

Unconventional approaches to psychiatry

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THE INTERESTS OF "users" of psychiatry, who want to have self-determination, physical health and help free from diagnosis and neuroleptics oppose the interests of psychiatrists. This contested occupation, sponsored by drug companies, tries, even by force, to "help" disturbing and troublesome people.

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 (Stöckle, 1983).

Of course, the Berlin government and institutional psychiatry, especially community psychiatry, ignore the demands of the organized survivors and expand the psychiatric system of administration of long-acting drugs. So the scandal of tardive dyskinesia, tardive psychosis and of suicidal, chromosome-damaging, receptor-altering and (in the mammary glands) tumour-building effects of neuroleptics (Lehmann, 1990) 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 this district psychiatry, the treatment, especially the treatment with long-acting psychiatric drugs (depot-neuroleptics) will be continued over years, perhaps for a lifetime (Lehmann, 1989). 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 (Kempker, 1991).

In Berlin there is sufficient money for the psychiatric department, but the government, with approval from community psychiatry, 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 development of psychiatry since 1945 hasn't made great progress. On the one hand a private person in Berlin made 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) and 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. On the other hand, in "modern" Berlin the government and the psychiatrists want to strangle this aid project for people who have escaped from neuroleptic treatment (Wehde, 1991).

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 (madhouse) 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 treat-

ment 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, i.e. written down, it would be an offence to install 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 and may get some help, if wanted, by friends or non-psychiatric services. 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 the periods of chemical treatment, the widening of the circle of "users" and 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.

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*.

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