

Recovering Healing Communities

Recovering Healing Communities, Rufus May

Talk given at Social Perspectives Network, Recovery and Diversity Study Day 16/10/07

Recovery is a word that has been used recently in mental health contexts. I like the flexibility of the recovery concept: We can talk about recovery from many things, we do not need to assume that to talk of recovery we have to imply that we are recovering from a 'mental disorder'. For example: We can consider how we recover from spiritual crisis, from alienation, from a toxic society, from emotional trauma, from a psychiatric system, from mental distress, or from demoralization. In my experience it is important for people to be able to define for themselves what they are recovering from. In this talk I will look at how do we recover groups of people and relationships that support the healing process.

The limitations of organisational approaches to recovery

There are many different ways to recover some people use psychiatric medication and find it helpful, some people prefer to avoid the use of psychiatric drugs or minimize their use. The Recovery report ('a common purpose: recovery in future mental health services') by CSIP, RCP and SCIE brought out earlier this year, in part provoked this conference. Therefore I will briefly comment on it. The report does do some good by acknowledging the role of hope, strengths and social resources as important to focus on in service provision. However it does not acknowledge the fact that many people have found that an important part of their recovery was to reduce their use of psychiatric drugs or avoid using them in the first place. This is important, as reducing medication is something that prescribers are generally bad at doing. In stead the report repeatedly defends established treatments and in the report's only quote that outlines someone's personal experience, recovery writer Pat Deegan says how she continues to find medication useful. What the report avoids is the central need to put the service users views about how they wish to approach their recovery at the heart of service provision. It also avoids neatly the finding in the recovery literature that many people find meaning in their actual experiences of distress and confusion. The report weakens this to a vaguer statement about how 'finding meaning in personal experience can be important'. If people are able to find meaning in experiences such as hearing voices, feelings of despair or mania this significantly challenges traditional treatment approaches which seek to suppress experiences rather than work with them meaningfully. It is therefore important for this aspect of recovery accounts to be overlooked by the establishment otherwise we would need to acknowledge the role psychiatric systems have had in denying the important social roots of people's distress. The report emphasizes the people who use mental health service's ongoing disability and implies their ongoing dependence on mental health services. This kind of recovery may keep the status quo unperturbed but does not give us a very adventurous vision of future mental health service provision.

The 'common purpose' recovery report appears to be a dilution of the values of recovery literature: A rear guard action to assimilate and weaken the implications of recovery accounts and research. We can expect mental health establishment organizations to do this.

Recovering Healing Communities

For me recovery is a concept with strengths and limitations like any other. For this discussion I am interested in thinking about applying recovery to communities. How can we recover healing communities? Communities that listen, that enable, that offer space for growth and change in a flexible way; Communities that allow people to speak their truths, that create atmospheres of trust and allow people to choose ways forward in their lives, that enable conflicts to be peacefully resolved. If we are to recover healing communities the implications for how we do things in mental health are radical. It will not come from top-down policy directives but from grass roots pressure that the media will no longer be able to ignore. We have to say loudly that our experiences of distress and confusion are meaningful that they relate to social injustices and cultural contexts, that our so-called symptoms are messengers that should not be shot down with mind numbing medication but listened to and made sense of.

Healing communities are about people coming together as equals, spaces where people can be listened to and a range of approaches tried out. We have to be open-minded: To use technical language we have to take a social constructionist view to look at how language and the way we describe ourselves can limit our freedom. The solution is thus to create spaces that embrace different ways of seeing the world. If we have had much contact with mental health services our worlds may have been colonised by psychiatric concepts. The concept of recovery can be usefully juxtaposed against pessimistic stories people are so often told - that they have a lifelong biologically caused condition and there is nothing they can do about it apart from taking their pills. As well as this I have found it useful to enable people to deconstruct

established terms like diagnostic language and the clinical language that is so often about what is lacking and does not look at the different possible meanings of people's experiences. Once we have deconstructed the medical model of distress, then we can reconstruct our stories using language that pays attention to our lived experience and links us to being able to take positive actions (for ourselves and others). Healing communities are about ones where we can listen to our deeper values and wisdom find ways to care and support each other. They may be spaces where lots of talking or creative expression takes place, they may be spaces of meditative and peaceful silence. Through these spaces we can find new ways to live harmoniously, balancing our own needs to be creative with the wider needs of the communities we live within.

What are the obstacles to the creation of healing communities?

Broadly speaking there are the values of capitalism such as consumerism and individualism that appear to challenge our sense of community and well-being. The media psychologist Oliver James has outlined this well in his recent book *Affluenza*. James shows how Britain has twice the levels of psychiatric distress compared to many European countries and links this to our levels of economic inequality and competitiveness.

Then there are particular forces that relate to mental health service provision that may in fact undermine the development of healing communities.

Firstly, the pharmaceutical industry's promotion of disease models and the assumption that drug treatment is both necessary and desirable for almost all forms of distress. The promotional material of the pharmaceutical industry is rife in mental health services and governmental organisations like NIMHE have also continued to collude with drug company funding and partnerships. Secondly the pressure on mental health professionals to create a sense of safety by treating people in crisis coercively with a 'we know what's best for you' attitude. Thirdly the self-interest of professionals means there is a tendency to colonise expertise rather than share it with the wider communities surrounding someone in distress. And finally the tendency of the media to pander to the afore-mentioned values via pundits like SANE's Marjorie Wallace and mental health stories that focus on dangerousness. All these processes act to isolate the individual in distress from supportive others and pacify their ability to become an active agent in their life. So how do we counter all that?

How do we create healing communities?

We need to work both underground and over-ground to build healing communities; to create places that are understanding, optimistic and supportive. These communities will need to be strong enough to resist the wider values of society that appear to be quite toxic to emotional well-being. I see it as important to work both inside and outside of mental health organisations. Initially people need places of safety to express their experiences and to hear from others about how they have dealt with and navigated similar experiences. At times these will need to be safely away from the prying eyes of risk assessments and therefore have an 'underground' quality. Self help groups seem an excellent resource that complement one to one supportive relationships. I am involved in setting up groups within hospital and community settings. I also divide my time between paid work initiatives, which provides me with some economic stability, and voluntary initiatives where I have more freedom to be creative.

If once we are on safe ground, we speak up about our recovery stories and different ways of living with difficult emotions and experiences; we can establish our journeys through pain and confusion as legitimate, worthy of being respectfully listened to and learned from. We have to find ways of doing this both in independent media such as independent films, publications and web sites and as we get stronger the forums of newspapers, radio and television are worth tackling. Homosexuality was de-medicalised in the 1970's not because of an evidence base but because of a popular movement, which started underground and gradually became more and more visible in wider society. Nevertheless, academic workers will be a valuable part of this consciousness raising process, which will involve challenging received wisdom about 'mental illness' and treatment.

There is great wisdom in the origins of the hearing voices movement, which initially studied both voice hearers who had never used psychiatric services as well as voice hearers who had use psychiatric services. Following on from the broad range of knowledge gained from this approach, we have sought to make links with and gain a dialogue with people who have opted out of conventional mental health services and found their own ways to live with and transcend distressing experiences. It can be very empowering to hear about how someone has managed their distress outside of the usual systems of mental health care.

In West Yorkshire we have attempted to plant the seeds for supporting the growth of healing communities by running regular Evolving Minds public meetings which are open to everybody (www.evolving-minds.co.uk). Evolving Minds meetings happen in the evening and look at different ways to approach mental health problems. We highlight the value of personal experience and diversity of approaches. We also always warm up our meetings with some storytelling, poetry or music. Examples of subjects recently covered at the meetings are sacred chanting, conflict resolution, ways to develop a positive attitude, five rhythms dancing, shamanic healing practices, using narrative therapy techniques, grounding techniques, mindfulness and how to live in a sick society. Running these meetings we have found it useful to link with different faith communities such as Buddhists, Pagans, Quakers, Christian and Islamic groups. We also now have good

links with green and peace promoting organisations. These are not therapy meetings; up to 30 people can attend - they are more public education spaces where we learn from each other in various formats.

The increased knowledge about holistic approaches to dealing with emotional health problems means that we can introduce people using mental health services to a broader range of strategies and ideas. For example the current members of our hearing voices group in Bradford use coping strategies that include the following: Yoga, shadow boxing, diary writing, drama work, prayer, relaxation strategies, physical exercise, generating compassion for aggressive voices, talking with voices, using non violent communication techniques, visualisation techniques, walking in nature and art work. Quite a few group members have chosen to use such strategies as and as a way to successfully reduce their use of psychiatric medication. We have been able to introduce some alternative approaches into the local psychiatric hospital such as recovery self-help groups, tai chi, 5 rhythms dance and drama classes. I see these initiatives as ways of bringing the community into the hospital.

The Evolving Minds meetings have had a number of side effects! They have generated a campaigning group who have initiated three Great Escape Bed Pushes to highlight the need for more alternatives to coercive psychiatric practice (see www.bedpush.com). One of the latest spin off projects from Evolving Minds is a Coming off Psychiatric Medication Support group that meets weekly since June this year. We have also established a web site: www.comingoff.com . This aims to provide information about how to reduce medication and alternative ways to deal with difficult emotions and thoughts that may re-emerge or emerge as part of the withdrawal process. This project has a number of volunteers whose skills include reflexology, tai chi and qi gung, counselling, community theatre and pharmacy knowledge.

Conclusion

The process of recovering healing communities is about creating communities of hope, of acceptance, of opportunity, of open-mindedness, of creativity, of understanding, of restorative justice, and of love.