

# Psychiatric Hegemony

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# Overview

- Me and my position REE
- No one truth but some belief systems have more impact than others.
- Psychiatry is a belief system which has hegemonic status
- Underpinned by forces of law and economics.
- Service users are a 'captive, fearful audience'
- My hope when MHT's started -informed educated legal minds would help us claim rights and justice.

# An independent space?

- Energy of user/survivor movement sucked into HSE & MHS SUI
- 2008-2012 EEAG Amnesty campaign
- 2012 to date REE
  - Lobbying on Assisted Decision-Making bill
    - Advance directives
  - Shadow report to ICCPRs
  - Concern about MHA Review process

# Psychiatric Hegemony

- Why do I say Psychiatry is a hegemonic system?
- Hegemony: ‘social, cultural, ideological or economic influence exerted by a dominant group’ Webster –from Gramsci
- Success in creating the ‘common sense’ reality and dismissing any competing explanations
- A review of the history of psychiatry illustrates struggles to try to explain psycho-social distress in either ‘technological/bio’ or ‘existential/social’ paradigms, (Porter ) with profoundly different impacts on people
- Bio approaches appear to have gained total dominance with advent of psychotropic medications 1970s.

# Not the whole truth

- Technological/bio/neuro/psychiatry paradigm (not just ECT and drugs, but also CBT etc, etc)
- Based on claim to scientific truth about human experience that does not stand up to logical scrutiny (Pilgrim 2014)
- No biological markers for 'schizophrenia', not an independent disease entity (Davis 2014)
- Diagnosis is not science but an art based on clinical experience – poor inter rater reliability.
- Cultural: Homosexuality & massive explosion in DSM III & DSM V (Davis 2014)
- Research has proven that different adverse childhood experiences are linked to later psychosis
  - Sexual abuse, physical abuse, emotional abuse and neglect and prolonged bullying- %
  - Multiple doses increased risk by % (Read et al 2014)

# Resistance movement

- Why does psychiatry (alone) have a vigorous resistance movement?
- Because of the de-personalising, traumatic experience of being treated in a way that heightens rather than alleviates the trauma.
- This has been my experience & based on my own research with people subject to psychiatrisation over 15 years, + widespread in literature.
- It is heartening to read different accounts about good practice but there are at least 50% people in former category.

**MAD  
PRIDE  
'Ireland'**

**Celebrate Difference  
Stop Loneliness**



Hello  
My name is:

**Crazy**



*There is life  
after labels...*



**Hearing  
Voices  
Network  
Ireland**



**OCCUPY**



**PSYCHIATRY**

**SUNDAY MAY 6 @ 1-4 PM  
250 College St. (just east of College & Spadina)**

On May 6, join a global movement for creative change as we occupy the front grounds of Canada's biggest psychiatric institution - the Centre for Addiction and Mental Health (CAMH).

Moral enforcement & social control make psychiatry an integral part of capitalism. The "mental health" system is mainly funded by Big Pharma, the transnational drug companies that make and promote brain-damaging psychiatric drugs (antidepressants & antipsychotics), and boast of billion dollar annual sales and megaprofits. The bottom line is profit, not people. In the name of "mental health" and "the free market", capitalism and psychiatry manufacture and exploit human vulnerabilities and crises, and routinely violate our human rights. RESIST this global epidemic of trauma, dehumanization, disempowerment, poverty, unemployment, disease, and death.

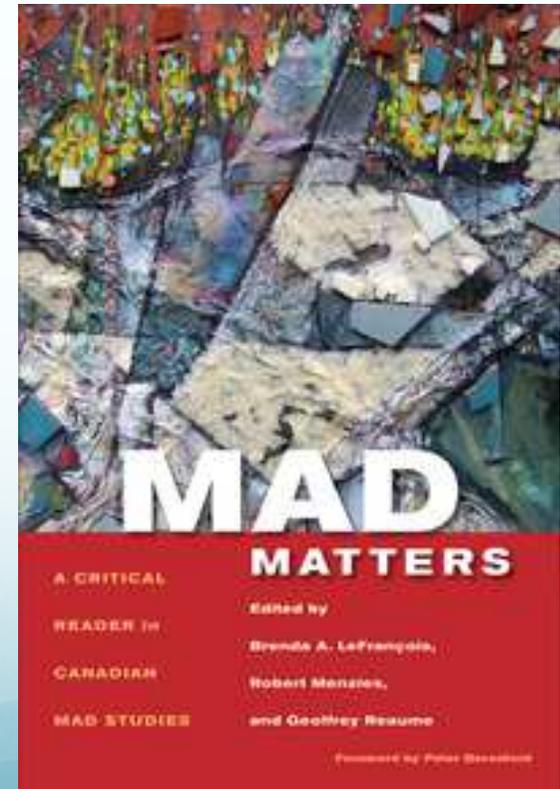
Hear from people who are organizing to resist psychiatry! On Sunday May 6 OCCUPY PSYCHIATRY!



**We are part of the 99%**  
email: [capaexecutive@yahoo.ca](mailto:capaexecutive@yahoo.ca)



**Critical  
Voices  
Network  
Ireland  
UCC every  
November**



# Social Psychiatry

- Allied with international user/survivor movement (Cohen & Timimi 2008; Thomas 2014)
- Seeking and supporting alternatives that puts person and their expressed needs at forefront of practice decisions, not on formulaic prescriptions based on diagnostic criteria arrived at under dubious scientific claims.
- Recognises that the person is an individual and each person has a story about what brought them into contact with MHS.

# Relationships

- Some voluntary clients of psychiatry are content but...
- The experience of coercion and forced treatment is an experience on a different scale.
- People speak of this as being a second, double trauma, with words like 'rape', 'violation' and 'kidnapping' frequently appearing to describe the experience of losing control over one's bodily integrity and right to refuse treatment (Cresswell 2009; Lindow 1999)
- Where is the PTSD counseling for people forcibly taken from their homes and transported long distances in Kalcar's caged vehicles?

# Informed Consent/Supported Decision-making

- ‘The objective of consent is to give the patient the right to decide what is to happen to his/her body, including the right to decide whether or not to undergo any medical intervention even where a refusal may result in harm to themselves or in their own death’ (Irish Medical Council 2008).
- Why should psychiatry be exempt from this?
- Review of MHA report –forced treatment for ‘health’ as well as ‘life’:
- In other words ‘we will make you healthy regardless of how you yourself behave...’
- Social control – laws – codify and regulate behaviour and thinking in society.
- Cultural context... Divine Right of Kings, Homosexuality, women’s bodies, black bodies, eugenic policy were all legally regulated.

# Harm to Others?

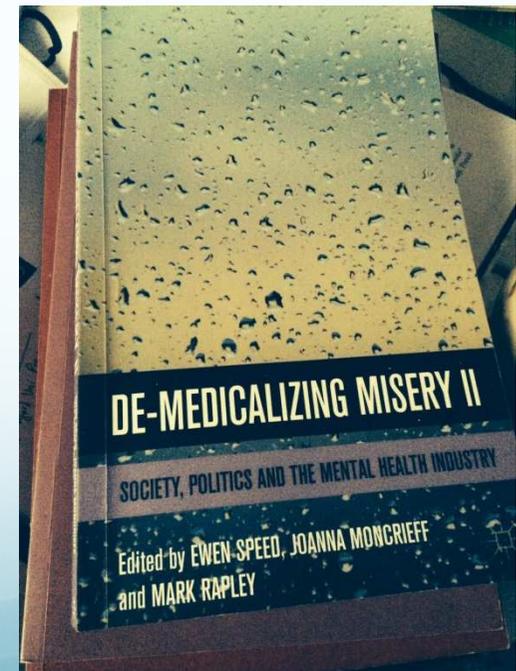
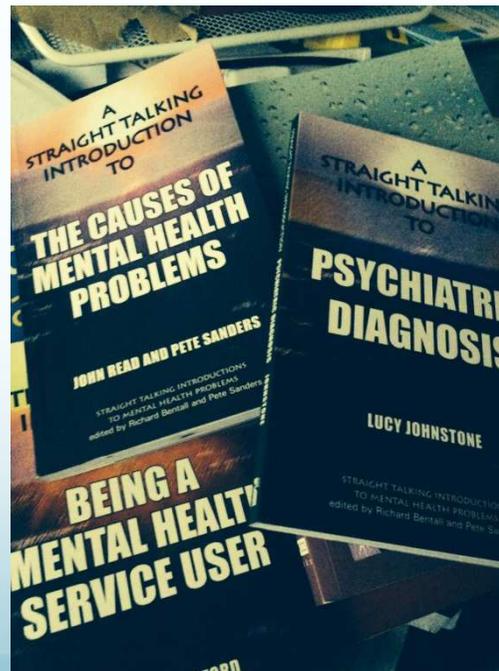
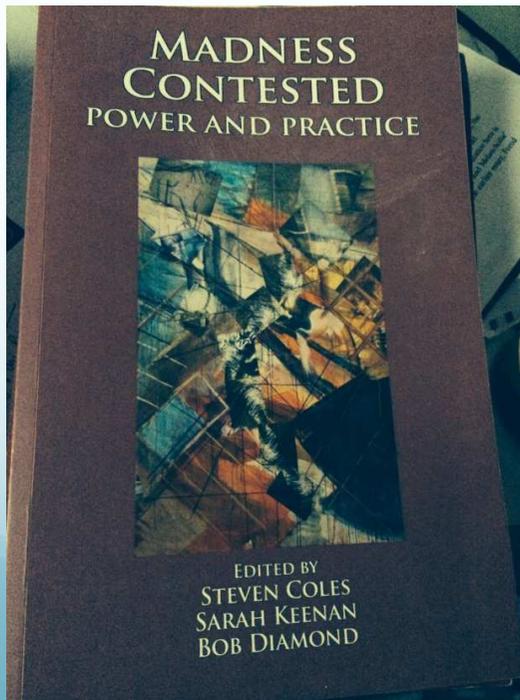
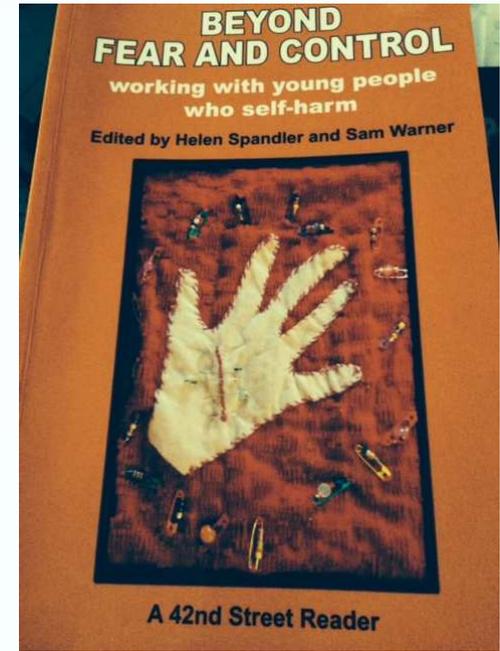
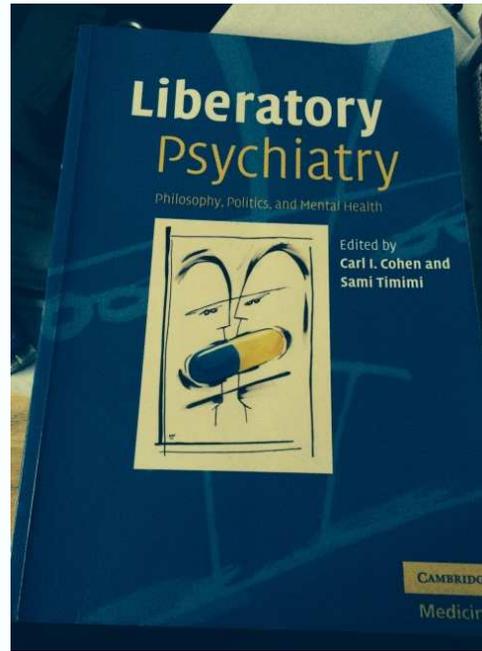
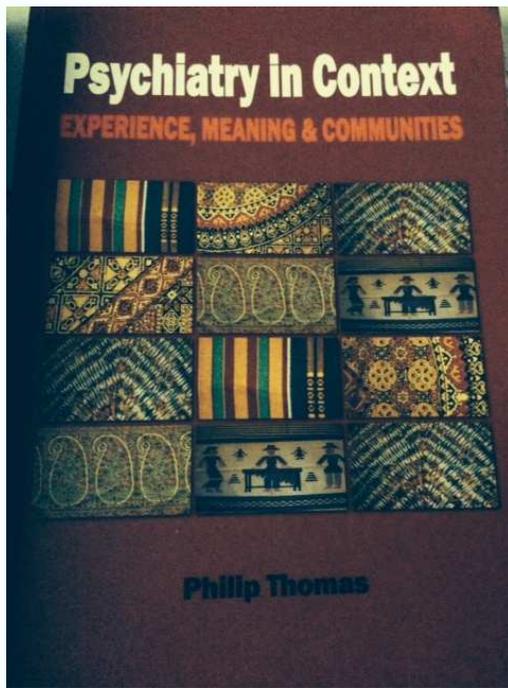
- Reality Check here! – Statistics tell us
- General population: Much more likely to experience harm from young men between 18 & 25 who have been drinking than from person with MH diagnosis, yet no-one argues young men should be detained to protect the public.
- Discriminatory based on a diagnosed disability outlawed by CRPD Art 12 (Gooding 2014)

# Risk

- Risk for people labeled with a psychiatric diagnosis is always assessed
  - negatively
  - disproportionately and
  - Discriminatory
- Adults granted rights, privileges to learn from mistakes, and make silly decisions - but not people with MH diagnosis
- Far more protection- assumption of innocence in criminal law – MHL proof of sanity on individual

# Dialogue & Reflection

- MH Law it can be argued is discriminatory
- Underpins a hegemony that has undue power to treat people against their will
- On the 'best interest' principle
- Without sufficient evidence that it improves lives by so doing (Whitaker 2008; 2010)
- Human rights moral argument that people need to be supported in decision-making (Gooding 2014).



# Offer Choices

- Medication **Only** is NOT choice!
- Without adequate choices – ‘will and preference’ and ‘supported decision-making’ impossible.
- What does choice mean?
- Meaningful alternatives, community supports, peer-run mental health services, crisis/respice houses; open dialogue/network supports; hearing voices approaches; soteria.
- Relationship with someone who offers/holds hope most significant factor in ‘Recovery’



**Chris Hansen**

12 hours ago

Seeking Radical Psychiatrist in beautiful location! Please circulate...

Soteria Vermont is seeking a psychiatrist for eight hours per week beginning February 1, 2014. Soteria Vermont is a new residential hospitalization-alternative program for individuals experiencing an initial episode of psychosis. The residence is located in Burlington and has the capacity to serve up to five people at a given time. The program will serve individuals who have had minimal exposure to psychoactive medication and/or psychiatric hospitalization. A foundational belief of Soteria is that psychosis can be a temporary experience to work through as opposed to a chronic mental illness in need of managing. Our approach views psychiatric medication as one of many tools that an individual can utilize in navigating distress and crisis. The individual chooses which tools they feel are most effective and helpful. This may mean short trials of medications or no medications at all.

This is a unique opportunity to work in an alternative setting that values the autonomy and agency of the person at the center of concern. Soteria provides a highly interactive environment with collaborative decision making. Come work with a dedicated and motivated group. The psychiatrist position is not responsible for supervising Soteria staff. \$120/hour compensation.

If interested, please send your CV to Amos Meacham at [amos@pathwaysvermont.org](mailto:amos@pathwaysvermont.org) or the following address: Pathways Vermont, 1233

# Psychiatry in Proportion

# This film also makes my point beautifully

- 'A Drop of Sunshine'
- <https://www.youtube.com/watch?v=dwKQ4J5b5nk>
- 11 -12 mins what drugs do
- 29 mins Resh's psychiatrist on meds
- 32 Resh talks about real world interaction
- 36.22 mins -conclusion

# Other Recommended Reads

- **On Our Own** Judi Chamberlin 1977
- **Cracked: Why Psychiatry is doing more Harm than Good** (Davis 2014).
- Saving Normal: An Insider's Revolt against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life (Frances 2014) ? *Recent convert Chair of DSM IV*

# Conclusion

- We need to dialogue about these issues.
- We need to apply HR based thinking about supporting people in psychosocial distress.
- ECHR and CRPD forcing us to leave past behind
- DOL and MHL need radical overhaul.
- Bad law best scraped and start with clean slate!

# How?

- Stakeholder engagement
- In the cacophony of voices – make space for the smallest, weakest voices, not just the most strident, powerful, forceful.
- Nurture and support weakest voice– not just one token rep – Natural justice
- As per **real** informed consent not tokenistic – meaningful SUI
- We (Irish jurisdiction) can become world leaders in developing fit for purpose MHS if we have the courage and the will.

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