

Peter Lehmann **Facebook Friends and Other Enemies**

This paper highlights the defamation of people calling themselves human rights activists by people also calling themselves human rights activists. Those involved use Facebook and share hundreds of Facebook friends. The example here of psychiatry-political in-fighting could show why so many people lose their enthusiasm for the fight for human rights for people with psychiatric diagnoses and for alternatives beyond psychiatry.

Key words: psychiatric survivors, Facebook, human rights, alternatives to psychiatry

In this article I want to show what happens within communities related to psychiatry and the struggle against Psy. Even when such community participants are positioned as human rights activists political infighting may result in members or potential activists withdrawing from the struggle.

Fighting for the Berlin Runaway-House

Beside Peter Breggin, Ivan Illich, Jeffrey Masson, Linus Pauling, Marc Rufer, Thomas Szasz and many others, Judi Chamberlin and David Oaks were two of the first international human rights activists who supported the Berlin Runaway-House group. This group (called Verein zum Schutz vor psychiatrischer Gewalt; in English: Association for the Protection against Psychiatric Violence) had started in the early 1980s, when Germany was still divided and West-Berlin belonged to the Federal Republic of Germany, called 'West Germany.' The group planned a house for people seeking shelter from psychiatric violence and to find supporters for their struggle (see Wehde, 1992; Lehmann & Kempker, 1994). Over many years the Berlin Senate for Health & Social Affairs resisted giving a licence, because - in their words - it would have been a confession that psychiatry triggers patients to run away.

Judi Chamberlin sadly died on January 16, 2010. In her psychiatric-

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political efforts, she bridged the gap between system-funded projects and street activism, as she saw the necessity of both. Among many other activities, she joined not only the Advisory board of the Runaway-House, but also demanded assistance from the Berlin Senate for the planned project. On November 24, 1989, in the name of the Ruby Rogers Advocacy and Drop-In Center in Cambridge, Massachusetts she wrote to the Senate for Health & Social Affairs:

Dear Senators

I am writing to you to urge your support for the runaway house project of the Verein zum Schutz vor psychiatrischer Gewalt. It is my understanding that they have obtained a donation of 1.000.000 DM which will support the establishment of this project; providing that you fund the day-to-day costs. This project is important because it will be the first of its kind in West Germany, modelled after similar projects in the Netherlands. It will provide a place of refuge for people who have left psychiatric hospitals because they have found that psychiatric drugs and other procedures are not helpful to them. There is a tremendous need for an alternative, one in which the people themselves define their own problems, rather than submitting to the definitions of psychiatry. Further, the use of psychiatric drugs (neuroleptics) and other physical procedures can often cause direct harm to the brain. It is not 'crazy' for people to want to escape such treatment! Around the world, people are looking for alternatives to psychiatric treatment. Here in U.S.A., in Canada, in Britain, the Netherlands, Denmark, Portugal, and other countries, they are seeking to develop their own alternatives. The runaway house project is not an isolated case; it is part of this international movement for freedom and self-determination for people who have been labeled 'mentally ill.' If the runaway house project obtains funding, I feel confident to predict that it will aid many people who now have nowhere else to turn.

Sincerely

Judi Chamberlin
Program Coordinator

Following local activism and national and international support, the Berlin Governmental Administration for Health & Social Affairs was forced to give the Runaway-House group a license to open the house on January 1, 1996 (see Kempker, 1998). Although the financial conditions get worse every year, the house is still offering its service (see Hartmann & Bräunling, 2014).

Fighting for conference involvement to combat discrimination

In 2006, the Action Project against Harassment and Discrimination Faced by People with Mental Health Problems in the Field of Health Services (organized in the framework of the 'Community Action Programme to Combat Discrimination in 2001-2006' with support from the European Union), a transnational study within this program, was finished. It had been designed

and conducted by associations of (ex-) users and survivors of psychiatry and their families from the U.K., Austria, Germany, Spain, the Netherlands and France in conjunction with a Belgian research institute, Mental Health Europe and the European Network of (ex-) Users and Survivors of Psychiatry (ENUSP). As the result of the research within the action project, many measures were proposed to combat discrimination of people with psychiatric diagnoses: the recommendation of effective representation of users and survivors of psychiatry or user/survivor workers in crisis centres, counselling centres, public relations work, research projects, congresses, networking and international exchange of organisations representing users and survivors of psychiatry (see Action Project, 2004).

According to these recommendations, in 2007 the German psychiatrist Thomas Kallert as Chair of the World Psychiatric Association congress organizing committee invited the World Network of Users and Survivors of Psychiatry (WNUSP), MindFreedom International (MFI) and ENUSP to participate at their world congress 'Coercive Treatment in Psychiatry: A Comprehensive Review' in Dresden, Germany.

Referring to the result of the negotiation between Thomas Kallert and myself as representative of WNUSP, ENUSP and MFI, the WPA congress committee offered two user/survivor-controlled symposia (with ten people altogether including costs-reimbursement), two keynote lectures for user/survivors of psychiatry, free information stands for their organisations, participation at the press-conference of their delegates, participation in the scientific and organizing congress committee, distribution of their information sheets via the congress folder and reduced fees for other participating user/survivors of psychiatry (see Lehmann, 2006).

On this basis, ENUSP and MindFreedom had decided to participate at the congress. Judi Chamberlin with 'Whose Voice? Whose Choice? Whose Power?' and Dorothea Buck, a survivor of the forced psychiatric sterilization during Nazi regime in Germany, with 'Seventy Years of Coercion in German Psychiatric Institutions, Experienced and Witnessed' gave powerful keynote lectures against psychiatric assault (see Chamberlin, 2007; Buck, 2007); Peter Lehmann led the symposium 'Symposium Banned by Bio-psychiatry: What Users and Survivors of Psychiatry Really Want' with lectures from David Oaks, Robert Whitaker, author of *Mad in America: Bad Science, Bad Medicine and the Enduring Mistreatment of the Mentally Ill*, Peter Stastny from the International Network Towards Alternatives and Recovery (INTAR) and Mary Nettle, the Chairwoman of ENUSP (see Lehmann, 2007).

WNUSP, focussed on the UN-convention for the rights of people with disabilities, did not make a decision about their participation, so the second planned user/survivor-led symposium did not take place. But WNUSP confirmed the 'Declaration of Dresden Against Coerced Psychiatric Treatment' (see ENUSP et al., 2007) together with ENUSP and MFI. This was the first world-wide united collective of the big representative organisations of users

and survivors of psychiatry and their supporters. It was drafted by Judi Chamberlin and carried the central message to call for an end to all forced and coerced psychiatric procedures and for the development of alternatives to psychiatry:

The European Network of (ex-) Users and Survivors of Psychiatry (including its German member-organisation BPE) together with their sister organisation the World Network of Users and Survivors of Psychiatry, and working closely with MindFreedom International, are issuing this statement to make clear our coordinated position on force and psychiatry at the time of The World Psychiatric Association (WPA) Conference, 'Coercive Treatment in Psychiatry: A Comprehensive Review,' being held in Dresden, Germany, June 6 to 8, 2007. Our organizations are in a unique position to speak on this issue because we have experienced forced psychiatry and know the damage it has done to our lives and those of our members, colleagues, and friends.

Our organizations will have representatives from a number of countries participating in the WPA conference, with the intent of putting a human face on this practice. We believe that people who have been coerced by psychiatry have a moral claim to making the definitive statement concerning such coercion. We stand united in calling for an end to all forced and coerced psychiatric procedures and for the development of alternatives to psychiatry.

We especially point to the recent adoption by the United Nations General Assembly of the 'Convention on the Rights of Persons with Disabilities' which was drafted with the participation of human rights activists who had personally experienced the mental health system. We believe that the people of the world and their elected representatives should ratify this Convention without reservations, affirming that all people ought to be treated equally and that no one should be denied liberty based on a label of disability, disease or disorder. We all have a right to refuse psychiatric procedures, since this Convention recognizes the right to free and informed consent with no discrimination based on disability. Even more important, the Convention guarantees to people with disabilities the right to make our own decisions (legal capacity) on an equal basis with others, and requires governments to provide access to non-coercive support in decision-making, for those who need such support.

We note that the World Health Organization (WHO) has stated its opposition to all involuntary electroshock, which is also known as electro-convulsive therapy (ECT). Involuntary electroshock is increasing internationally, including in poor and developing countries where it is most likely to be used without anaesthesia. In particular, we call for the abolition of involuntary ECT in every country.

WHO and the European Commission have also stated the need for the development of new non-stigmatising and self-help approaches for people in emotional distress. Organizations of people who have experienced psychiatric treatment have taken the lead in developing self-help programs that are based on equality and choice, rather than on coercion, and have been successful in helping people lead integrated lives in the community. We know that healing can only occur when people are respected as humans with free will and when there are alternatives beyond psychiatry which are

based on ethical approaches, which see the whole person, and which support recovery, while force makes recovery impossible.

We note that in many countries of the world, there is an increasing use of forced psychiatric procedures, including court ordered treatment which requires that people living in their own homes take psychiatric drugs against their will or lose their freedom. This practice is a violation of our human rights as set forth in the UN Convention.

We invite all supporters of human rights to join and support us in demanding a world free of forced and coerced psychiatric procedures, and we call for adequate funding and support for voluntary self-help services and for alternatives to psychiatry which respect our humanity and dignity.

Judi Chamberlin & Peter Lehmann on behalf of ENUSP, WNUSP, MFI, & BPE

A small group of users and survivors of psychiatry decided not to join this coalition. They preferred to demand the abolishment of coercive treatment outside of the congress center.

After the congress, Reinhard Wojke from the Berlin organisation of users and survivors of psychiatry and Peter Lehmann published documentation from the perspective of users and survivors of psychiatry from the congress, including pictures of protagonists of human rights activists together with key psychiatrists of WPA (see Lehmann & Wojke, 2007). Not everybody liked the documentation.

Fighting for respectful discussion in difference of opinion

After the document's publication, the small group of users and survivors of psychiatry that had decided to demand the abolishment of coercive treatment outside of the congress centre, published a contest (see www.iaapa.de/contest.html) for the best title of a photo, which showed the WPA president Juan Mezzich, David Oaks, Judi Chamberlin, Thomas Kallert and Peter Lehmann, and presented the winners. The first prize went to George Ebert from USA with his title 'Cozy, - and worth a thousand other words!' The second prize went to Jan Groth with this statement: 'In Dresden experts for coercive treatment searched for ways toward user-controlled and humane torture in psychiatry.'

Ignoring the fact that all above mentioned survivors of psychiatry demanded the abolition of coercive psychiatry, George Ebert and Jan Groth and their friends took the simple fact of congress participation per se to defame them as advocates of psychiatric torture. This populist style of political quarrel seems common.

Of course, user-control and human torture would be a classical oxymoron, a contradiction in itself. The personal defamation by George Ebert and Jan Groth is so bizarre, it is hard to take it seriously. But the defamation might be only the tip of an iceberg. I suspect that in many groups the style of discussion of differences of opinion is no better. There is no forum to discuss *how* we

discuss. This discussion fits nowhere, whenever you try to speak about it. Who is able to stand a defamatory style of discussion for long? The most natural reaction is to leave the field. Theoretically, there are millions of potential activists for human rights for people with psychiatric diagnoses: where are the masses in the 'movement'? Do many good people turn away from the movement for human rights in the psychosocial field, for alternatives and self-help, disappointed and disillusioned? This may be about ego-fights, with dogmatism, with the pleasure of condemning others after being condemned by psychiatrists in the past?

Facebook

Research on the internet shows, George Ebert and I share today 254 Facebook friends. Sometimes people send suggestions to make a Facebook friendship with George Ebert. I haven't heard any public message from these 254 Facebook friends of mine criticising Ebert's defamation. Jan Groth was the perennial webmaster of the Berlin Runaway House organisation, with which I share 385 friends. Sometimes people send suggestions to make Facebook friendship with the Runaway House. But until today, the Berlin Runaway House organisation denies any public alienation from Jan Groth, by simply repeating that they 'have no means of telling him what to say,' that 'at the time of the Dresden conference, he was not employed by the association, but doing voluntary work,' that 'he is webmaster of our homepage without responsibility for the content,' etc. Meanwhile, at end of 2013, Jan Groth was employed in the house - an alternative built after long years of effort by the three activists he defames as supporters of torture in psychiatry. His defamation is still present. The Berlin Runaway House organisation does not care.

Facing the nonchalance of the Berlin Runaway House organisation towards the defamation of former supporters of the Runaway House by its webmaster and employee, only sadness remains, because it was so hard to develop this unique project of humanistic antipsychiatry, because this project is maintained as a world-leading project against psychiatric violence, because it is so vulnerable due to the growing lack of funding. In the 14 years of its preparation and in the subsequent 17 years of its working, it sucked up a lot of international solidarity and distributed hope that radical antipsychiatric alternatives are possible. But in the ongoing economic crises, which is a danger to all non-governmental projects, where will be the supporters, when the financial conditions of the project continue to get worse?

In my opinion, the ongoing defamation of its founders and supporters and the ongoing indifference by the organisation which runs the Runaway House towards that defamation are an extreme danger to its credibility; the basis to maintaining supporters or finding new ones. Indifference and insults only frighten people off joining the fight for the required change of the psychiatric system and the struggle for human rights and social justice for people affected by that system. In whose interest is this indifference and

defamation? Is the 'movement' not already weak enough? Or would it be wiser not to make this strange in-fight public? But tell me: Where have so many active people gone, long time passing? Where have so many active people gone, long time ago? When will they ever learn?

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