Alternatives beyond psychiatry

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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 of psychiatry: law, art, 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 collection [2] 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 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 here [4] 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
It is important for them, thus emphasizing not their status as victims but rather that they have endured a repressive implementation of the term "psychiatry". 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 activity implemented by means of the psychiatry personnel, and, moreover, have been able to challenge it. Namely, 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 managing of the psychosis and largely irrelevant, are to be found. In other words, these sorts of terms, taken for granted for decades, have often stigmatised the individual for good. Instead, 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). Finally, they talk of living with madness (comp. German: Irresein, Wahnsinn) and (one's own or others') otherness.

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 ECT [7] or psycho-pharmacological means. On this point, the article by Miriam Krücke 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 (pp. 97-104). One of the interviewed women noted 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 (pp. 100-101). A similar experience is described by Regina Bellion, born in 1941 (pp. 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 project [8] Windhorse, which is rooted in Buddhist principles, we read "Through contemplative 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 "subnormal" 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 remain 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 "invaluable", 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 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 Alternative beyond Psychiatry admit that self-help and professional help are 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" (pp. 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 situations [11]. 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 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 networks [12].

Organisations 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 (pp. 188-198) and Windhorse (pp. 168-178). The article by Peter Lehmann and Mathis Jessperson (pp. 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 Psychiatrische-Erfahrene, Netzwerk Stilmmitten[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 1993, 39 representatives from 17 countries formed the European Network of ex-users and Survivors of Psychiatry (ENUSP) was founded. In 1993 WNLSP (World Network of 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.
because they do not wish to become financially dependent on them, nor feel their ideological pressure to popularise psycho-pharmacology 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. In 2004, in the Danish town of Vejle 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 example 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 from suffering from 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 people [17] and become aware that their otherness is far less so than presented by our stereotypes.

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Foot-notes

1. European Network of (ex-) Users and Survivors of Psychiatry (ENUSP).
3. Among the most influential critics of bioologically 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.").
6. In this article, too, it has been attempted to deliberately avoid the Latin term garīga slimība (literally "spiritual illness") obviously adopted in the 19th century in the German "geistesskrankeit", instead preferring terms emocionālā krīze ("emotional crisis/distress"), mentālā traucējums ("mental disorders"), etc. The word mentāls indicates a link to activities of the mind, but mentālā traucējums to the negative impact of sorrow, distress or anxiety on both perception and thinking. In turn, the phrase pašiskas cīņas ("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 Latin term for soul (comp. to such expressions rooted in Christianity as noklidus dvēsele , or "lost soul", and dvēseļu kopāna , or "pastoral care", also the Russian терминаемое-бояйное , literally "ill soul"). Taking into account the views of psychiatry, the author of this article opposes the application of the Latvian word garīga , ("spiritual") to a type of illness. The spectrum of the meaning of the Latvian word gars ("sound") 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 standards and choices are rooted. In the views of the author, to call a person garīgi slimis (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
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.
13. It is difficult to translate in Latvian the names of these associations: since in Latvia there exists practically no collective praxis of mental 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
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 Jurmala, joined *ENUSP* in March 2009.

This book questions the mainstream psychiatry treatment available to people. It looks at alternative programmes and therapies that have a track record of helping people get better. It looks at each available, and sometimes controversial, contemporary treatment such as psychiatric drugs, and their adverse effects. The writers of *Alternatives Beyond Psychiatry* take a serious look at electric shock treatment, which is still used today, and its ability to cause permanent brain damage. This book is not written as medical advice it is written to tell personal experience accounts with old, current and new and alternate treatments and therapies. This book offers alternative medicine, holistic remedies and self-help methods.

It is a collection of reports and approaches from non-, anti and post-psychiatric everyday life in different countries. The writings in this book describe a commitment to (1) developing adequate and effective assistance for people in emotional difficulties, (2) safeguarding civil rights in treatment on a par with "normal" patients, (3) joining forces in cooperation with other human rights and self-help groups, (4) use of alternative and less toxic psychotropic substances and a ban of electroshock, (5) new ways of living with madness and being different – with as much independence from institutions as possible, and (6) tolerance, respect and appreciation of diversity at all levels of life. Contributions to the book are made by over 50 others, some of whom are ex-mental patients, professors, film directors, economists, clinical psychologists, from all over the world. Chapters cover everything from money, rights, alternatives, research to develop an evidence base for alternative

Have you ever felt like a lone voice in the wilderness, crying out against unhelpful treatments and human rights abuses in psychiatry? Or felt, perhaps, that you were part of a group of people trying to make things better for psychiatric patients, but that your group was small, isolated and, in the "big picture," powerless?

Here is a book that dispels such feelings once and for all. Alternatives Beyond Psychiatry brings together a rich and powerful assortment of the individual and collective stories of people from all over the world - people who have not only rejected psychiatry's use of fear, coercion, force and fraud, but who have gone on to develop and actually put in place humane, effective alternatives.

Peter Stastny is a longtime researcher, associate professor of psychiatry at Albert Einstein College of Medicine in New York, and a founding member of INTAR: the International Network Toward Alternatives and Recovery. Peter Lehmann, besides being a prolific author, and publisher, was one of the founders of Germany's Association for Protection Against Psychiatric Violence, which operates, in Berlin, the Runaway House, one of the world's most astonishing examples of successful alternatives to psychiatry.

In all, 61 contributors provide an impressive variety of accounts that powerfully describe successful ways of dealing with psychological/emotional/spiritual crisis. Many have themselves been the recipients, mostly unwilling, of psychiatric treatment. But the book also gives voice to service providers, researchers and others who truly understand the importance of focusing on the strengths and common humanity—rather than the weaknesses, "symptoms" and diagnoses—of people who need real help in times of crisis.

The contributors to Alternatives Beyond Psychiatry - whether they completely reject the "medical model" (which views emotional difficulties and differences in perception as signs of mental illness) or work, as a few of them do, from within that model—recognize crisis as an opportunity for growth and change, rather than a disaster which must be suppressed and forgotten.

The book's scope ranges from individual and small-group self-help efforts and successes to national, continental and international collaborations for justice and large-scale change. It is amazing to see how much has already been accomplished, and heartening to know that so many people in so many places are devoting their lives to making alternative practices a reality.

Imagine your own home (or a hostel, hotel, house, or retreat) as a place where, when going through a crisis, you could be treated with respect, kindness, gentleness and empathy—and the wisdom that comes from real, relevant experience—by people who understand and value what you're going through, and are willing to form real, ongoing relationships with you (and help you form such relationships with others). People who can, and do, assist you in figuring out, and accomplishing, what you need and want. Imagine legal workers/documents who can ensure that your wishes and human rights will be respected in situations where the law declares you mentally incompetent.

Compare these imaginings to what routinely happens to unwilling recipients of psychiatric treatments today: incarceration, forced drugging, physical restraints, electroshock, humiliation, stigmatization, debilitation and the removal of all legal rights.

The latter is standard practice. But—thanks in part to the efforts of the people you will meet in this book—the former is more than just a dream. Read about the reality of it in Alternatives Beyond Psychiatry, and be inspired!


Why do we need alternatives to psychiatry? The question is presented on the very first page of the book and after reading the contributions from 61 authors, the answer comes without hesitation. We certainly need alternatives based on experience-based knowledge, creativity and renewal. We also need a wide spectrum of humane and user friendly treatments. The book offers a straightforward and an unsentimental description from a survivor/user perspective of psychiatric care. The contributions from people with own experiences of psychiatric care are accompanied by researchers, psychiatrists, psychotherapists, social workers and counsellors. Some of the most renown professional names are Marius Romme & Sandra Escher from the Netherlands, Jaakko Seikkula and Birgitta Alakare from Finland and Philip Thomas and Pat Bracken from the UK.

The aim of the book is to give voice to survivors and (ex-) users and to mediate their stories about various strategies of coping with mental distress with or without the support of professional help. The history of modern psychiatry is brought to life in the text through personal and professional reports. The book is aimed at patients, the psychological and social strains of normalization, the wide spread use of medication, the anti-psychiatric movement and the emergence of self-help organizations and (ex-) user-networks are contextualized and narrated through personal narratives. The book is divided into an Introduction, a section where alternatives and user experiences are presented under five headlines and a final concluding chapter. The book also includes an index and a presentation of every author. Altogether, the book covers experiences of traditional psychiatric care, individual strategies of coping with mental distress, alternatives to medical psychiatry and visions of a future humane care.

Why psychiatry hurts more than it helps is the title of the introductory section. As the title claims, it is an introduction that illuminates user experiences of psychiatric treatment and therapies that have caused wounds to the patients and suffering for relatives and friends. The next part, "Actual Activities", starts with a topic named Individual Strategies with and without Professional Support. The reader gets introduced to several strategies of coping with psychotic experiences and mental distress: To start a group where the members takes care of each other during difficult periods, to practice self-cures with the help of running, to organize every-day life, to enjoy music and taking care of oneself and to avoid unnecessary stress. A quote from the book "Madness is a unique experience that requires a unique treatment" (Regina Bellon) synthesizes the message of the contributions in this part of the book. Under the headline Organized Self-help the voice hearing network is introduced to us. We get to know how it is to live with voice-hearing experiences and also how a respectful and successful professional engagement is carried out. This is rather new knowledge within the academy. The first academic dissertation in Sweden that treats voice hearing as a non-psychiatric phenomena (Karlsson, 2007), was published in 2007. The next headline, Models of Professional Support presents alternatives that work. The Soteria-principle of drug-free and non-professional care, involvement in treatment and care by using the open dialogue and a couple of more alternative therapies are respected and/or in control. Further, the contributions presented in General and Specific Beneficiaries of Alternative Approaches describes the treatment of different groups with specific problems; young people and children, elderly, gays and lesbians, parents and people from non western societies and their experiences of psychiatric care in a restrictive patriarchal environment. Under the next headline, Realizing Alternatives and Human Treatment the reader gets introduced to models of psychiatric care that build on empowerment, user control and user-led research such as creating Evidence base for alternative approaches. A very useful information is the reference to INTAR (The International Network Towards Alternatives and Recovery), A network that promotes safe, caring and not-stigmatizing assistance to those in crises or emotional distress (p. 362). Lastly, in Why We Need Alternatives To Psychiatry the content is summed up and outlined in three discussions about the power of diagnostic methods (Marc Rufer), a radical interpretation of recovery (Pat Bracken) and a critical review of the reformation of psychiatry during the 20th century (Peter Lehmann and Peter Stastny). These accounts remind us of the fact that psychiatric science and practice have been constantly reformed through its entire period of existence. What we know is to a big extent socially flexible and unstable knowledge.

This book is both longed-for and indispensable for us who teaches students about social perspectives on mental health and mental care. Sometimes it was a little bit hard to follow the structuring idea of headlines and the system behind the grouping of texts, but this minor confusion is outbalances by the substantial and important content of the book. Today we experience a lack of critical alternatives to mainstream psychiatric texts within social education. The official texts tells us that
This book offers something else. It pushes the discussion about psychiatric care and mental health forward to the centre of the sociological debate on the consequences of the post-modern society. The paradigm shift that we sense is not a reform, not another adjustment, but real changes towards user-involvement and empowerment. The message that lingers in mind after reading this book is that the changes are probably not coming through some scientific breakthrough, rather through increasing demands from well-informed and devoted users that insist upon a better and safer psychiatric care.

References


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Abstract. Peter Stastny and Peter Lehmann's Alternatives beyond Psychiatry offers an comprehensive and up to date account of the alternatives to mainstream psychiatry that are being developed by service consumers and survivors across the world. As psychiatry moves into a new age less dominated by a biomedical paradigm many of the approaches described in this book may be adopted by mainstream health services. This is a hugely readable and accessible book for professionals and consumers alike.

Book details: Psychiatry as a science has had a profound political element from its infancy. For example many commentators, notably Masson [1], have suggested that Freud's reversal of his original belief that 'hysterical illness' was rooted in genuine childhood trauma, was politically rather than scientifically driven. Similarly, attempts to eradicate serious mental illness through manipulation of the gene pool that formed the driving force behind the eugenics movement in the early part of the last century mirrored extreme political views of the time from both the left and right wings of politics [2]. Once again, in the 1960's and 1970's critical views of psychiatry emerged [3,4] which corresponded with the prevailing liberal and anti-establishment zeitgeist. However the response was vigorous promotion of the biological model of psychiatry from the mainstream medical establishment and the pharmaceutical companies, which has been described by Bentall [5] as the second coming of biological psychiatry. This led to the absolute dominance of the medical / biological model of psychiatry, a situation that has persisted for the last thirty years. Such a one sided promotion of a disease model of serious mental illness, with medication as the only 'cure' has seen the exclusion of more holistic and humanistic approaches, and further, that "a delusion is an idea or a thought that has no valid basis in reality" (The local psychiatrist)." This book is about to experience fundamental changes that will not be driven by research but by the outcome of serious mental illness, with challenges that are not being addressed by psychiatry, and consumers groups that have been neglected in the future shaping of psychiatry. Marc Rufer offers an eighteen page summary of the position of alternative theorists, 'Psychiatry: Its Diagnostic Methods, Its Therapies, Its Power,' that is destined to become a classic and by itself is worth the cover price of the volume.

The editors take as their starting point an unequivocal stance that modern psychiatry does not work, evidenced in Robert Whitaker's "Preface," by the fact that since chlorpromazine was synthesized and introduced in 1954 the rate of 'disabled mentally ill' in the USA has increased nearly six-fold from 3.38 people per 1,000 population in 1955 to 19.69 people per 1,000 population in 2003. Furthermore, since the introduction of Prozac in 1987 the number of 'disabled mentally ill' has been increasing at the rate of 150,000 per year. This is a powerful argument. Whilst research into physical disease has led to huge improvements in outcomes in conditions such as breast cancer and HIV, psychiatry appears to be going backwards, and at an alarming rate. Following caution about psychiatric drugs and treatments, Editors Peter Stastny and Peter Lehmann offer a volume of alternatives "beyond psychiatry."

The strength of this book is the diverse source of its contributors. Ninety year old Dorothea describes seventy years in the German psychiatric system which included involuntary sterilisation but ended in recovery and a determination to help others – a powerful testament to human resilience! Two other essays in this anthology stand out: Peter Lehmann and Maths Jesperson's contribution, 'Self Help, Difference and User Control in the Age of the Internet,' shows how and why consumers groups will become significant players in the future shaping of psychiatry. Mark Rufer offers an eighteen page summary of the position of alternative theorists, 'Psychiatry: Its Diagnostic Methods, Its Therapies, Its Power,' that is destined to become a classic and by itself is worth the cover price of the volume.

The main weakness of this book is an absence of data. These are opinion pieces, a fact addressed in an excellent contribution from Jan Wallcraft, "User Led Research to Develop an Evidence Base for Alternative Approaches." While this weakness is obvious, over-evidence in 'data' can also be dangerous. A recent meta-analysis in the UK of the effectiveness of new generation anti-depressants concluded that they were equivalent in effectiveness to placebo if 'buried' negative findings from randomised control trials were included in the analysis [6] this 'data' was only available because of a new freedom of information act.

Psychiatry is about to experience fundamental changes that will not be driven by research chemists or neurobiologists. Politics and social justice have returned to the discussion. Consumers and service users that we claim to help recover are unhappy with what they are being offered, they are motivated and they are getting organised.

If memory serves me correctly, David beat Goliath.

This is an important book.

About the author: Paul Hammersley is the Programme Director for Post Graduate Studies in cognitive behavioural therapy for psychosis at Manchester University's COPE Initiative in The United Kingdom. He is also an active therapist specialising in CBT for individuals experiencing severe psychological problems following traumatic life events. He has been widely published and has lectured extensively. 2006 along with Professor Marius Romme from Holland and The UK Hearing Voices Network, he founded CASL (The Campaign for the Abolition of the Schizophrenia Label).

References

Alternatives beyond psychiatry is a welcome breath of fresh air. In its pages, 61 authors from around the world (mainly Europe and North America) describe initiatives, projects and personal strategies that challenge traditional approaches. It will be thought-provoking and inspirational reading for anyone interested in innovative responses to madness.

The shortcomings of biomedical psychiatry have been much explored and this book does not uncover new territory in this respect. Familiar messages are hammered home around central issues like coercion, diagnostic systems and over-reliance on psychiatric medication. There are two passionate personal statements against the psychiatric enterprise by Kate Millett and Dorothea Buck, whose 70 years experience of the German psychiatric system includes compulsory sterilisation, and an interesting short (too short) piece by Pat Bracken about the need to move away from paradigms and models entirely.

But at the heart of Alternatives beyond psychiatry, and what makes it such a valuable resource, are the many chapters describing actual alternatives. A few of these have attracted attention in recent years and may already be known to some readers, but a large number have received little coverage and will be hardly known outside their own countries. The editors have done a great service in drawing all this information together.

The alternatives included cover a huge range, from crisis provision and Hearing Voices groups to service user-led research, personal ombudsmen and advance directives. Perhaps inevitably with so many contributors, the quality of writing is variable and I found one or two chapters quite difficult to digest. It is not easy to compress the description of innovative work into one short chapter and I sometimes felt I was not being given enough relevant information to really appreciate a new approach. On the other hand, there are many excellent summaries. I thought the chapters 'Intervoice: Accepting and making sense of hearing voices' and 'On 'Soteria: A Treatment model in Psychiatry' were particularly good.

There is so much positive practice and experience captured in this book that it is impossible not to feel encouraged about the possibilities for a better way forward. Nevertheless, the editors are quite downbeat about the overall impact of alternatives, admitting in the final chapter: 'Since there are currently no widely encompassing alternatives available that offer humane help, psychiatric ex-users and survivors must learn to make the best of the existing services.' This is probably a realistic judgement. On the other hand, Alternatives beyond psychiatry is an excellent argument and blueprint for a continuing effort to construct alternatives. If you are making a list of important mental health titles for 2008, this one should certainly be on it.
There are, of course, tensions between the strategies that are adopted in different cultures. So, for example, the Open Dialogue initiative in Finland works on the assumption that contributions should be tailored to an evolving discussion (and so here the community ethos is very strong), whereas the Law Project for Psychiatric Rights in the United States appeals to individuals to assert their power to seek compensation for wrongs they have suffered at the hands of the psychiatric system.

One thing that is striking about the collection is how people faced with psychiatry have often had to reinvent their critique of the medical model in ways that are suited to particular political-cultural circumstances but in ways which also enable them to form a common cause that is increasingly internationalist. Medical psychiatry has for sure been one of the forces of globalisation, and its proponents have been keen to use ‘cross-cultural’ research to reinforce its claims to find universal underlying disease entities. This book shows that radical non-psychiatric approaches to suffering are also now able to turn diversity of experience from apparent weakness into strength. Readers can follow the links from the Lehmann website to access debates in and across the various groups that are represented in the book (at www.peter-lehmann-publishing.com) and those debates will no doubt be augmented by the voices of groups that are fighting on the same ground who are not directly involved in this edition.

The preambles at the beginning of the book about the liability of contributors for harm that might arise from readers coming off medication highlights an issue that is hinted at in different chapters but is not tackled head-on; the conditions in which we try to go ‘beyond psychiatry’ today are now circled by legal procedures which mostly favour medical psychiatry. But, this book shows that there are ways out. At 431 pages, this sprawling compendium will be an invaluable resource for all those building alliances for a world without psychiatry.

Beyond psychiatry: Catherine Jackson talks to German survivor activist and writer Peter Lehmann about his new book (pdf, 171 KB), in: mentalhealthtoday (UK), February 2008, p. 20

Psychotherapy’s Real Experts. Review by Karl Koehler, M.D., Professor Emeritus of Psychiatry, Bonn (Germany)

It seems, as if countries that have adopted the modern drug-based paradigm of psychiatric care have, in the past 50 years, experienced a great surge in the number of people disabled by mental disorders. Accordingly, it would appear that we desperately need to reflect on alternatives to this failed paradigm of care. Although in its present form issues dealing with values, meanings, relationships and power are not ignored, these always seem to be secondary to the more important technical aspects of mental health. Indeed, it only tends to underscore the centrality of “experts.” In spite of the fact that service (ex-) users and survivors might be consulted and invited to comment on the interventions and the research connected with the reigning paradigm of care, they are nonetheless always recipients of expertise generated elsewhere.

In contrast, the recovery agenda, as Pat Bracken puts it in a paper in this book, presents a radical challenge, since it reorients our thinking about mental health completely. It foregrounds issues that have to do with power and relationships, contexts and meanings, values and priorities, which now become primary. Although such an agenda does not reject or deny the reigning role of therapy, services, research and, in some instances, even drugs, it does work to render them all secondary. Indeed, its most radical implication is the fact that when it comes to issues having to do with values, meanings and relationships, it is the (ex-) users or survivors themselves, who are the most knowledgeable and informed. In other words, when it comes to the recovery agenda, they are the real experts.

This then is the basic theme of this fascinating new book.

After a very short first part on why psychiatry hurts more than it helps – containing a personal report by the 91 year old activist Dorothea Burk-Zerchin, who describes her experience of 70 years of coercion in psychiatric hospitals, as well as a paper by Kate Millett, which focuses on the question of legal rights and the mental health system – the second part takes up approximately half the book in its discussion of present-day actual alternatives to psychiatry.

Its first section describes the concrete strategies of individual (ex-) users and survivors, with or without professional support, and demonstrates that the individual paths taken in order to manage mental crises without ending up in a psychiatrist’s office are extremely varied. All fourteen personal reports presented here are deliberately positive, since it is meant to show that it is possible—at least for some—to recover their mental equilibrium using the personal resources at hand and uniquely tackling their problems with at times rather simple and reasonable methods.

The second section, which deals with concrete examples of organized (ex-) user and survivor self-help, leads off with Wilma Boevink’s paper on the TREE program in the Netherlands, whose underlying principle is that an important element in recovery from long-term mental distress is to develop and pass on narratives. In other words, developing one’s own narrative and comparing it with the narratives of other (ex-) users and survivors of psychiatry is the beginning of building experiential knowledge.

Of most interest to this reader in this section, however, were the reports on the Hearing Voices movement. Hannelore Klafki’s paper on how voices accompanied her throughout her life and how she managed to cope with them to lead a normal life was quite moving. Following up, Romme and Escher describe INTERVOICE, the international network, the basic assumption of which is that accepting and making sense of voices is a much more helpful alternative for recovering from the distress associated with voice hearing.

Hearing voices in itself, they point out, is not a sign of mental illness, but it is quite possible to become ill and a psychiatric patient, when one cannot cope with them and the problems laying at their roots. Persons who hear voices and have become ill tend to show a different relationship with their voices than do persons who hear voices and do not become psychiatric patients. Accepting the voices means realizing that the experience of voice hearing is real, and making sense of them suggests that the voices are not something crazy, but have a purpose in helping to learn to cope with life’s problems.

In another paper, Rufus May, after describing his own struggle with mental crises, discusses the unusual beliefs movement. For example, he reports on the Beyond Belief Network, which aims to help people to cope with unusual beliefs that might be termed delusions by mental health professionals. There are many people, he says, who have beliefs that meet the criteria for delusions, yet who are living successful lives with no contact with psychiatry. The difference between them and those who receive mental health services is whether the individuals involved can cope with their beliefs, and whether they are distressed or preoccupied by them. This way of thinking about unusual beliefs, then, follows from the main concept of the Hearing Voices movement, which states that each person should be able to choose how best to understand his or her own reality and that acceptance, as already mentioned, is an important stage in gaining back the power to manage one’s experiences.

The third section then goes on to report on alternative models of professional support. In it, the editors Stastny and Lehmann’s long paper on Soteria—the treatment model introduced by Loren Mosher in the early 1970s—was to me one of the most informative in the book. After describing Mosher’s original model in detail, they discuss the dissemination and replicability of the Soteria approach, list the catalogue of crucial elements that must be in place before a program can call itself Soteria, and soberly give a current assessment and outlook with respect to the model’s future, stating there is a risk that Soteria development might come to a complete halt, or even gradually recede.

In this section there are also papers on a user-controlled house, the Hotel Magnus Stenbock in Sweden; the Windhorse Project in Boulder, Colorado; Nova Scotia and Vienna, based on Podvoll’s working model of psychosis; the Crisis Hostel Project in Ithaca, New York; the Berlin Runaway House; the Second Opinion Society in the Yukon; Trauma-informed Peer Run Crisis Alternatives; La Cura in Sicily; and the Open Dialogue in Finland.

The third part focuses on general and specific beneficiaries of alternative approaches, that is, on certain subgroups of people with mental health problems. For example, Philip Thomas and Salma Yasmeen’s paper presents a conceptual critique of mental health theory and...
practice to help understand the problems that Western psychiatry poses for people from non-Western cultures or for those in the black and minority ethnic communities. Bruce Levine's paper on managing troubled children and teens without using psychiatric drugs analyses the ten most common sense causes and solutions and is most interesting. In another article, Erich Schützendörfer considers the development of a person with dementia not as a pathological alteration, but rather as an expression of individualistic behavior, which makes a respectful encounter possible, offering many concrete examples to prove his point.

Psychiatric (ex-) users and survivors, as is known, have been highly skeptical of family involvement in the recovery movement, and have often felt both the controlling and paternalistic experience of not only their own families, but also those of large family advocacy organizations. Dealing with this issue, Karyn Baker contributes a paper on the Family Outreach and Response Program (FOR) in Toronto, which is based on the belief that families can be exceedingly helpful in their relative's recovery when given proper education, support and skills based on a critical recovery perspective. Finally, this section also contains a paper by Guy Holmes and Geoff Hardy on the means of breaking what the authors call the shame cycle, especially in homosexual men.

Part four, which this reviewer particularly enjoyed, examines the problem of realizing the alternatives and the humane forms of treatment discussed earlier. It centers on the potential strategies for promoting and disseminating such alternatives and for achieving human rights for mental patients. It is stressed, however, that implementation remains a most difficult undertaking, because the pharmaceutical industry, the health insurance companies, the hospitals and other institutions of authority – banded together with the psychiatric profession – have more or less succeeded in keeping effective alternative projects deprived of funding opportunities.

Three articles in this part (as well as one earlier by Miriam Kröckle) treat of the manner in which psychiatric patients can legally protect themselves and/or fight for their rights. Two of these focus on the issue of the advance directive, which can be used to assert and sustain self-determination in situations, where people are no longer able to express their will, or are deemed to be lacking the capacity to express their free will. This, then, is a legal instrument designed to preserve the rights of competent individuals to choose or refuse health care. One of these papers, from the American perspective, by Laura Ziegler, is of great interest, especially since she concretely and extensively reports on six cases of varied legal complexity from the USA, showing how patients had to fight to have their psychiatric advance directives accepted by the courts.

Of the two other articles that deal with the issue of the legal rights of patients in this part, the one by James Gottstein is a must read. It highlights the work of PsychRights in the USA, which aims at mounting a coordinated litigation campaign in order to substantially reduce forced psychiatric treatment and to create non-coercive, non-medical model alternatives. After some interesting theoretical considerations, Gottstein presents extensive concrete detail on just how a PsychRights campaign works, drawing upon a legal action in Alaska as his primary example. The other paper by Peter Rippmann describes the work of PSYCHEX in Switzerland, which also has taken up the legal fight to free patients incarcerated against their will.

David Oaks's paper on MindFreedom International is another high point of the book, in which he calls for a non-violent revolution of freedom, equality, truth and human rights throughout the entire mental health system, the unfair influence of the psychiatric drug industry adding to these human rights violations. He points out that drug corporations use fraud, force and fear to violate the human rights of clients, that they have manipulated the media, advertising and research to convince the public and mental health professionals that those with mental health problems have a chemical imbalance, and that they also use fraud by routinely covering up any information that their products might be harmful and can even kill.

Forced drugging is growing, Oaks insists, and psychiatric drug companies fund organizations that lobby the government to make it easier to force the products they manufacture into customers. Moreover, fear is used to show that there is no alternative to force and drugs. In light of this, there ought to be a full range of voluntary, humane, safe options and alternatives offered to all who choose to use them. This Western style mental health system, he says, is often called a "medical model," but more accurately ought to be called the "domination model", since its main effect is to squeeze out all other options from mental health care.

Another paper in this section by Ahern et al reports on INTAR, the International Network Toward Alternatives and Recovery, founded in 2003, which is dedicated to advancing the knowledge and availability of alternative approaches for individuals experiencing severe mental distress. Quite characteristic of many alternatives, they point out, is that they often remain the sole example of their generally quite successful approach, but with INTAR there is the possibility that such individual efforts will cross-fertilize and these positive results will become disseminated to a wider audience.

In their paper Peter Lehmann and Mathis Jesperson describe how (ex-) users and survivors of psychiatry are presently organized and how they cooperate internationally, with a particular emphasis on the role that the internet plays in reaching their goals. Rounding out this part of the book, there are articles on the system of the personal ombudsman in Skåne, Sweden; on user-led research, which emphasizes the value of personal experience in knowledge creation in order to develop an evidence base for alternative approaches; and on the Distress Awareness Training Agency (DATA), which prepares people for (ex-) user or survivor involvement work in England.

Part five, the last in the book, takes up the issue of why alternatives to psychiatry are needed. It starts off with Marc Rufer's long article on various aspects of present-day psychiatry's "reductionist vision of humanity", a hard-hitting critique aimed at its diagnostic methods, its therapies and the power that it thereby wields. And then there is Pat Bracken's short, but incisive, analysis of the radical interpretation of recovery, alluded to at the outset. In the last paper, the editors Stasny and Lehmann sum up their position. They believe that a non-medical alternative to psychiatry is possible either within the psychiatric system or outside. Basically, however, they harbor no hope that the psychosocial system will change of its own accord, since it does not support in any substantial manner the organizations of (ex-) users and survivors of psychiatry, the cooperation with other human rights or self-help groups, or promote forms of living with mental problems outside of institutional settings. Psychiatry, they feel, still tends to turn a cold shoulder to the movement of (ex-) users and survivors of psychiatry and its supporters, and to scorn its proposals for reform along with all the important knowledge it has generated.

Hopefully this book will help the (ex-) user and survivor movement, not only by introducing a wider public in and out of psychiatry to its very many real accomplishments, its vital importance and its future goals, but also by strengthening the international ties of those directly involved in the movement itself. I can only wish that this book be read by all psychiatrists, especially younger psychiatrists in training, since I am quite certain that they will find much food for thought in its pages.

Adam James: Woman's harrowing account of forced sterilisation when a psychiatric patient. On Psychminded (UK), November 14, 2007

Mary Maddock of Cork, Ireland. on www.mindfreedom.org on October 27, 2007. Mary is co-founder of MindFreedom Ireland, and also co-author of the book Soul Survivor.

Alternatives Beyond Psychiatry is written by many authors, ex-users and survivors of psychiatry, therapists, psychiatrists, social scientists, lawyers and relatives and they are all in agreement, as the title suggests, that we need to go beyond psychiatry. Many of them explain very well that the concept of ‘mental illness’ is a stumbling block.

Human suffering, interpreted and packaged as a disease, only makes matters worse for those who suffer while it lucratively rewards some of those who work in the field, especially the pharmaceutical companies. Kate Millett writes an amazing account on this point in the chapter The illusion of mental illness.

The alternatives that work are based on human values and help to develop that which enhances and improves our humanity. There are many effective ways described in this wonderful book. I would like to mention a few. Rufus May from the U.K. writes about reclaiming madness and
establishing unusual beliefs. Rufus, who was diagnosed with 'mental illness' could see that his own madness had meaning. His search for a spying mission was a metaphorical search for a meaningful quest in his life.

Hannelore Klafki from Germany could see that her voices had meaning and Dutch psychiatrist Marius Romme found that when he listened to his clients, recovery could be achieved by many people labeled with 'schizophrenia' when the meaning of their voices were understood and valued.

The Icarus project was one I was particularly interested in because I was diagnosed a 'manic depressive'. What a different perspective to be described as someone with dangerous gifts! Now you could see something that was very negative being more positive straight away and helping to empower and strengthen you.

People labeled with 'mental illness' need to be encouraged and find their strengths. With their emphasis on creativity, inspiration, alternative healing, modalities, radical egalitarianism and a commitment to self-determination, they attract many who have been alienated by other approaches.

Many alternative ways of healing have been very successful for people who have trouble with altered consciousness and they are described in this book, Soteria: A Reform Movement in Psychiatry, Hotel Magnus Stenbock: A User-controlled House in Helsingborg, Sweden, The Windhorse Project from Colorado, The Crisis Hostel in New York while it managed to survive, The Berlin Runaway House, The Second Opinion Society in the Yukon, Trauma-informed Peer Run Crisis Alternatives, A Sicilian Way to Anti-psychiatry: La Cura, Open Dialogues and Psychotherapy Instead of Psychiatry?

In the section Alternatives and Humane Treatment, David Oaks, a tireless worker for over thirty years and Director of MindFreedom International, writes about the non violent revolution in the 'mental health' system and his passion and charisma bounce off the pages. He thinks we are fighting more that the medical model. It is the domination model and is linked to all forms of domination in the world.

Here we find another remarkable author's contribution, survivor and lawyer James B. Gottstein. Jim, as he is commonly known, has set up www.psychrights.org and has given his wealth, fine expertise, dedication and time to reducing forced treatments, such as forced drugs and electro shock and creating non coercive non medical model alternatives. He has taken on Big Pharma especially Eli Lilly at great personal and financial cost.

In this section too Peter Lehmann, the co-editor from Berlin and Maths Jesperson, an extraordinary psychiatric survivor from Sweden, describe the work of ENUSP (European Network of [ex-] Users and Survivors of Psychiatry) and WNUSP (World Network of ex- Users and Survivors of Psychiatry) and the International Network Towards Alternatives and Recovery is covered by Laurie Ahern, Chris Stevenson and Peter Stasny, who is the co-editor of the book.

I was delighted to see that my compatriot, psychiatrist Pat Bracken, made an important contribution in the last section Why We Need Alternatives to Psychiatry in his chapter Beyond Models, Beyond Paradigms: The Radical Interpretation of Recovery. He has the vision to see, as a psychiatrist, that when it comes to recovery, the real experts are the former users/survivors. Thanks for that, Pat and thanks to everyone who took the time and energy to put this important, informative book together.

This book will be helpful for anyone who has been labeled and diagnosed with a 'mental illness' to find self determination, recovery and transformation. It will dismiss the ignorance around the myth of 'mental illness' for those who read this book and it should be required reading for ministers for health, workers in the field, family members and all who are interested in the subject. 

Ny bok ger alternativ till psykiatrin. Marianne Hedenbro in Sydsvenskan (Sverige), Skåne Öresund, 30 september 2007, p. A 7

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