

Realizing Alternatives and Humane Treatment

Introduction

In the USA, a national meeting with participants from all 50 states and the four territories has been held annually for more than 20 years under the name “Alternatives Conference.” These meetings are very well attended and illustrate just how important the search for non-psychiatric alternatives is for (ex-) users and survivors of psychiatry and their supporters. Unfortunately the gap between desire and reality is as wide as ever. People are forced to accept what psychiatry has to offer which usually means stigmatizing diagnoses, psychiatric drugs, involuntary admission to psychiatric institutions and even being subjected to electroshock.

This situation is similar all over the world. Self-help centers, which have been set up everywhere, are quickly pushed to the breaking point in their attempt to help people in severe crises because of their extremely limited financial and personnel resources.

If we take a closer look at history and even at current developments we can find a series of very successful approaches that reject psychiatric dogma and have the potential of transforming the system if they were systematically implemented. These encompass the development of alternatives outside of psychiatry, as well as – in particular through the successful application of human rights – qualitative changes within the existing system.

Unfortunately, there are severe obstacles blocking such widespread implementation. In cooperation with the pharmaceutical industry, health insurance companies, hospitals and other institutions of authority, psychiatry, as an instrument of power in the cloak of biomedicine, has succeeded in keeping effective alternative projects deprived of funding opportunities. The previous chapters have shown that these projects manage to help largely without psychiatric drugs, hospital admissions, coercion or force.

The following contributions point to potential strategies for promoting and disseminating alternatives and for achieving human rights. We will introduce examples of interdisciplinary advocacy services or customized person-centered supports such as the personal ombudsman. You will have the opportunity to read about initiatives and individuals that employ lawsuits, advance directives and other strategies to enforce the rights to physical inviolability and to alternatives to psychiatry or alternative methods of treatment. The experiences of MindFreedom International clearly illustrate the prospects for the success of a persistent and united defense of human rights whether the activists are in Africa or in the United Nations in New York. The multiple interests of (ex-) users and survivors of psychiatry can be advanced with user-led research into psychiatric incompetence or refusal to help, by demonstrating the effectiveness of user-oriented alternatives, and with training provided by (ex-) users and survivors of psychiatry.

This holds true whether the objective is increased representation in committees, more effective work in the area of self-help, or competent participation in research and teaching. The fundamental rule, whereby common interests are best achieved through cooperative work is demonstrated in the coming together of people and groups within organizations such as INTAR, which represents many of the most important alternatives to psychiatry, or in organizations of (ex-) users and survivors of psychiatry and their supporters that use new methods of communication to exchange experiences, spread information and encourage each other. All these are working on the development of a sorely needed counterweight constituting of realistic choices outside the realm of psychiatry.