

# Unconventional Approaches to Psychiatry

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Berlin's patients' movement tries to organize the isolated victims, to fight for human rights of psychiatricized persons, to aid self-help, to overcome the straitjacket of psychiatric diagnosis, to publish information about the risks of psychiatric drugs and electric shocks and to influence political decisions on psychiatric developments (Stockle, 1983).

The Berlin government and institutional psychiatry (especially community psychiatry) ignore the demands of the organized survivors movement and continue to expand the psychiatric system of administration of long-acting drugs. The scandal of the damaging unwanted effects such as tardive dyskinesia, tardive psychosis and suicidal, chromosome-damaging, receptor-altering and (in the mammary glands) tumour-building effects of neuroleptics has not caused the government to rethink its politics. What is more, the inmates of "clinics" have no protection from being forced to have electric shocks or insulin-induced coma, causing great harm. People outside the psychiatric institutions who want to get emotional help, run the risk of being diagnosed, registered and committed when they get in touch with community psychiatry. Once they become the targets of psy-

chiatric treatment, they are subjected to the use of long-acting psychiatric drugs (depot-neuroleptics) which continue over years, perhaps for a lifetime. The medical model (of madness) is taught in all psychiatric and psychological university departments, so it is logical that many psychiatrists cannot meet people with emotional problems (or who make emotional problems for others), they can only confront them with their psychiatric diagnosis and treatment,

as the German social scientist Kerstin Kempker has pointed out.

In Berlin there is sufficient money for psychiatric services, but the government gives almost no

money to organizations of "patients", compared with the millions of DM which psychiatrists receive. In particular the scandal of the Berlin runaway-house project, which doesn't get any support from the government, demonstrates that in Germany the de-

velopment of psychiatry since 1945 hasn't made great progress. For instance it took a private person in Berlin to make a DM 1,000,000 gift to buy a runaway house for the "Union for Defence from Psychiatric Violence" (a union of so-called normal people and former inmates) supported by many internationally respected people: Peter R Breggin, Judi Chamberlin, David Hill, Lars Martensson, Thomas Szasz and other lawyers, physicians, psychiatrists, psychologists supported the project publicly. However, the gov-



ernment and the psychiatrists in Berlin want to strangle this aid project for people who have escaped from neuroleptic treatment (Wehde, 1991).

The runaway-house was due to start in September 1992; the campaign for the Psychiatric Will continues: its legal safeguarding is one of the central tasks of the 1991-launched "European Network of 'users' of Psychiatry".

People run away from psychiatric institutions daily. They escape from treatment with psychiatric drugs and electro-shocks, from confinement and humiliation. In some bigger towns in the Netherlands so-called runaway-houses - comparable to battered wives refuges - are providing asylums for people that have run away.

Berlin Psychologist Uta Wehde reports her observations in such a Dutch runaway-house. She discusses these observations in connection with other alternatives to psychiatry and draws the obvious conclusion for the conceptional arranging of new runaway-houses. "The power of running away is immense", writes Jeffrey M. Masson, former psychoanalyst and director of the Sigmund Freud archives, in his preface to her book. "In the (former) German Democratic Republic (GDR), the first glimpse of freedom from oppression came when a few brave people actually ran away. Uta Wehde shows us it can happen in psychiatry too, and the walls of that decrepit institution can crumble too."

The book "The Runaway-House" deals with the principal question, how to help people that may have problems with themselves, the world around them and/or psychiatry. The author is orientated centrally towards the right to drug-free help and user-control. Her criterias of real human help she develops out of statements by people who worked and lived in the Utrecht runaway-house. And she respects a lot of information from "users" of psychiatry as well as from people running alternative institutions - information that is published but only in a limited way. Uta Wehde sums up these alternative experiences and gives a voluminous survey of the literature on "alternatives to psychiatry".

Another ray of hope could be the effective world-wide practice of the "Psychiatric Will", created by Walter Bock and Szasz and

elaborated by the "patients" movement and lawyer Hubertus Rolshoven (Berlin) as a legal protection against involuntary psychiatric treatment. People can write down, in a state of undoubted normality, their wishes about psychiatric treatment or non-treatment in the event that they are later brought into psychiatric "clinics", called "mentally ill" and "in need of" neuroleptic or other treatment (Szasz, 1987). In the last three years, if the psychiatric will has been written correctly the lawyer and the assigned persons of trust have been active to enforce the written will of the inmate, no psychiatrist has risked violating the psychiatric will. In 1990 the first leader of a large psychiatric institution promised publicly that in his institution psychiatric wills would be accepted without any discussion. Judges explained that they would not and could not impose any treatment-guardianships upon inmates, if these resist treatment but have a psychiatric will written well before commitment; the will of psychotic inmates, during the state of psychosis, will not be taken seriously, but where the will is clear (ie written down), it would be an offence to impose a treatment-guardianship and infer a different "will" of the psychotic subject.

Nevertheless, in Berlin only organized people and people with psychiatric wills are protected. The majority of normal "patients" are without legal protection against forced psychiatric treatment; without information about

the risks and damage of neuroleptic and other psychiatric drugs and shock methods; without real human help in situations in which they really want social and emotional support. There is no right to drug-free help in Berlin. The expansion of community psychiatry, particularly the widening of treatment upon ("nervous") children, the ("disturbed") elderly and ("aggressive") normal and mad prisoners will exacerbate the situation of psychiatry-afflicted people more and more. The incorporation of geno-technological methods into the psychiatric system could be the ultimate catastrophe.

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