Peter Lehmann

Individual, organized and structural alternatives beyond psychiatry

International Society for Ethical Psychology and Psychiatry:
Alternatives to Biological Psychiatry II: Treatments That Work

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Alternatives beyond psychiatry

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Alternatives beyond psychiatry

1. **Coping with crises without psychiatry – Individual strategies**

"We listen to one another, speak, and then listen again. We tell our truth, convinced of its existence, and we hear it. And in this way we open the gateway to the personal and encounter the warmth of others. This is the most normal thing that I expect from life" (p. 66).

Solomun, Zoran: "What helps me if I go mad?", in: Peter Stastny & Peter Lehmann (Eds.): "Alternatives beyond psychiatry", Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing 2007, pp. 65-66

www.peter-lehmann-publishing.com/books/without.htm

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2. Coping with crises without psychiatry – Individual strategies

"Interventions for healing from depression must cover both these topics about the body: medical states as well as embodiment. It must focus on the body's medical conditions, its vegetative responses, body experience of stress, mindfulness about the body, and taking recovery measures through working primarily on the body. The integrated intervention for depression would extensively cover medical and metabolic history. Further it would address the autonomic nervous system responses through a range of body techniques such as relaxation, biofeedback, guided imagery...

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... mindfulness training, breathing rhythms, trance, meditations, tai chi or yoga. These healing techniques build our sense of being centred in our bodies, heighten body awareness and build the necessary motivation for overall body discipline and having a satisfying human embodied experience. They tone up the cardio-vascular system, regulate breathing, sleep, appetite, desire and other vegetative body responses, which are also at the core of a manifestation of depression" (2007, p. 87).

Davar, Bhargavi: "Depression and the use of natural healing methods", in: Peter Stastny & Peter Lehmann (Eds.): "Alternatives beyond psychiatry", Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing 2007, pp. 83-90

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2. Coping with crises without psychiatry – Organized self-help

"We help ourselves with our stories. We do a lot to help ourselves. We have a wealth of experience in doing so.
We learn to see the true value of our experiences and to see them in a meaningful way. We try to learn from them what we have in common and what the differences are. We attempt to identify what will help us and what will stand in our way.
We develop knowledge: experiential knowledge. We pass that knowledge on to others: to the next generation of care service users, to give them strength and hope;
to professionals in mental health care...

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... to professionals in mental health care, as for them to learn to hear our voices; to people outside mental health care altogether, so that our human face can be seen and they can recognize, that we belong to the society" (pp. 109-110).

Boevink, Wilma: "Survival, the art of living and knowledge to pass on: Recovery, empowerment and experiential expertise of persons with severe mental health problems", in: Peter Stastny & Peter Lehmann (Eds.): "Alternatives beyond psychiatry", Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing 2007, pp. 105-116

See also http://akmhcweb.org/recovery/rec.htm

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3. Alternative approaches with institutionalized support

a) Soteria

Loren Mosher: "Basically, any psychiatric drugs were supposed to remain under the control of each resident. Dosages were adjusted according to self-observation and staff reports. After a two week trial period, a joint decision was taken whether it made sense to continue the 'medication' or not" (cited in: Aderhold et al., 2007, p. 147).

Aderhold, Volkmar / Stastny, Peter / Lehmann, Peter: "Soteria: An alternative mental health reform movement", in: Peter Stastny & Peter Lehmann (Eds.): "Alternatives beyond psychiatry", Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing 2007, pp. 146-160

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3. Alternative approaches with institutionalized support

b) The Crisis Hostel

"When all specialty mental health services are included—the crisis services costs as well as the expenditures on community mental health services and supportive housing programs, the test group was still associated with lower treatment costs. The test group's average cost for this expanded set of services was $9,088 and these costs averaged $13,919 for the control group. This represents a cost difference of $4,831 per person over just a year's time!" (p. 184)

Dumont, Jeanne / Jones, Kristine: "The Crisis Hostel", in: Peter Stastny & Peter Lehmann (Eds.): "Alternatives beyond psychiatry", Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing 2007, pp. 179-187

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3. Alternative approaches with institutionalized support

c) La Cura

"Our experience is one of active solidarity promoted by common people without professionals, but with volunteers whom they have chosen to create a network to support people who want to live their own madness, beyond every idea of 'disease' and 'mental cure'" (p. 217).

Bucalo, Giuseppe: "A Sicilian way to antipsychiatry: La Cura", in: Peter Stastny & Peter Lehmann (Eds.): „Alternatives beyond psychiatry", Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing 2007, pp. 217-223

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3. Alternative approaches with institutionalized support

c) La Cura

"Associazione Penelope is a net that gives to these people a place to live, a place to eat, to be heard, but also a place where they can wash themselves, can obtain clothing, find a job and a place to live, or where they can lay back and go on a journey within themselves. This net is open to all the people who do not want to or cannot live with their families. This is not an alternative service aimed at psychiatric patients, but is a practical example for general use. By weaving this net, Associazione Penelope has extended the opportunities offered to all of those who are in difficult situations" (ibid., p. 222).

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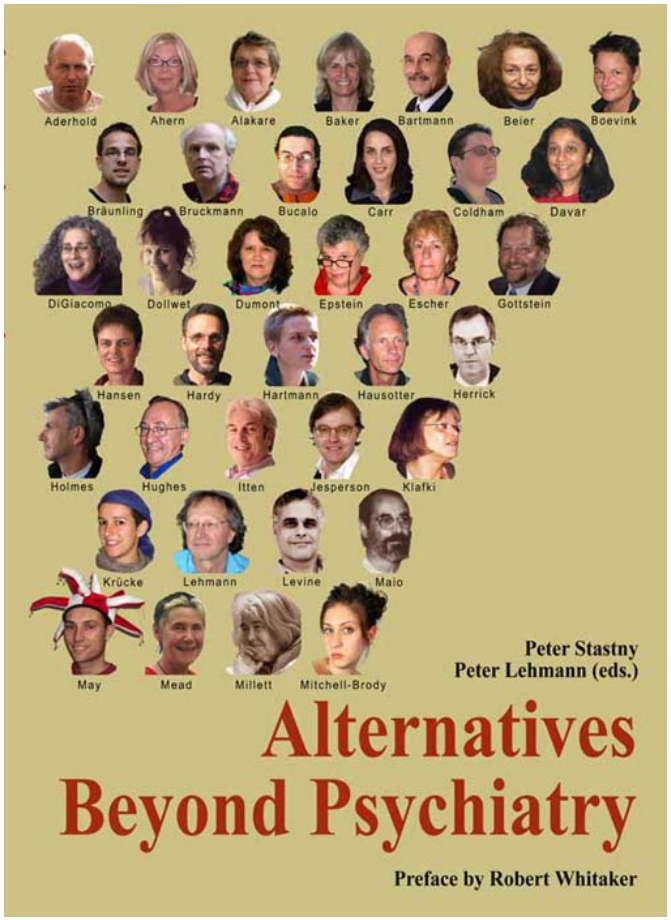
4. Psychotherapy instead of psychiatry?

"Only by taking people seriously, by dealing with the complexities of people's life histories and by leading the excommunicated back into communication can we really assist people in trying to tackle difficult problems of life and support them in their inner emotional pain" (pp. 250-251).

Itten, Theodor: "Psychotherapy Instead of Psychiatry? A No-brainer", in: Peter Stastny & Peter Lehmann (Eds.): "Alternatives beyond psychiatry", Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing 2007, pp. 240-251

More alternatives beyond psychiatry



- Open Dialogue
- Intervoice
- Unusual Belief Groups
- Trauma-informed Peer Run Crisis Alternatives
- Windhorse
- The Hotel Magnus Stenbock
- MindFreedom Ghana
- The Personal Ombudsman in Skåne
- PSYCHEX
- The Icarus Project

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Alternatives beyond psychiatry

5. Why are alternatives beyond psychiatry so important?

Life-expectancy of psychiatric patients is reduced by—on average—two to three decades.

Risks of neuroleptics, among others:

- Chronification of psychoses
- Development of irreversible muscle disorders
- Neoplasm in the mammary glands which can develop into breast cancer
- Reduced glucose tolerance which might result in chronic diabetes

Alternatives beyond psychiatry

5. Why are alternatives beyond psychiatry so important?

- Deadly quartet (Reavan's syndrome, syndrome X; combined onset of overweight, disorders of fat metabolism, high blood pressure and insulin resistance) can lead to vascular diseases which may trigger a myocardial infarction or apoplectic stroke:
- Intrinsic suicidal effects etc.

Lehmann, Peter: "Early warning signs of chronic or lethal diseases due to the administration of neuroleptics" (2012), www.peter-lehmann-publishing.com/articles/lehmann/pdf/warningsigns.pdf

Lehmann, Peter: "About the intrinsic suicidal effects of neuroleptics: Towards breaking the taboo and fighting therapeutical recklessness", in: International Journal of Psychotherapy, Vol. 16 (2012), No. 1, pp. 30-49, www.peter-lehmann-publishing.com/articles/lehmann/pdf/neuroleptics-suicide.pdf

Alternatives beyond psychiatry

6. Structural approaches for realizing alternatives and humane treatment

- Boards of appeal.
- Compensation for damages caused by psychiatric drugs.
- Safeguarded advance directives.
- International cooperation.
- User-led and user-controlled research.
- Networking and international exchange of organisations representing (ex-) users and survivors of psychiatry.

Stastny, Peter / Lehmann, Peter (Eds.): “Alternatives beyond psychiatry”, Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing 2007, pp. 297-380

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7. Preconditions for functioning alternatives beyond psychiatry

- Critical attitude towards the concept of mental illness.
- Consciousness about the damaging effect of traumatizing psychiatric violence, synthetic psychiatric drugs and electroshock.
- Enforcing human rights for people with psychiatric diagnoses.

Alternatives beyond psychiatry

7. Preconditions for functioning alternatives beyond psychiatry

"The most radical implication of the recovery agenda, with its reversal of what is of primary and secondary significance, is the fact that when it comes to issues to do with values, meanings and relationships, it is users/survivors themselves who are the most knowledgeable and informed. When it comes to the recovery agenda, they are the real experts" (p. 402).

Bracken, Pat: "Beyond models, beyond paradigms: The radical interpretation of recovery", in: Peter Stastny & Peter Lehmann (Eds.): "Alternatives beyond psychiatry", Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing 2007, pp. 400-402

Contact

Peter Lehmann
Zabel-Krüger-Damm 183
13469 Berlin
Germany
Tel. +49 / 30 / 85 96 37 06
mail@peter-lehmann.de
www.peter-lehmann.de/english

Thank you for your attention!