TURNING THE TABLES: On the relationship between psychiatry and the movement of former mental patients.

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Psychiatrists and mental health professionals have long been in the business of creating treatment systems that envelop its denizens with the shroud of patienthood and an elaborate system of social regulations. This holds true for institutional as well as community based systems, the former displaying its regimentation more conspicuously, while the latter is usually a subtle but distinct overlay to the regular conduct of life.
The pathogenic nature of institutional structures (asylums) has frequently been pointed out, while the intransigent "institutionalism" of community treatment still awaits a complete and sophisticated analysis.

Control has been a key feature of these treatment system, at times euphemistically called "containment" but nevertheless ready at hand in response to any infraction or disturbance by a mental patient considered major enough by the treaters. Such control is virtually never "democratic", particularly when considering the entirety of the "community" involved, in particular its "patient"-members. Decisions are made by professional staff and at best allow the patient to express himself in response to such decisions, but almost never play an active role in them.

This admittedly overdrawn characterization of psychiatry and its role vis-a-vis its most troubled customers has complicated historical roots, which are best extrapolated by Foucault and his school. More recently a slow but steady countermovement has emerged, which has taken many forms and merits a separate historical analysis. Beginning with Clifford Beers' "A mind that found itself" ex-inmates of mental hospitals have established themselves as autonomous voices that have opinions and reactions to their "illnesses" and their associated plights. Actually, Schrebers "Memoir's of my Nervous Illness" predates Beers account by a good 20 years, but was still seen as a psychopathological curiosity rather than an impetus towards social change. Beers' book and his ensuing activism led to the foundation of the National Committee for Mental Hygiene in 1909 with support of two preeminent clinicians, William James an Adolf Meyer. The Mental Hygiene movement took a major step in a positive direction in that it emphasized mental health instead of illness and moved away from the nosological and phenomenological endeavors of the 19th Century.

In spite of the fact that the Mental Hygiene movement was basically founded by an ex-patient, this fact remained of little importance as the movement was quickly espoused by a significant proportion of practitioners and did not specifically involve other ex-patients advocating for themselves and their brethren.
In the years to follow, two major historic events are worth mentioning at this point: One is the foundation of Recovery Incorporated by Dr. Abraham Low in 1930 and the other

is the creation of Fountain House by a group of ex-patients in the 1940's. Low's premise was quite revolutionary as he tried to organize his patients and their families by providing the with a structure that would help them understand their illness and facilitated community life. The principal was similar to our psychoeducational approaches and was largely carried out by groups of families and patients, however never abandoned the role of Low as the leader of the movement and it supreme teacher. Incidentally, Low's program was founded in the very same year that Egas Moniz conducted his first prefrontal lobotomy.

Fountain House is probably the first example of an organization founded entirely by ex-patients. The idea was fairly simple, though revolutionary: it was based on the notion of a social club, which in itself played a major role in the shaping of modern American society, with members and procedures appropriate to its membership. The founders of Fountain House were keenly aware of the two major areas of discrimination against people with mental illness - social life and employment - and decided to kill two birds with one stone. Their club provided socialization bare of stigma and access to employment without the usual pitfalls. The story of how Fountain House became transformed from an entirely patient-run organization to what it is now - a major, professional outfit with countless replications - has been told elsewhere. Suffice it to say that it is another example of the fact that some of the best ideas in psychiatry stem from the patients, without, for the most part, giving credit where credit is due.

In probably the first concerted effort to organize a rehabilitative system that projected the ultimate independence of the patients from the system, George Fairweather and David Sanders started their Lodge program in the mid-sixties. Self-management was built in from the beginning and was increased in increments towards the ideal of complete autonomy. The trick was to provide patients with a means of sustenance that would render them independent of public assistance and force them to function as a social unit in living and carrying out their business task. When visiting today with one of the many Fairweather Lodges on Michigan, Ohio or Texas, one finds a strange mixture of docility and autonomy. Lodge members seem pleased with their gains, but mostly still look towards their "coordinators" for guidance and leadership in many key areas. It is interesting that the Fairweather Lodge movement until very recently remained quite isolated from all other organizations representing ex-patients, possibly since it constituted a "model" and was based on the teachings of a professional - George Fairweather - who is the most un-guru-like guru I have ever encountered.

In sharp contrast to all the well-meaning attempts by professionals to help patients along on the road to autonomy, the Mental Patients Liberation movement of the sixties had no intentions to await graduation ceremonies or licensing procedures. Its early activists were people who had clearly suffered in the hands of psychiatry and who emerged from the institutions as its most fervent enemies. Its publications were filled with wrathful polemics that caused nothing more than consternation on the part of the attacked professionals. In Europe the anti-psychiatry movement had found some proponents even among the professional leadership and Thomas Szasz was its flagship renegade psychiatrist on this side

of the ocean. The debate centered around the mere existence of mental illness rather than just "labels" and did not actually focus on the plight of individuals and their families. When Judi Chamberlin's book On Our Own came out in 1973 it became clear that what the movement needed least was wellmeaning shrinks ready to lend a hand. Instead the movement needed to consolidate itself far away from the influence of traditional or even radical psychiatry and to begin articulating its positions and developing its strengths and strategies. 15 years later we have close to a dozen national organizations representing consumers/patients?ex-inmates and their families in the most dramatic turn of events ever faced by the mental health profession.

Even today psychiatrists are quick to take credit for the self-help groups they facilitated. Nevertheless not standing in the way and providing basic utilities and technical assistance is probably a merit worth taking credit for in this era of changing professional identities. In what follows I would like to report on a development that took place at Bronx Psychiatric Center over the past 6 years that resulted in the formation of a consumer-run organization that has been funded with a federal grant and has contributed to the emergence of a mental health consumer movement in New York state. And finally I would like to contribute a few thoughts on the shape of future relationships between professionals and emancipated patients.

In 1982 a patient named Lenox pointed out to the recreation therapist on an open ward that considerable amounts of food are wasted in the hospital that could well be delivered to homeless and hungry people in the streets of NYC. The worker took the idea up and started a weekly run to the Bowery. Subsequently, patients and staff began to look for other sources of surplus food and found them in local bakeries and supermarkets. An informal organization was established in order to carry out the somewhat more complicated task of developing resources, picking up surplus food, packing and distributing it to those in need. In order to reach more people, various delivery routes were designed that included stops at Grand Central Station, Port Authority Bus Terminal, Central Park, as well as a number of soup kitchens in Manhattan and the Bronx. The patients had become workers that made their way to the various drop-offs independently and without major difficulties.

This organization existed informally for over three years. Workers, who initially served as volunteers, started to get paid through a hospital "client-worker" program. A differentiation of roles began, which included a dispatcher, a resource developer and a number of messengers. Through myself, the psychiatrist on the unit, the group learned about a federal request for applications that would fund consumer-operated initiatives. A grant application was prepared collaboratively by the professionals and the workers and won 350.000 $ for three years.
Now the organization became formalized, a program director was identified, a board of directors composed exclusively of ex-patients was established, professional staff became members of an advisory council, and blueprints for expansion and replication of the program were made. An administrative problem resulted in a considerable delay in

actually directing the funds to the project which allowed for significant organization development to take place in expectation of the funding. Finally, the group became solvent in August of this year, and has rented space near the hospital from where they will conduct their operation. A van had been acquired and will be driven by one of the ex-patients. A psychosocial club will be incorporated into the office space and the work-force will be doubled over the next year. Replication efforts of the projects have begun in a number of state facilities and dovetail with OMH's state-wide consumer organization effort.

This rather astonishing development, which though rare is not entirely without a match, as a recent article in the Journal of Psychosocial Rehabilitation has shown, has taught me a number of things:

- that empowerment is a process that can begin within an institutional setting, but must be accompanied by a deliberate and explicit effort at reducing staffs power over the project.
- an autonomous organization composed entirely of ex-psychiatric patients can be established based on a shared goal, shared tasks and values, and does not require a prescriptive stepwise development as in the Fairweather Lodges.
- a consultative role for professional staff becomes increasingly appealing without the necessity to forfeit status and responsibility.
- the voice and dedication of the individuals carrying out the project create its unique energy and perseverance over years without significant prodding. Program attendance is virtually 100% come rain come shine !

Even if psychiatrists and mental health professionals choose to view their clients as children in need of development towards adult responsibilities, they do not get around the question of how to deal with the dependencies one creates. Short of completely disassociating oneself from this most disadvantaged population, helping them establish peer networks with a genuine move towards autonomy, is probably the only form of practice that is truly rehabilitative. It is about time that we professionals can tolerate the coming of age of those that only a century ago have been mere chattel to our realms.