both editors of the book, German publicist Peter Lehmann and American psychiatrist Peter Stastny, fit this mould.

Peter Lehmann has been a publisher since 1986, and starting in 1989 has been active in both German and European psychiatric patient organisations (for two years he headed a European scale network of organisations of psychiatry users, to which he counts himself)¹. Peter Stastny, a psychiatrist of Austrian origin and living in New York, has been doing research in social support and rehabilitation, and has been working with patient associations developing care projects that present alternatives to institutional psychiatry. Although most of the authors of the collection come from Western countries (representing USA, Australia, Austria, Ireland, Italy, New Zealand, Canada, Great Britain, the Netherlands, Finland, Switzerland, Germany, Sweden), Ghana, India and Serbia are also represented.

One of the reviews of the collection² regards *Alternatives beyond Psychiatry* a third powerful political debate in the history of psychiatry, the first one being the passionate discussions on eugenics at the beginning of the 20th century and the second one the

¹ *European Network of (Ex) Users and Survivors of Psychiatry, (ENUSP)*.

² Hammersley, P. 2008. Book review of *Alternatives Beyond Psychiatry* by Peter Stastny and Peter Lehmann (Eds.) *Philosophy, Ethics, and Humanities in Medicine* 3.

1960-1970 social critique of psychiatry in Western countries.³ Elaborating on the reviewer's thesis one can say that the third debate challenges the former approaches to mental health care, namely, reliance solely on the skills of doctors, scientists and other experts as well as the critique of psychiatry as an agency of social control and the subsequent attempts to make psychiatry more humane. This time policy initiatives arise directly from those to whom, until now, mental health care has been addressed, this even with such initiatives that are implemented in cooperation with the experts.

Words can mean a lot

It is important to emphasize the word “beyond” in the English title of the book reviewed here⁴ because the authors of the collection do not talk merely of those forms which exclude psychiatry completely. Quite the opposite – guided by their experience with psychiatry they attempt to comprehensively evaluate this area of medicine (in its varied manifestations across periods of history and societies)⁵, as well as search for alternative and complementary ways in healing. The articles reflect both the expertise of mental health care specialists and the personal experience of patients.

Those who at some point in their lives have been treated by psychiatrists, are seen as simply having experienced psychiatry rather than through stereotypes such as “mentally ill” or “mentally deranged” (which unfortunately are still used by the media, and Latvia in this instance is certainly no exception). Furthermore, generally speaking, this contact has been of two kinds – some have used (or still use) mental health care services voluntarily and call themselves ex-users or users of psychiatry, while others, who have been placed in asylums and held there against their will, consider themselves rather as the victims of this specific area of medicine. In the collection such ex-patients identify themselves as survivors, thus emphasizing not their status as victims but rather that they have endured a repressive attitude implemented by means of the psychiatry arsenal, and, moreover, have been able to challenge it. Namely, that they have been successful in finding other means which permit one to live through mental or emotional distress; in effect avoiding crisis. Thus, institutional psychiatry has been reflected in the book merely as one, and certainly not always the most optimal way of healing emotional and mental wounds.

Not only the patients themselves, but also their health problems, appear in the book in an unusual way. In no article, not even in those written by psychiatrists, are terms such as “mental illness”, “mental derangement”, “endogenous disorder” or other, similar terms based on an understanding of mental health disorders as something psycho-physiologically determined and largely irreversible, to be found. In other words, these sorts of terms, taken for granted for decades, have often stigmatised the individual for good. In-

³ Among the most influential critics of biologically oriented psychiatry at the time can be mentioned: Michel Foucault, David Cooper, Ronald Laing, Thomas Szasz and Thomas Scheff.

⁴ The German title of the book is “Statt Psychiatrie 2”.

⁵ Here an excellent review of Western psychiatry and also a critical evaluation of its latest trends are given in an article by Mark Rufer: Rufer, M. 2007. 'Psychiatry: Its Diagnostic Methods, Its Therapies, Its Power', in P. Stastny and P. Lehmann (eds.), *Alternatives Beyond Psychiatry*, 382-99. Berlin: Peter Lehmann Publishing.

stead, the authors speak of specific events, situations and experiences, and in a specific place, time and social context, namely of traumas, emotional problems of a social nature (P.410), of crisis, distress, and emotional difficulties. They speak additionally of “dangerously talented minds” (P.407), “extreme states of mind” (P.169), “altered perception” (P. 100), “the experience of a transcendent realm” (P. 171).⁶ Finally, they talk of living with madness (comp. German *Irrsinn*, *Wahnsinn*) and (one’s own or others’) otherness.

Even the term “psychosis” shows up as a word that does not split but rather merges the understanding of professionals with that of the laymen, as a synonym of the popularly used “madness”. It refers firstly to human experience rather than to externally observable oddities, which cause some to laugh at an acquaintance, and others to shun a former friend or even kin, and yet in others to diagnose and attempt to “normalise” the person by ECT⁷ or psycho-pharmacological means. On this point, the article by Miriam Kruecke must be noted, in which the author cites tens of psychiatry users whom she asked, in 2006 while writing her Master’s thesis, what kind of help they wished to receive if they were to find themselves again in a crisis situation (P.97-104). One of the interviewed women notes that the recent opportunity to survive one psychotic episode without psychotropic medicines, receiving the support of a trusted person and using homeopathic medicines, was a meaningful experience for her. She had been able to follow her own feelings, and when after a month the psychosis receded, no depression followed, as at other times, and after a six week recess she had been able to start work again (P.100-101). A similar experience is described by Regina Bellion, born in 1941 (P.75-83), recounting how she had survived a crisis (which had included both persecution ideas and depression) thanks to the constant presence and support provided by six members of a self-help group over the course of an entire week, night and day.

Other authors in the collection also consider experiences of psychoses in their diversity. For example, in the article on the internationally known psycho-social rehabilitation project⁸ *Windhorse*, which is rooted in Buddhist principles, we read “Through contemplative

⁶ In this article, too, it has been attempted to deliberately avoid the Latvian term *garīga slimība* (literally “spiritual illness”) obviously adopted in the 19th century from the German “Geisteskrankheit”), instead preferring terms *emocionāla krīze* (“emotional crisis/distress”), *mentāli traucējumi* (“mental disorders”), etc. The word *mentāls* indicates a link to activities of the mind, but *mentāli traucējumi* to the negative impact of sorrow, distress or anxiety on both perception and thinking. In turn, the phrase *psihiskas ciešanas* (“psychic suffering”) is used referring to the archaic meaning of the word “psyche” (from the ancient Greek *psukhē*) that is close to the meaning of *dvēsele*, the Latvian term for soul (comp. to such expressions rooted in Christianity as *noklīdusi dvēsele*, or “lost soul”, and *dvēseļu kopšana*, or “pastoral care”, also the Russian term *душевно-больной*, literally “ill soul”). Taking into account the views of psychiatry patients interviewed in Latvia, the author of this article opposes the application of the Latvian word *garīgs* (“spiritual”) to a type of illness. The spectrum of the meaning of the Latvian word *gars* (“spirit”) includes mainly the transcendental, what cannot be grasped directly by the senses, but constitutes a dimension of human experience directed to values, wherein human moral stands and choices are rooted. In the views of the author, to call a person *garīgi slim* (literally “spiritually ill”) means to degrade him/her as a moral subject and doubt his/her ability to decide and act, thus expressing his/her particular, values-based position, and in the end, to deny his/her humanity.

⁷ Electroconvulsive therapy.

⁸ For more information see: www.windhorseassociates.org

practice, meditation in particular, we see that the seeds of psychosis are in every mind, that madness is only a matter of degree". (P.173). Representatives of both *Windhorse* and of similar programmes, such as *Soteria*⁹, based on principles of shelter and a supportive social environment, and *Berlin Runaway House*¹⁰, understand psychosis first of all as a coping mechanism (P.146, comp. P. 189), at times as the only possibility for an individual to survive when faced with the overwhelming weight of a profound predicament or an unsolvable dilemma endangering his/her self (P.170).

In short, authors in the collection assert that the line which irrevocably divides the "sub-normal" from the "normal", and the "ill" from the "healthy" has been artificially drawn for decades. In the view of existentialism, the self of any person may be endangered at some point by a crisis caused by a coincidence of unfortunate circumstances. Of course, some retain in a crisis a cooler head than others, and there is a role here played not only by culture and upbringing but also by the individual's own biological constitution. However, this does not mean that the disposition to collapse in a crisis is once and for all inscribed in our bodies, or that we could classify those subject to psychosis, or the "invulnerable", according to some biological or physiological parameters. Furthermore, a person may wind up beyond the said line only because those around him/her have hurriedly and thoughtlessly forced on him/her only seemingly efficient crisis solutions, among which unfortunately sometimes has been involuntary commitment to a psychiatric facility.

As stated earlier, the position of users of psychiatry on the matter of how to best help in cases of profound emotional distress or under extreme states of mind differs from the experience of survivors of psychiatry (P. 369). The first group admits, along with various complementary forms of treatment, the use of psycho-pharmacological means and at times also hospitalisation, whereas the others reject these methods and are searching for alternatives. It must be emphasised, however, that most of the authors of the collection *Alternatives beyond Psychiatry* admit that self-help and professional help are not mutually exclusive, as it is only a matter of access to one's chosen professional help in times of crisis.

The short stories of personal experience in the chapter, "Real alternatives" (P. 44-75) reflect a broad spectrum of alternative and complementary solutions: moving to a safe and peaceful location, calming remedies, contact with animals, massage therapy, artistic creativity, writing as a therapeutic activity, psychotherapy, establishing self-help groups, political activism, consciously balanced lifestyles, proper diet and sufficient sleep among them, discussions and arrangements with confidants, including help wished from them in crisis situations¹¹. An idea of the diversity of solutions is often developed when people in a crisis situation share their experience and stories, when they trust one another with their stories. On this point, during the space of the last twenty years or so, the socially active

⁹ For more information: Mosher, L. R., V. Hendrix, D. C. Fort, und die Beteiligten des Soteria Projektes. 1994. *Dabeisein: Das Manual zur Praxis in der Soteria*. Bonn: Psychiatrie-Verlag.

¹⁰ For more information: www.weglaufhaus.de/non_german.html

¹¹ There is a special term in English— *advance directives*. This means wishes expressed in writing of types of help the person wishes to receive in crisis situations, among them outbreaks of psychosis

and politically most committed psychiatry patients have succeeded to bring into motion important changes in their own situation and that of their fellow sufferers: since the end of the 1980s they have organised themselves more than before in mutual support groups, associations, initiative centres and social networks¹².

Organizations of psychiatry users and survivors

Many of the authors of the collection tell of groups, associations and programmes advanced by patients themselves or their advocates. On some there are specific articles, as on the already mentioned projects: *Berlin Runaway House* (P. 188-198) and *Windhorse* (P. 168-178). The article by Peter Lehmann and Matt Jespersen (P.366-380) provides a look at establishing larger organisations. Here we learn that in the USA there is the *Icarus Project*, in Ghana – the association *MindFreedom Ghana*, in Ireland – *Institute for Mental Health Recovery*, in Great Britain - *MIND*, *Mindlink* and “Survivors Speak Out”, *Distress Awareness Training Agency* (DATA), *Sharing Voices Bradford* and others. In Germany – organisations such as *Bundesverband Psychiatrie-Erfahrener*, *Netzwerk Stimmenhören*¹³, and others.

Since the beginning of the 1990s psychiatry patients have also organised themselves internationally. In 1990, 13 representatives of initiative groups met in New York intending to protect the human rights of users and survivors of psychiatry, and established *Support Coalition*. In 2005 the name was changed to *MindFreedom International*, and the UN has granted it the status of a non-governmental advisory organisation. In 1991, 39 representatives from 17 European countries met and *ENUSP* [European Network of (ex)Users and Survivors of Psychiatry) was founded. In 1993 *WNUSP* [World Network of (ex) Users and Survivors of Psychiatry) was established. Recently, in 2003, a group of US mental health care specialists and patients' advocates (among them several well known psychiatrists and psychologists and recovered patients and their families) established the organisation *International Network Toward Alternatives and Recovery* (*INTAR*), targeted to popularising knowledge of alternative healing methods for people experiencing profound emotional distress, and making these methods more accessible for them.¹⁴

It is important to emphasise that the above mentioned organisations are very wary of sponsoring offered by pharmacology companies because they do not wish to become

¹² More information in the book: Crossley, N. 2006. *Contesting Psychiatry. Social Movements in Mental Health*. London & New York: Routledge, and the articles: Crossley, M. L., and N. Crossley. 2001. Patients' voices, social movements and the habitus; how psychiatric survivors 'speak out'. *Social Science and Medicine* 52:1477-1489; Rose, D. and Lucas, J. 2007. 'The user and survivor movement in Europe', in M. Knapp, D. McDaid, E. Mossialos and G. Thornicroft (eds.), *Mental Health Policy and Practice across Europe. The future direction of mental health care*, 336-55. Maidenhead: McGraw Hill, Open University Press.

¹³ It is difficult to translate in Latvian the names of these associations: since in Latvia there exists practically no collective praxis of psychiatry patients (or ex-patients or survivors) that is even slightly similar to that of Western countries, the Latvian language lacks the appropriate meanings describing the relevant collective experience.

¹⁴ For more information see. www.intar.org

financially dependent on them, nor feel their ideological pressure to popularise psychopharmacology as the main, if not only, method in facing misery, emotional complications and mental disorders. For example, *ENUSP* completely refuses financial support from the pharmacology business and warns its member organisations in different countries to be wary in this area, at least by declaring a limit as to how much of their funds may come from donations from pharmacology companies.

In spite of their limited financial resources these organisations have grown quite rapidly. Several associations have become more active and have enlarged their membership thanks to the Internet and the communication forms provided by it as in, for example, mailing lists.¹⁵ In 2004, in the Danish town of Velje psychiatry users and survivors met at their first congress of a global scale: delegates came from 50 countries, and all continents were represented. By the middle of 2008 the *ENUSP* network represented 73 organisations from 34 European countries, among them several countries which were previously part of the USSR. This includes two groups each from Armenia, Russia and Moldova, and one from Azerbaijan and Belarus, three from Georgia and Lithuania and seven from Estonia. Of the ex-Soviet republics of Europe, only Latvia was not represented by even one organisation.¹⁶

As witnessed by the experience in many of the stories in the collection *Alternatives beyond Psychiatry*, patients' self-organisation, articulation and protection of interests is extremely important. It can not only reduce the stigmatising stereotypes prevalent in society, and thus prevent people with mental disorders from being socially excluded: it also ensures that for people finding themselves in serious crisis information on possible professional aid, and types of self-help, is more accessible. Furthermore, by contacting fellow sufferers, they may escape being immediately marked by a stigma, as happens in cases when institutional psychiatry appears to their families and often also to themselves as the only way of escaping from crisis. If people formulate their own needs and interests and speak of these publicly, rather than depending on the ideas of professionals in what is needed for their patients, the rest of society can develop a more balanced idea about people with mental disorders. Instead of stigma, people may begin to see (citing the philosopher Emmanuel Levinas) the individual faces and humanity of these people¹⁷ and become aware that their otherness is far less so than presented by our stereotypes.

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¹⁵ The author of this article translated in 2007 into Latvian basic information on ENUSP for the home page of this organisation. Until then the main page of ENUSP had been translated in the languages of all other EU member countries as well as languages of several other European countries.

¹⁶ The first Latvian organisation, *Anima*, the Association of the Disabled of Jūrmala, joined ENUSP in March 2009.

¹⁷ Cited from: Rubene, M. 1995. From the present to the present. *Today's philosophy in search of ethical righteousness*. Riga: Minerva, P. 225-226.