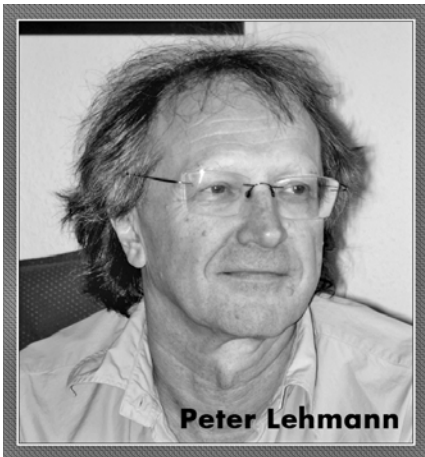


From the Madhouse to the Warmth of Others



Peter Lehmann

Madhouse

In 1977, I went crazy for the first time, as I tried to manoeuvre myself through an increasingly stressful situation. My marriage had just fallen apart; I was under pressure to finish my thesis, which was an arduous labour. I struggled with anxiety over my exams, I argued with some of my roommates. I was in love with my new girlfriend and simultaneously having disagreements with her because she feared that she was pregnant and would need to get an abortion, leave the apartment or leave me altogether. Now all of this, which for 26 years, more or less out of my own free will, I had silently swallowed but apparently not digested, was breaking out of me.

The parties involved reacted all negatively, towards my—harmless—fantasies, my exuberant speaking, and my fear that I was being monitored, remotely controlled, persecuted, poisoned and brought to a madhouse to be de-brained and killed. The relatives to whom I went in order to type my thesis on their electric typewriter were extremely scared, and the doctor they called resented me for not wanting to play the customary patient role. The fellow students in Berlin and the girlfriend,

who followed me to my relatives, reacted with silent shock. Unclenched by my crazy new perceptions, detached from all binds, I was finally profoundly unsettled.

To some extent my fantasies turned into bitter reality: I was carried off to the institution and locked up there for weeks on high doses of neuroleptics that more or less poisoned me and induced a coma-like state which temporarily brought me to near death. Eventually my liver was permanently damaged, I developed a tardive dyskinesia in the form of a rabbit syndrome (compulsive nibbling). Afterwards I became totally apathetic and finally had to be thrown out of the madhouse. To top it off, I was forced to submit to a community psychiatrist who dispensed depot neuroleptics.

Distraught over my misery and convinced that no positive readjustment of my life could ever happen, I decided to withdraw from treatment and to secretly discontinue my prescribed neuroleptics. After some time I recovered, and founded a self-help group in which I could gather together with other (ex-) users and survivors and also consider my diverse diagnoses. Quickly, I lost the belief in being a mentally ill schizophrenic. Through occupying myself intensely with my earlier crazy utterances and perceptions, I came to understand much of the content, shape and cause of my “endogenic psychosis;” I gained new self confidence, became more open and began to “expose” my feelings as well as I could.

Self-help

I am born in 1950 in Calw, Black Forest (Germany) and have an education as a social-pedagogue. Beside my studies, I owned together with my former wife two book-shops

in Berlin, where I planned to go on working after finishing my studies. But my madness changed my life. Coming back from Hades—in a sense I had shut off my life in the madhouse—I finished my studies, and the professors asked me to become teacher at university and to pursue my PhD. But university was boring, students were not interested in the topic, so I decided to get active more and more in the self-help field. Finally our group was funded by the local administration, I had a paid half-day job, our group had a little bus, so we could travel through Europe, and I could work on my Ph.D. One main question was, what could we learn from the effects of neuroleptics on the nature of madness? Realizing, that most of the so-called side effects are the defined main effects, and that successful neuroleptic treatment suppresses the power of life, everything changed. I wrote a book about this, *The Chemical Gag*, and when normal publishers rejected to publish my book, I got myself another publisher. This book meanwhile is in its 5th edition, and other books, for example *Coming off Psychiatric Drugs* or *Alternatives Beyond Psychiatry*, followed. Meanwhile, since 1986, I wrote, published or edited about 25 books. As I saw so many people dying or getting disabled by psychiatric treatment, I simply feel committed to make these issues public, to distribute counter information and knowledge about alternatives. And together with my fellow colleagues, I founded with the years other organisations, for example the Berlin Runaway-house group, which finally after a one-million Deutschmark gift from a relative could buy a house as asylum for people who flee from psychiatric treatment, or the European Network of (ex-) Users and Survivors of Psychiatry. (www.enusp.org)

Humanistic Antipsychiatry

My philosophy I decided to call humanistic antipsychiatry. To say, abolish psychiatry and emotional distress will disappear, is rather primitive. Academic and patriarchal antipsychiatry played a role, but in the past. Now it should be up to the users and survivors of psychiatry to define their needs and problems themselves. My Publishing House, which is I as a one-person service, but with many supporters, is orientated toward the interests of (ex-) users and survivors of psychiatry whose main concerns are self-determination and freedom from bodily harm. Meanwhile I went on to create branch offices in Great Britain in 2003, and in the USA in 2004. Of course I have no connection to the pharmaceutical industry and to organizations that are dependent on them, nor to Scientology or other sects and dogmatists of whatever colour. Beyond health, nothing is more valuable than freedom and independence. The literature I publish is filled with a contrarian spirit and the fundamental conviction that (1) psychiatry as a scientific discipline cannot do justice to the expectation of solving mental problems that are largely of a social nature, (2) its propensity and practice to use force constitutes a threat, and (3) its diagnostic methods obstruct the view of the real problems of individuals. For these reasons, I plead for (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) support in withdrawing from psychiatric drugs, 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.

Bestsellers

The books, which I sell most, are those ones, which I published in German and in an English translation. *Coming off Psychiatric Drugs: Successful Withdrawal from Neuroleptics, Antidepressants, Lithium, Carbamazepine and Tranquillisers* will have its 3rd German edition, was published in English and will be published in summer 2008 in a Greek and Italian translation, which is like a fairy tale. My latest book (September 2007) is *Alternatives Beyond Psychiatry*, a book of alternatives to psychiatry around the world, which I edited together with Peter Stastny. He is Associate Professor of Psychiatry at the Albert Einstein College of Medicine in the Bronx in New York and has conducted several publicly funded research projects in the area of vocational rehabilitation, social support and self-help, in collaboration with individuals who had survived personal crises and psychiatric interventions.

Alternatives Beyond Psychiatry reflects current approaches to self-help and non-psychiatric alternatives in cases of acute emotional problems, as well as pathways to treatment that respect human rights. Ex-patients/survivors, therapists, lawyers, social scientists, psychiatrists and relatives from all continents report about their work outside the mainstream, their aims, experiences and successes while addressing the following questions: What helps me if I go mad? How can I find trustworthy help for a relative or a friend in need? How can I protect myself from coercive treatment? As a family member or friend, how can I help? What should I do if I can no longer bear to work in the mental health field? What are the alternatives to psychiatry, how can I get involved in creating alternatives? Assuming psychiatry would be abolished, what do you propose instead?

In the chapter "What helps me if I go mad?" for example, 14 former psychiatric patients describe how

they manage their acute emotional crises without entering the psychiatric system. This section also includes contributions about holistic natural healing methods for depression, self-help groups for people with unusual beliefs, and new approaches to voice hearing, which allow people to appreciate their voices and to address them in meaningful ways. In the section on "Models of Professional Support," a number of functioning alternatives are introduced, ranging from the Soteria model, the Windhorse project and the Berlin Runaway House, to non- or anti-psychiatric projects in Alaska and Sicily, and Jaakko Seikkula's "Open Dialogue" in Finland. All of these approaches lead to a substantial reduction in coercive measures and drug prescriptions. Karyn Baker reports how families affected by psychiatry are being trained in Toronto to support their relatives in the recovery process, instead of, as usual, pushing them to take psychotropic drugs, resulting in their becoming "career mental patients." Specific forms of support for migrants, children and youth, confused elderly individuals and men experiencing emotional crises are further areas of interest. In "Strategies Realizing Alternatives and Humane Treatment," Maths Jespersen introduces the reader to a personal ombuds service in Skåne, Sweden, and Jim Gottstein details the success of the Alaskan association PsychRights in getting millions in public funds reallocated to the development of non-psychiatric alternatives. Laura Ziegler and Miriam Krücke elucidate the legal and self-help aspects of advance directives, David Oaks introduces the organization MindFreedom International, which is accredited as an NGO at the United Nations and advocates for human rights as a basis for a non-violent revolution in mental health. Dan Taylor describes the struggle of this organization in the African nation of Ghana, Jan Wallcraft (UK) extols the usefulness of user-controlled research as an

underpinning for alternative approaches, and her colleague Andrew Hughes emphasizes the extent to which his association trains former psychiatric patients for user/survivor involvement work in mental health and social care. In the final section, the Irish psychiatrist Pat Bracken affirms the necessity for a radical paradigm change, away from the tendency to understand human difficulties as technical problems and towards a non-psychiatric approach that gives primacy to relationships, contexts, meanings, values and power-relations within a thoroughly reformed psychosocial system. Therapy, services and even psychotropics are not fundamentally rejected, but seen as secondary to those other elements. Peter Stastny and I hold the century of psychiatric reforms responsible for the spread of forced treatment into community programs, the increase of electro-shock, the rampant psychiatrisation of children and the elderly, and the massive extent of damage caused by psychotropic drugs. We demand the

long overdue creation of alternatives and choices, based on the many successful programs featured here and elsewhere, which should be a matter of course in a society that considers itself democratic. Robert Whitaker, author of *Mad In America*, says in his preface of *Alternatives Beyond Psychiatry*, "There are proven alternatives to psychiatry, programs that have a track record of helping people get better. And there are reports of ways of coping with madness on an individual level. This book hopefully will encourage many, many other such efforts to take root and flourish."

Conclusion

To be true, I do not understand really, how all these things could happen. Surely I had several angels who took care for me. Originally I was ready to become a long-term outpatient to receive my depot neuroleptics for the rest of my life. Beside guardian angels, family and friends supported me, as I am supporting them now

also. In the self-help movement I met many wonderful people from all parts in the world, my love Kerstin included.

My friend Zoran Solomun ends his contribution in the chapter "What helps me if I go mad" with these words: "We listen to one another, speak, and then listen again. We tell our truth, convinced of its existence, and we actually consider these perspectives to be truthful. And in this way we open the gateway to personal and encounter the warmth of others. This is the most normal thing that I expect from life." I have nothing to add.

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Peter Lehmann's classic books, "Coming off Psychiatric Drugs" and his recently released classic, "Alternatives beyond Psychiatry" are available at the Center for Advocacy in Mental Health, Pune [www.camhindia.org]. We welcome offers to translate one or both books into local languages, particularly Hindi.



After Ervadi: Faith Healing and Human Rights

On August 6, 2001, twenty eight people labelled "mentally ill" died in a fire that burned down the makeshift hut in which they were kept chained in Ervadi, Tamil Nadu. The incident caused widespread public outrage and invoked pleas for preserving the human rights of mentally distressed people from the media, mental health and human rights activists, legal experts, professionals, NGOs and the general public.

Since 2001, it has become an annual media ritual to expose the government's failure to regulate mental health care and highlight "the plight of the mentally ill," by carrying stories on faith healing places. This year NDTV carried a report on the Langar House Darga in Hyderabad¹, alleging that "the mentally ill still

continue to be chained in gross violation of human rights." "With limited room in mainstream institutions of mental care, many who need attention get pushed to where either hope or desperation takes them," the report concluded.

The NDTV report instigated discussions among some mental health and human rights activists, members of the Jan Mansik Arogya Abhiyan, and other interested parties. An immediate suggestion was to file a public interest litigation against the Darga, and using the law to shut it down. Others felt that legal intervention, while putting an end to inhuman practices like chaining, will also take away important community support systems that these places provide for people experiencing mental distress. This article

presents some thoughts arising from these discussions.²



The Langar House Darga

The Darga of Syed Meeran Hussaini Quadri Bogdad at Langar Houz has long been a location of faith healing for people from all religions in Andhra Pradesh. Apart from a large number of people who come here seeking healing and cure, people also come to visit the tombs of saints and the mosque. The Centre for Advocacy on Mental Health, the convenor of the Jan Mansik Arogya Abhiyan, proposed its own investigation and organised a fact-finding visit to the Darga.

M.A. Moid and Mohammed Afzal undertook the visit and submitted a