PROGRESSIVE PSYCHOTHERAPISTS AND THE PSYCHIATRIC SURVIVOR MOVEMENT

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Summary

This article argues for and focuses on the importance of humanistic, radical, and other progressive psychotherapists finding ways of relating to the psychiatric survivor movement. Progressive clinicians and survivor groups, it is suggested, have overlaps in values, a shared objection to institutional psychiatry, complementary strengths, and to varying extents, common cause. So there are strong reasons for connection. Drawing on the survivor movement as a resource and reference point for psychiatrized clients and helping them connect with the movement are identified as particularly important directions for practitioners to take. Recommended examples of more direct involvement with the movement are supporting and endorsing statements made by movement groups, cowriting articles, making room for movement involvement in clinicians' initiatives, contributing to movement initiatives, and mounting joint educational programs and joint campaigns. All such actions are conditional on practitioners respecting survivor groups, acknowledging their expertise, not violating their trust, and supporting their struggle for self-determination.

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Progressive practitioners, including humanistic psychotherapists, have long critiqued psychiatry, and we continue to do so. Decades ago, Szasz (1961) pointed out the misuse of language and argued that "mental illness" has metaphoric meaning only. Cohen and Jacobs (2000) have objected to the lack of informed consent in institutional psychiatry and have articulated the parameters of informed consent. Breggin (1997) and Colbert (2001) have argued that psychiatric treatments like drugs and electroshock are inherently damaging. Honos-Webb and Leitner (2001) have demonstrated how psychiatric diagnoses undermine people's sense of self. Siebert (2000) has illustrated psychiatrists' lack of insight into their own thought processes. Feminist practitioners such as Greenspan (1983) and Burstow (1992) have argued that conventional psychiatry is oppressive and incompatible with feminism. And across the political spectrum, progressive clinicians have objected to psychiatry's reduction of human existence and its assault on human dignity.

A number of practitioners have gone beyond critique and organized against psychiatry. Whether they organize against psychiatry or not, correspondingly, practitioners such as radical therapists in the 70s and Breggin and Cohen (1999) currently have found ways of joining with the psychiatric survivor movement. They have joined in critiques, in demands, in opposition to damaging treatment, and in support of survivor self-actualization and self-determination. Some therapists, as can be seen in Bassman (2001), have involved movement leaders in educational events. Other professionals have simply used the movement as a resource, realizing the significance of this resource for their clientele. They have told clients about the movement or put up posters for Psychiatry Survivor Pride Day. It is these and other potential relationships with the survivor movement that are the topic of this article.

Why should practitioners relate to the survivor movement? Tentative answers, detailed suggestions, and general discussions are provided in this article. The answers, suggestions, and discussions are relevant for all progressive practitioners. Given differences in politics and personal preference, of course, not all suggestions will be of interest to everyone.

To locate myself, I write this article as a radical therapist with humanist commitments and both a long and a solid connection with the survivor movement. The grounding for this article is more than two decades of lived experience and praxis.

WHAT IS THE SURVIVOR MOVEMENT? AND WHAT IS ITS SIGNIFICANCE TO PROGRESSIVE CLINICIANS?

The survivor movement is an international movement of people who have been subjected to psychiatric treatment. It is a movement of people who identify in some way with each other and have a commitment to assisting each other to some degree. It is a movement that, to varying degrees, sees psychiatry as problematic and is committed to combating psychiatry's assaults. It is made up of various independent groups as well as chapters of larger groups. Although the movement varies between liberal and radical politics and there are significant divisions, there is also significant commonality. As Everett (2000), Shimrat (1997), and Chamberlin (1990) illustrate, activities commonly engaged in by groups include building community, working toward self-actualization, telling and publishing personal stories, critiquing psychiatry, lobbying for rights for psychiatric survivors (including the right to live outside institutions and be free of forced community treatment), creating and disseminating survivor art, encouraging each other, pressuring governments to ban damaging psychiatric treatments like electroshock, providing alternative forms of care, mounting educational programs, demonstrating against psychiatric oppression, and developing survivor-run businesses.

The movement's significance to progressive practitioners rests in part in whom it is serving—a vulnerable besieged population with problems in living. It is a population to which we are dedicated and to which we owe allegiance as humanistic and radical practitioners. The significance rests, correspondingly, in the overlap in values and commitments. Humanistic and radical values are integral to what the survivor movement is about—values such as nonreductionism, empowerment, direct action, the importance of choice, the importance of treating others with dignity, the importance of community, and the right to humane care, self-actualization, and self-determination. And, what is critical, both progressive

practitioners and survivors see institutional psychiatry as a pervasive force that violates these principles and places vulnerable peoples' well-being in jeopardy. This being the case, progressive movements in psychotherapy and the psychiatric survivor movement could be legitimately said to have common cause.

There are many documents that could be quoted that illustrate these movement values and that are suggestive of common cause. The Highlander declaration is arguably the most important of these.

In March 2000, Support Coalition International (a worldwide coalition of psychiatric survivor groups) held a historic international conference at the Highlander Center just outside Knoxville, Tennessee, attended by thousands of representatives. It issued a statement called a "Call to Action." It subsequently reissued the statement the following year. The Highlander Call to Action is the closest we have to an official position of the international psychiatric survivor movement. It reads (Support Coalition International, 2000),

> We call upon all people committed to human rights to organize and fight against the passage and implementation of legislation making it easier to lock up and forcibly drug people labeled with psychiatric disorders, legislation that is creating the backwardness of the twenty-first century not just in back wards but also in our homes. We call upon all people committed to human rights to work together to build a mental health system that is based upon the principle of self-determination, on a belief in our ability to recover, and on our right to define what recovery is and how best to achieve it. We call upon all people who have used mental health services to heal each other by telling our stories. We call for the creation of literature and other arts that use our truth to educate, to inform, and to validate our culture and our experience. We call upon elected officials, political candidates, and those with power over our lives to recognize and honor the legitimacy of our concerns through their policy statements, legislative proposals, and their actions; and we hereby give notice that we will do whatever it takes to ensure that we are heard, that our rights are protected, and that we can live freely and peacefully in our communities. (p. 5)

This statement is clearly rooted in humanistic and radical values—values such as the importance of treating people as full human beings, the importance of self-determination, and the need for praxis. The statement itself, moreover, is like a call of conscience. It confronts us with the "backwardness" of society's

response to people with problems in living. It asserts agency and announces an intention to do whatever is necessary for self-protection. And it invites those with more power to hear and to act. Although progressive psychotherapists are not explicitly referred to, it nonetheless places an obligation on us as fellow human beings, as responsible professionals, and as people with power and privilege. The statement indeed gives us reason to believe that this is a movement with which progressive practitioners *can* and *should* interact.

There are additional reasons for connecting with this movement, some of them complementary: Both the movement and progressive clinicians have a special commitment to the welfare of people with emotional problems, the population in question figures significantly among our clientele, and survivor groups give survivors the type of assistance that we cannot and that groups created by other professionals cannot.

IN WHAT WAYS MIGHT PROGRESSIVE CLINICIANS CONNECT WITH THE SURVIVOR MOVEMENT?

There are many types of meaningful relationships that progressive clinicians might have with the survivor movement. I begin with the less political and least direct.

The Survivor Movement as a Resource, Point of Reference, or Home for Clients

Although some may wish to go no further than this, most humanistic and radical practitioners, I would suspect, would be open to drawing on the psychiatric survivor movement as a resource, a point of reference, or a potential home for their psychiatrized clients. This use of the movement can occur at a more political or less political level, depending on the beliefs and inclinations of the survivor and of the practitioner.

On a simple human level, the movement provides community—a place where people who have been subjected to psychiatric treatment can be with others with whom they can identify and who are less likely to judge them. It provides fellowship and, indeed, opportunities for what Heidegger (1978) calls "being-with"—a relational mode of being that contrasts with instrumentality. It provides a

forum for stories, art, and celebration. In some cases, it also provides alternate care. Progressively, it provides employment with employers and colleagues who are similarly situated and who at least *try* to accommodate colleagues who get triggered, have drug reactions, or operate out of an alternate reality. All this being the case, it makes sense to familiarize survivor clients with groups in their region and with the activities and programs in question. Helping psychiatrized clients connect with these aspects of the survivor movement is one way to help them reach out, create stronger networks, and lead full lives. Ways of facilitating such connections include having literature of the different groups in our waiting rooms, posting survivor-business job advertisements, directly talking to specific clients about the movement and what we think it might offer them, and offering solid ongoing encouragement, reassurance, and support when survivors make overtures toward this community.

Movement Consciousness-Raising and Political Action

On a more political level, most of us who routinely work with psychiatric survivors have some clients who are open to and would benefit from the consciousness-raising these groups do, who might be interested in the demonstrations, who might want help protesting their mistreatment by psychiatry, or who are starving for critiques of psychiatry and its "treatments." Again, we can help them make the necessary connections by sharing movement literature with them and by discussing ways in which the movement might benefit them. And once again, ongoing encouragement and support are important.

A further step is apprising clients of specific movement actions that we have reason to believe speak to their situation and would be of interest to them. Examples are letting survivors harmed by electroshock know of demonstrations against shock and apprising clients who are opposed to community treatment orders about survivor meetings organized against such orders.

Insofar as practitioners want to be able to acquaint clients with activities such as specific demonstrations or specific educational events, of course, keeping up-to-date on movement activity is important. Ways for practitioners to keep updated include reading movement magazines like *MindFreedom Journal*, checking out

survivor Web sites in which important events are likely to be posted, and letting leaders in the movement know that they are sympathetic and want to be on relevant mailing/e-mailing lists.

Use of Movement Literature

Whether our clients who are survivors wish to make personal contact with the movement or not, movement literature itself can be of immense importance to them. Someone who has been subjected to electroshock and told that it does not cause long-term memory loss, for example, is done a real service by survivor writing such as that by Funk (1998). A shock survivor and member of the survivor movement, Wendy Funk discusses how she was damaged by electroshock and indeed incurred permanent memory loss as a result of electroshock. The lived experience of the trauma and of the loss cries out through the pages and validates all shock survivors whose memory losses have been denied or trivialized.

Just by reading the stories that the movement has helped create and disseminate, survivors are validated. In finding out that others have had similar experiences, survivors feel less alone. As Susko (1994) points out, life narratives in which survivors reclaim and celebrate ways of being that psychiatry reduced to disease symptoms can be particularly healing. They combat what Becker (1973) calls the "spoiled identity" with which psychiatry leaves survivors and are a path to acceptance, a renewed sense of self, and positive identity. There are a huge variety of places where such narratives can be found, including Burstow and Weitz (1988) and Funk (1998).

Practitioners may want to leave such literature in their waiting rooms, make reference to specific stories when they seem to apply to a specific client's situation, or more systematically draw on such literature. Insofar as practitioners familiarize themselves with movement literature, they are in a good position to draw on it as appropriate. Again, a good place to begin is with movement magazines. Anthologies such as the one by Burstow and Weitz (1988) are also helpful.

More Direct Involvement

Although not everyone will want to go further, there is also room and reason for more direct involvement with the survivor move-

ment. Our position in society, our privilege, and our knowledge as practitioners put us in a position to help the movement. The knowledge, skills, and access that members of the movement have put them a position to help us. And both are in a position to do joint work in the interest of the psychiatrically oppressed. Possible types of beneficial direct involvement include but are not limited to information exchanges, assisting in movement endeavors, creating space for the movement in our initiatives, and creating joint actions and programs.

Information Exchanges

Information exchanges will generally unfold naturally as clinicians become progressively involved with the movement, but it can also be advantageous to be more proactive. Examples of important types of information exchanges that might be considered are sharing relevant analyses, articles, and books with each other (e.g., Breggin & Cohen, 1999), sharing information about new legislative initiatives that will materially affect the lives of psychiatric survivors, and sharing lists of physicians and other health care practitioners who are sensitive to survivor issues or who will help people withdraw from psychiatric drugs.

Playing a Supportive Role in Movement Initiatives

Although it is critical that clinicians take direction from the movement in this regard, there are ample ways for progressive practitioners to support or contribute to survivor initiatives, such as sharing resources, speaking at their demonstrations and other events, writing for their publications, providing supportive testimony at trials in which they have standing, and publicly endorsing their events and statements. Examples of progressive practitioners who assist in this way include Szasz, Breggin, Cohen, Leifer, Masson, and Burstow. For evidence, see back issues of *Phoenix Rising* and current issues of *MindFreedom Journal* (office@mindfreedom.org).

An example of a recent action of this ilk is radical psychiatrist Ron Leifer's participation in the Foucault Tribunal. The Foucault Tribunal was a mock trial organized by the psychiatric survivor movement in Germany in 1998. The movement essentially put psychiatry on trial. Leifer participated, lending his knowledge and

credibility to the event. Significantly, as is ethically required in actions of this ilk, Leifer took his direction from movement representatives. He came at their invitation and stayed within their parameters.

Many of the actions listed above, I would add, are effective because they involve enabling the movement to benefit from the credibility and privilege that clinicians have as professionals in the mental health area. The point is that, given societal oppression and therapeutic hegemony,

1. Our opinions as clinicians are generally overrespected.
2. The opinions of survivors are generally underrespected and often downright dismissed.

We act responsibly in terms of survivors and the survivor movement when we use the credibility that we are afforded to increase the credibility of movement actions and positions.

Including Movement Representatives in Clinician Initiatives

Another way that we can assist is by including movement representatives in programs or initiatives that originate within our professional circles. We must be vigilant, of course, to avoid tokenism in the process. Opportunities to include movement representatives in clinician initiatives will present themselves insofar as we are authentically open to them and looking for them. Possible actions that we might take include inviting movement representatives to make presentations at professional conferences, including movement figures in our meetings with influential officials, ensuring that movement people are represented on community boards with which we are associated, and including pieces by movement figures in professional anthologies that we edit.

A good example of the latter is the special issue of the *Journal of Mind and Behaviour*, edited by Cohen (1990). Asked to edit a special volume of *Mind* devoted to critiquing psychiatry, Cohen approached not only colleagues but also leaders in the survivor movement. Correspondingly, he included pieces by movement leaders Judi Chamberlin (1990) and Leonard Roy Frank (1990). The result is a more comprehensive, more diverse, more authentic, and ultimately more credible publication.

Joint Actions

Joint action is a further step and one that I would like to see more of my colleagues take, for it cuts through artificial barriers, reduces power differentials, and multiplies our individual effectiveness. There are ample opportunities for joint action with survivor groups; indeed, the practitioners identified to date have frequently engaged in joint action. We make joint action possible by respecting survivors and their wisdom, by not knuckling under pressure to tone down our critique of psychiatry, and by accommodating survivors and their needs. Examples of joint actions in which I have personally participated and that I can recommend are creating joint statements on "mental health" policy, coauthoring articles or critiques, coediting magazines or books, holding joint news conferences when intrusive legislation is proposed in the mental health area, and creating programs together. Examples of possible joint programs are peer-controlled counseling services or crisis lines for survivors and educational events.

There are many types of educational events that humanistic practitioners might create in cooperation with survivor groups. One obvious direction given the current media hype is public lectures that debunk psychiatric myths about chemical imbalances and stereotypes about psychiatric survivors (e.g., the myth of the "dangerous mental patient"). Breggin (1997) and Colbert (2001) may be used as resources in this regard. Another direction and one that is at least as important are practical workshops for survivors and their allies, examples of which are withdrawing from psychiatric drugs; how to exercise one's legal rights when threatened with involuntary incarceration or drugging; and how, otherwise, to reduce the likelihood of involuntary incarceration or drugging. For further details, see Burstow (1992).

At this juncture, as jurisdiction after jurisdiction enacts progressively draconian measures, it is particularly important to mount joint educational events that debunk and challenge the new trends. It is important to educate the general public, survivors, and professionals about the threat to human freedom posed by such measures as community treatment orders and targeted policing. Elements that might be included in such programs are an analysis of freedom and the erosion of freedom, a critique of "mental illness," an exposé of drug companies' manipulation of research outcome and reporting, a critique of the stereotype of the dangerous

mental patient, an analysis of relevant legislation, testimonials of how specific legislation is currently affecting the lives of psychiatric survivors, and brainstorming on what to do about it.

Educational programs could be stand-alone events. They could also be part of larger campaigns that culminate in community action. Where there is an imminent new threat to freedom, as there is with community treatment orders, it is best that the programs be part of a larger campaign.

The next step is larger political campaigns, such as those waged against coercive mental health laws, against damaging treatments, against inadequate affordable housing for psychiatric survivors, and against governmental initiatives that put progressive and radical social services under the auspices of psychiatric institutions. For campaigns to be successful, of course, they must be waged by broad-based coalitions. Campaigns, however, could begin with the survivor movement and progressive clinicians. And it makes sense for both to continue playing a leading role.

GUIDELINES AND PRINCIPLES

The more involved progressive clinicians become with the psychiatric survivor movement, the more vital it becomes for clinicians and the movement to think through what are good relations in this situation—in particular, what ethics are required in a situation of unequal power, privilege, and vulnerability. To date, it is hit-or-miss, with involved practitioners generally being good on some issues and deficient on others. Following are some general guidelines and principles that I recommend clinicians keep in mind when relating to the survivor movement:

- Self-determination of survivors must be a guiding principle underlying relations between clinicians and the movement.
- Use of the movement primarily for one's own agenda, ego, or interests should be avoided.
- Token inclusion of survivors or survivors' perspectives is inadequate.
- It is the survivor movement—not outsiders—that most properly chooses its spokespeople and representatives, and it is important to respect those choices.
- Whereas professionals are routinely paid for their time, survivors are routinely expected to do their political work for free. Given the relative affluence of the professional and the relative poverty of the

survivor, radical economics requires that in all actions in which both participate, any money that is received go wholly or disproportionately to survivors. Correspondingly, where professionals do professional work for the movement, charging regular fees is inappropriate.

- Survivors must be seen as having their own wisdom and knowledge.
- Survivors' lived experience is a critical guideline and touchstone.
- Although disagreement should always be possible and often is fruitful, when it comes to their own issues, survivors are generally the best judges of what constitutes help and what constitutes harm.
- Where both survivors and clinicians put in work, both must be acknowledged. Where work is equal, the acknowledgment or credit must be equal.
- Where others give credence to the participating clinician and not to the participating survivors, the clinician has a responsibility to correct this.
- The clinician has a responsibility to attempt to attend to all oppressions that might be bearing on their interaction with survivors. Just as clinicians must attend to ableism and professionalism, as appropriate, it is important that clinicians try to offset the effect of sexism, racism, classism, and heterosexism.
- Relationships with the movement should not be used for sexual purposes or business.
- Good collaboration is based on dialogue, on mutual respect, and on mutual framing.
- Clinicians cannot expect automatic trust. Survivors have good reason to distrust professionals generally and clinicians in particular.
- Clinicians should work at accommodating survivors who get triggered, need larger lettering because of drug reactions, or need more breaks because of trauma or damage from psychiatric interventions.
- A significant part of the history of collaborations between professionals and survivors is professionals taking over. Unless they are *vigilant about not taking over*, professionals *will* start to take over (see Chamberlin, 1978). A commitment to ongoing vigilance, accordingly, is in order.
- Careful and mutual evaluation of joint programs is critical. And all such evaluations should attend to issues of process and of power.

CONCLUDING REMARKS

As this article has demonstrated, the survivor movement and progressive practitioners have common cause. Correspondingly, there are many ways that progressive practitioners can relate to

the survivor movement to the benefit of the movement, of clients, of psychiatric survivors generally, and of society itself.

Many progressive clinicians already engage in the actions discussed in this article. The survivor movement is open to collaboration and has demonstrated that it is open by consistently integrating professionals who have proven trustworthy. Existing obstacles to connection come more from professionals than from survivors. I invite my colleagues to work on themselves to get past the obstacles and to connect.

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