

International Network of Treatment
Alternatives for Recovery

(INTAR)

Second Meeting

Killarney, Ireland

1st – 4th December 2005

Tributes to Kieran Crowe

FOR KIERAN STILL.

*'Rock a bye baby
On the treetop
When the wind blows
The cradle will rock
When the bough breaks
The cradle will fall
Down will come baby
Cradle and all'*

One early winter morning, a matter of weeks after the terrible loss of our friend and colleague, I woke up with this old nursery rhyme in my head. The previous night had been a restless one, of concern for the wellbeing of a young man battling for months with suicidal thoughts. In sombre mood, I recall being struck by the somewhat sinister words of the lullaby and also wondering whether the rhyme wasn't an intuitive response from my unconscious. So a few days later, with my young client slumped despondently in the chair in front of me, I found myself singing it to him. He sat bolt upright, as if he had an electric shock and assured me that this same rhyme had also been in his head, but for a couple of weeks! Together then we explored the rhyme and its meaning for him.

So weeks later at Killarney, I was already primed. In the circumstances it was hardly surprising to find resistance to a workshop on this subject, but knowing Kieran, I was resolved. A small group of just five, Mary Maddock, Gisela Sartori, Leon Redler, Norma Friedman and myself sat down to share our thoughts and feelings.

Needless to say I opened by singing the rhyme and sharing my experience. Although not exactly friends, Kieran and I came out of the same Jungian oriented stable, so I also spoke of my memory of him, particularly the striking funerary events. As I recall, our group did not come down on any one aspect of suicide for future discussion. So at Phil's behest and in gratitude to Kieran and my client, I said I'd share my own reflections and observations.

In the CD entitled 'The Art of Mindful Living' one hears *Thich Nhat Hahn* the Buddhist sage addressing the tree, his mellifluous words interweaving between the literal and the symbolic. He is here comparing a tree to a cathedral.

“ When I look into the tree, I see the whole Cosmos.”

“ I see the Sun.”

“ No Sun, no tree.”

“ I see the clouds”

“ No clouds, no rain, no tree”

“ I see the Earth”

“ No Earth, no tree.”

The tree is the supreme symbol of the Anima Mundi, the World Soul. Shamanic initiation starts literally with the World Tree. To really see the tree with one's heart, like this wonderful human being, one stands before it, open to its energy, its spirit. This symbiosis inevitably stirs what is known in the Orient as *kundalini* body sensation. However the sages warn that this psycho-spiritual activity can be extremely dangerous, especially for those with negative karma. That means us! For starters, we no longer really know or care, what karma is.

So I intuited that the rhyme- about the tree of life, the winds of karma, the cradle of the womb and the divine child of Nature- why and how all these things work together to make meaning- is indeed about madness and suicide. As Victor Frankl discovered in the Nazi death camps, without meaning, the seeker's struggle is always with a flagging *Eros*, a powerful *Thanatos*.

Our ego consciousness is inordinately dependent on stimulation, top- of- the- tree stuff, lofty, solar, identified presently with machines and split off from its roots. When our ancient shamans ritually connected us to Nature, we were at one with the cosmos. Now our world 'rocks and rolls' and most of us get hung up on that for the rest of our lives. We only get 'out of it' to get higher! The downside, depression, when it comes, is the karmic doldrums. Karmic winds need grounded instinct. Paradoxically it's only when we are down, we realize there is 'something in the wind.'

So when karma dislodges the cradle, it's goodbye robotic correctness, tameness and hello (life and death) visceral impermanence. It's then, when our previously cosseted ego hits the deck- with trauma and disorientation overwhelming us at one and the same time- the psychic immune system triggers the compensating *kundalini* power in the unconscious. Now, as our psychiatric history tells us, unless we are really cared for with emotional intelligence, we can end up in shocked limbo for the rest of our days.

Kundalini irruption is, by degree, psychosomatically reflected in the three major psychiatric labels, namely autism, manic depression, psychosis. Reflected? Divest these terms of their discriminatory bias, and see how they correspond to the macro-madness of modern society; autism = ultra conservatism, mania= workaholic(ism), and schizophrenia=schizoid institutionalization. This polarity- twist the individual and the group- creates the psycho-social tension giving rise to group's introjections of 'mental illness' (previously possession) and the suffering individual's paranoia.

The 'autistic individual', shocked in the cradle (wounded *in utero*?) can only emotionally venture forth for his critical needs. The 'bi-polar manic depressive', at impact thrown from the cradle, is depressingly and inexorably drawn back to it, whilst at the same time enchanted by the Tree. For the 'psychotic' there's no return to the cradle, because it has fragmented. His is a diffuse experience of impermanence. Whilst without boundaries he is at the mercy of his instinct, his cradle is now the Tree, his genius although deeply troubled and fragmented, its voice/s.

In so-called primitive, less regimented and controlling societies, madness is regarded by and large as tolerable eccentricity. In its *outed* form however, it is always meaningful, it's genius a revered messenger, especially when initiatory of others. But here, even if such a messenger manages to slip by our Procrustean institutions, unless

his genius can be assimilated to the common cause, our consensual establishment will surely stigmatize it. Hence our negative karma. What else makes the modern White male the most fearful animal on the Planet?

Our historic version of our fears(no other version matters) is ritually disguised as heroic fear of death. In fact our deepest fear is of madness and life. We fear stigma more than death, because through intoxication we religiously ridicule its myth. For, long ago, in order not to feel fear, we conjured a god of stigma, so that our fears are no longer here, but *über alles*. We abolished soul, karma, and became ordinarily mad and drunk with greed and fear. It is this archetypal dyad , prefigured in the wink and nod dealings between Greek Gods, Hermes and Apollo, that has all along motivated Western culture; continuing to drive the ruthless, religious (psychosocial) military and economic control and exploitation of the 'other' world. So this ubiquitous 'harmless and charming' rhyme is not only *not* a lullaby, but a well disguised existential wake up call, to the dangers of a aborted initiation, arising from a sudden shocked awakening of *kundalini* reality i.e. madness, suicide.

However happily, whilst in this vein *another* nursery rhyme obtruded into consciousness and simply refused to go away!?! The *buddhasphere*, the Buddhists assure us, is never silent!?

*Hickory Dickory Dock,
The Mouse Ran Up the Clock.
The Clock struck One
The mouse ran down
Hickory Dickory Dock.*

This rhyme seems to proffer a more differentiated yoga, a safer but more painstaking approach to the Tree. Perhaps it alludes to the 'intentional path' of those who have found their way back from madness. To recovering individuals content to slog the meditative way, this may be a useful symbol. We learn that the mouse here - like that on the modern computer- is ego-directed thinking, which when restrained compassionately with *meditatio and imaginatio*, will disappear. Then in time, giving up the narrow certainties of the old cradle, we find ourselves born into a much vaster hinterland, one that encompasses our deepest personal history and most sublime truth. With this restoration of wholeness comes an unshakable feeling of safety, which neither the world nor personal doubt can destroy. When this feeling awakens, our dreams take an amazing turn. There are no fears, no defenses, only the astonishing revelatory face of a new reality. If there is a dynamic polarity then, it is of joy and clarity; a *no thing* continuum, where one is eternally present, here and now.

**Greg
Feb 2006**

INTAR MANIFESTO

INTAR believes that the dignity and autonomy of the person in crisis are of the utmost importance, that full recovery from distressing/altered mental states is possible, and that these two convictions should shape the social response. For these reasons, we find established psychiatry and public mental health systems in which many of us work, seek (or have been forced to seek) treatment (for ourselves or our loved ones) and do research, to be deficient. Instead, we seek, and some of us provide, alternative settings where people in crisis can find the care, connectedness, respect, and interventions they need and elect to use. Our backgrounds range widely, from peer/user organizing to biomedicine and psychoanalytic training to Eastern meditative disciplines to family advocacy to academic research. But we are, each of us, committed to building safe spaces and positive relationships, wherein the ordeal presented by extreme states of mind can be met with proven tools and seasoned presence. This includes people who have been through it before and know how to offer the steadfast support needed. As an international network, we undertake to document the effectiveness of such alternatives, to refine and expand their use, and to make them more accessible to people who need them.

Press release from the first meeting of the
INTERNATIONAL NETWORK of TREATMENT ALTERNATIVES
for RECOVERY

(INTAR)

November 12-14, 2004
Race Brook Lodge, Sheffield, MA

International group gathers to promote non-medical approaches to treating people diagnosed with mental illness

MASSACHUSETTS, US- An international summit of world renowned psychiatrists, people who have recovered from mental illness, psychologists, and other mental health professionals, gathered in the United States to counter the belief that people with a diagnosis of schizophrenia and bipolar disorder can never completely recover.

Practitioners from the International Network of Treatment Alternatives for Recovery (INTAR), came from Canada, Finland, Germany, Ireland, England, Austria and the United States to share data and research, which they say proves that a non-medical approach to mental illness helps people recover, contrary to conventional wisdom.

"People break down for a reason. And when you look at a person's life experiences and history - rather than looking at these problems as a disease - people get better," stated Bertram P. Karon, PhD, Professor of Psychology at Michigan State University and author of the book, *Psychotherapy of Schizophrenia: The Treatment of Choice*, who attended the summit.

"It is our experience that even people with the most severe cases of mental illness can lead independent and self-directed lives, without lifelong psychiatric treatment."

According to INTAR members, a diagnosis of mental illness need not be permanent. The group also expressed concern over the damage caused by traditional, psychiatric treatments.

"We know what hurts and we know what helps people. It is our goal to let everyone else know as well," concluded Karon.

Introduction

Philip Thomas 3/7/06 2:47 PM

Comment: I haven't done anything on this, but think it would be good if we could all do something together.

?Refer to the first meeting briefly

?Context – the tragic death of Kieran Crowe

?Determination to take forward the work of INTAR in tribute to his memory

?Widening the scope – the importance of diversity, more international representation, especially from poorer countries

and other ideas ?

INTAR Ireland Organizing Committee & Kitchen Cabinet:

Laurie Ahern US
Ronald Bassman US
Celia Brown US
Nazlim Hagmann US
Kim Hopper US
Anne Kraus US
Paddy McGowan Ireland
Mervyn Morris England
Connie Packard US
Peter Stastny US
Chris Stevenson Ireland
Philip Thomas England

INTAR PROGRAMME

FRIDAY 2nd December 2005

09.00 – 12.00:

INTAR – PAST and PRESENT
5 MINUTE PRESENTATIONS FROM PARTICIPANTS

INTAR presentations

1. Laurie Ahern, USA

Laurie described INTAR as something magical; brought together by some magical people: Loren (Mosher) and Peter (Stastny). The first INTAR meeting was held in Massachusetts, USA in November 2004. An international group of world renowned psychiatrists, people who have experienced psychiatric treatment, family members, psychologists, and other mental health professionals to discuss non-medical approaches to treating people diagnosed with mental illness.

“When I first walked in there was an elegant refined man standing there; he introduced himself as Bertram Karon (PhD, Professor of Psychology at Michigan State University). I had read his book on schizophrenia (Psychotherapy of Schizophrenia: The Treatment of Choice). He recounted a story of a man who had been diagnosed with schizophrenia. The man kept bowing whenever Bert was near. Burt asked why he did this, but the man denied he was bowing at all. Burt insisted he was. The man replied by explaining that he was not bowing but controlling his emotions; when someone got too he would begin to control his emotions (by bowing).”

Philip Thomas 3/7/06 2:52 PM
Comment: too what?

By the end of the event a large amount of written work had been produced, along with group and individual ideas. INTAR felt it was important to announce the outcomes of the event and issued a press release (see INTAR website). Since 2004 work has been intermittent due to the inability to congregate as INTAR is an organisation with members from all over the world.

Discussion

Peter Stastny added that alongside Loren and himself, Sally Clay was also a founder. INTAR was born from the values of Windhorse Associates (a therapeutic community approach to recovery for individuals struggling with extreme psychiatric disturbances), with the idea of getting people together, networking and strengthening Windhorse’s values.

Gail Hornstein commented on the physical location, and symbolism, of 2004 meeting. The event took place in a chestnut barn in New England. There are no 'living' chestnut trees in USA any more but the building had a chestnut structure and was lovingly decorated inside. It was very symbolic – a strong structure that can hold people inside; a place that may be very old but can be transformed into a place where totally new things can happen. Another symbolic feature recounted were mountains surrounding the chestnut barn which took on more symbolism in Killarney in 2005 where the surrounding landscape was also mountains.

Paddy McGowan and **John McCarthy** spoke about the Celtic belief/mythology of the 'Fifth Province' of Ireland. There are four provinces in Ireland but the Fifth Province is a mythical place which alludes to eternal life and heaven. The group should consider adopting this term.

John McCarthy spoke of a friend who tried to take his own life and was admitted to hospital. He was visited two days later and it was discovered that he'd been neglected to the point where he had not had a shave, a wash, change of clothes, etc. All this was available and would normally be offered/administered but the nurses felt it was not necessary. Yet the man was neglected at a time when he needed care the most. It was agreed that environment is a very important factor.

Another member explained recovery concept is a latecomer (last 2-3 years) in Canada. There is a deep sense of isolation trying to find like-minded people but on attending INTAR 2004 conference there was a sense of 'something was happening' and left with an incredible sense of confidence. It was very comforting, thankful for being a part of it and have tried to share that with as many people as possible.

Philip Thomas 3/3/06 10:17 AM
Comment: Can anyone recall who this was?
Karen, Anne?

Philip Thomas drew on the metaphor of probes sent into space to find out if there is life 'out there', and the assembled group. When we follow a lonely isolated path it can be an unnerving experience. One of the most important functions of INTAR is to provide a network of support, and to re-affirm there are people who come from all over the world to share the same vision. In other words, there *is* life out there!

Paddy McGowan, with about 20 years experience of the user/care movement in Ireland and the class divide problems, described the present event as the closest thing to heaven! A genuine group of people who understand and agree with no glorification and all thinking as one mind. The INTAR history is important but one-third of the present group were at 2004 meeting there are two-thirds of the group who were not there but are here now. The proportions will change at the next meeting and so on. This is how the movement will grow. There are many things the group share in common; all independently from where 'we're all at' but what all members do and come up with is the same. There is much enthusiasm and commitment and this is where the focus should be.

John McCarthy commented on the INTAR values and beliefs document circulated to the group. It was important to keep the language simple so any person can understand it. Other contributors to the discussion stated that we all have different ways of expressing ourselves; that it is also important to realise we are not the same and a possible solution may be 'The more descriptions the better'.

Peter Stastny was aware and mindful that a definite statement did not need to be decided. More important was to decide how to work together today and in the future and how to set this up, e.g. websites, visuals, audio, text.

Presentation 2. Alexander Bingham, USA

Alex runs and directs Full Spectrum; a healing environment for people to return from distress (especially extreme distress). The organisation developed out of being fired from 2 internships for stating that medications may be the cause or part of problem why some people suffer. Alex believes that anyone with proper mental support and environment support can return from emotional distress. Alex has undertaken research on medications and is concerned with the long-term effects. Full Spectrum offers day programmes for adults and adolescents. The approach is humanistic and respectful, focusing on accessing and building upon client strengths. Full Spectrum helps people in crisis avoid hospitalisation and supports people in their transition from institutionalisation to independence.

<http://www.fullspectrum.cc>

Presentation 3: Anne Marie DiGiacomo, USA

Anne Marie works at Windhorse Associates; a therapeutic community approach to recovery for individuals struggling with extreme psychiatric disturbances. The services are tailored on an individual basis depending on the person's needs. All services provided are fully integrated with the community. Windhorse have been successful in reducing hospitalization; providing an alternative to group care and giving structured support in daily living towards greater independence and significant recovery. Windhorse has been developing its approach to recovery from psychiatric disorders since 1981. The first centre was established in Boulder, Colorado by Naropa Institute faculty members Jeff and Molly Fortuna and Dr. Edward Podvoll (psychiatrist and author of the book 'Recovering Sanity'). Through their work in East/West Psychology at The Naropa Institute, the Windhorse founders developed the skills of mindfulness/awareness which they integrated with their approach to assisting persons with mental disorders. Today, the cultivation of mindful attention to body, mind and environment and the development of true compassion are core values of the Windhorse philosophy of healing.

<http://www.windhorseassociates.org>

Presentation 4: Salma Yasmeen, Bradford, U.K.:

Salma is manager of Sharing Voices Bradford, which has adopted a community development approach to mental health and seeks to engage local people from Black and minority ethnic communities to develop innovative ways of engagement and new forms of support that are based on their own agendas and priorities. SVB has recently received additional funding for a development worker to focus on developing the capacity of local people from BME communities with mental health issues to access and engage in employment, training and meaning full daytime activities. It plays a major role in addressing the needs of diverse communities and their mental health needs. It addresses the different ways in which mental health is understood cross-culturally, using a critical perspective on biomedical psychiatry. SVB supports seven 'safe places' in the community, helping people with coping strategies and encourage people to develop a voice which can be cascaded down to service providers.

Philip Thomas commented that SVB draws people from many faiths and cultural traditions. These people gain enormous strength from the safe place and their spirituality with others.

Presentation 5: Jim Gottstein, USA

Jim began by stating that there is certain grandiosity about his presentation! He had read 'Man in America', described as a litigation road-map, and was so inspired that he began to fight the cause. There are a number of great groups and organisation, but there is no strategy to change the world.....and that's the grandiose bit! The three key elements to 'change the world' are changing public attitude; alternatives and honouring people's legal rights. All three elements also reinforce one another. Groups need to work together, not as a single organisation but as a collaborative group. Organisations such as INTAR; MIND FREEDOM (psychiatric survivor group); NARPA (National Association for Rights Protection and Advocacy); ICSPP (International Center for the Study of Psychiatry and Psychology) and PsychRights (Law Project for Psychiatric Rights) are great groups that should be working together.

In addition **Kermit Cole** advised of his attendance at ICSPP meetings and therefore to contact him with any proposed agenda items. Another organisation was also mentioned, CCHR (Citizens Commission for Human Rights) founded by Thomas Szasz. Jim advised they are associated with Church of Scientology so there is certain 'baggage' associated there.

Presentation 6: Karen Porter, New Zealand

Karen provided a brief presentation on a model developed by Ken Wilbur in his book, 'Theory of Everything'. It is an integral map of consciousness; a map of a territory which draws on traditions from all over the world and an adaptation of mental health models. The model consists of 4 quadrants regarding thinking about mental health. Uplift quadrant is the experience as you experience it yourself; an individual objective. Upper right quadrant is what is going on from the outside; an exterior perspective. Lower right quadrant is the collective/objective position: where do I live; how am I viewed, etc. Cultural quadrant is how you are in relation to others; how do you connect to the world. Initially in mental health all interest was in managing behaviour and outside views. Recognition was more needed, just managing symptoms and where I live isn't enough. More meaningful – social inclusion, individual subjectiveness. By using these four ways of understanding you can get the whole picture and look at identifying what may help. Everybody's journey starts in a different place and some people may find that a little medication may help, but others it may be the relationship with themselves or communicating with others. Karen has been lucky enough to be invited to join a group in Wellington, NZ to work with this idea. The word 'recovery'.....; Karen was so young when first diagnosed that can't remember what it was like, so 'transform' is a better word for her, personally. Can't give an-depth description of the model in a five minute presentation but basics.

Oryx Cohen commented that this is a really useful model full of spirituality and a sense of purpose.

Presentation 7: Rufus May, Bradford, U.K.

Rufus started by reading the Tea Bag Poem by Max Harding. Rufus helps run a public meeting about alternative approaches to distress and madness called 'Evolving Minds'. They always have some art to launch the meeting; stories, poems, plays, musicians etc and it sets a nice tone. Helping people is an art not a science. The values of 'Evolving Minds' are shared with 'Sharing Voices' in Bradford. Rufus puts up posters where he lives; these posters have different, unusual, though-provoking slogans to invite people or even to just make people think. We talk about different therapies but also social understanding, how does war affect us emotionally, inner peace and outer peace, how to live in a sick society; try and get articles in the local papers; develop links with local groups/alternative organisations. After the presentations the members break into groups for discussions. There are quite a lot of side effects from 'Evolving Minds'! These are a drama group, campaigning group and organising 'The Great Escape Bed Push'. It started off with a bed and a load of people dressed up and the bed push began at a psychiatric hospital and along the way were chased by a giant syringe as they progressed through the city, local roads and hills. It was videoed and hopefully will be broadcast in the near future. Evolving minds are going to be shown how to make their own films but it is also important to keep links with the media. The group also runs self-help groups in the hospital and they try and bring some ideas in and try to undermine the institution!

Gail Hornstein commented that public meetings are important. There is collaboration between Freedom Centre and her department where a film called 'Experiencing Madness' is shown each month. There is access to rooms, etc and the film showings are advertised locally. The films are shown from the point of view from the person experiencing madness, not the psychiatric view. There are discussions afterwards and it breaks down barriers. It is so simple and easy to do but it's turned into something very good and is accessed by lots of people from all walks of life.

Paddy McGowan had seen footage of patients being brought to an asylum in Omagh, with a marching band in front of them as the patients go in. It was a disgusting sight. So they organised an event and marched from the asylum back home and it got good press coverage.

John McCarthy was invited onto 'The Big Bite' TV show in Ireland. There was a discussion with psychologists which was very interesting. John requested an interview without the psychologists present. It was very difficult to get the programme producers to do this but they finally agreed after a lot of hard work. From this interview Irish TV station RTE produced a documentary called 'Diary of a Madman'. It is important that you find a 'hook' for the media to get them interested in your story but without losing the meaning of what you are trying to say.

Presentation 8: Maths Jespersion, Sweden:

Maths used to run a hotel, Hotel Magnus Stenbock for former psychiatric patients and homeless people. It was written about Gloria Brown, a friend who died 3 years ago. Gloria was a survivor living in London, born in West Indies. She drummed the bachelorhood out of Maths! She often criticised him and told him he didn't know how to treat women. She taught him that when a woman says no it may mean yes. Maths invited her to attend the INTAR event, but she declined saying she had work to do in London. But later on she was angry with him as he had not kept on asking her! Maths' getting married last year was the hopefully the start of the end of his problems and they became proud parents of a baby girl in August. He is also the initiator and

founder of a project called Personal Ombudsman. This grew out of the psychiatric reform of 1995. Nobody knew about it but it had something to do with hypocrisy and managed care. It is a user-run service in Skåne called PO- Skåne, an organisation with 25 people working full time, all holding academic qualifications. It's about supported self determination. They work only for clients and what clients want. Sometimes it can take a long time to get from the person what they need or want. They also have to go out and find these people: the homeless people who barricade themselves into their houses. PO- Skåne tries to establish communication and contact. There is no bureaucracy at all; all they are asked is if they want them to be their personal ombudsman. The principles of the organisation are there is no office (no desk = no power) and work is practised at the home of a client or in the field. The working hours are flexible and it is decided with clients what times are suitable. The ethnic and gender balance is better than it was, but is mainly women. If you know more it is written on the website: www.po-skane.org

Presentation 9: John McCarthy, Ireland

John spoke about the practical issues of funding and fund raising. He is a member of CONCERN, a charitable organisation that has 2500 employees. CONCERN have 120 million Euros in funds. They hired a professional group to go out and get people to sign up for annual membership. The biggest problem for many voluntary and charitable organisations is inconsistency of funding. CONCERN has 125,000 members. It is such a relief CONCERN can now project our finances. The Irish Government also agreed to match the funding. It was also taken to EU and they match it Euro for every Euro. CONCERN has a fundraising concert tonight and it is anticipated that profit will be 20,000 to 30,000 Euros. The organisation looked at all the overheads and sourced sponsors to cover the majority of these costs. A suggestion was to network out regarding standing orders, i.e. if you can get 10 of the members to get 10 of their 10 friends to sign up for a small amount of money. People tend to forget they have signed up because it is so minimal a cost. Once they are signed up the non-renewal rate is low. It does take a lot of effort but it is worth it. Prior to this fund-raising CONCERN would raise 8-10 million Euros anyway, but then hired a marketing company. CONCERN has an international reputation and therefore can help out and assist financially at times of crisis, such as the 2005 Pakistan earthquake.

WORKSHOPS

Philip Thomas 3/3/06 12:05 PM

Comment: Help! Not sure if I have all the networks here, not sure if I have them in the right order. If anyone can remember please reorganise. Also please can you check that none of the workshops is omitted.

1. Medication Free: Facilitator, Rufus May

(Rufus asked to summarise discussion 03.03.06)

Attendees:	Dawn McCarrick (DM)
Volkmar Aderhold (VA)	Mary Maddock(MM)
Mick Bramham(MB)	Rufus May (RM)
Elizabeth Glass (EG)	Sarah Porter (SP)
Sehnaz Layikel(SL)	Chris Stirk (CS)

Rufus read The Butterfly Poem by Matt Harding (awaited from Rufus). The group discussed how difficult it is to come off medication in the present system. People can suffer withdrawal and health problems due to the lack of proper info for people about medications and how to come off them as it is dramatic and traumatic. There is a self-help guide about coming off medication from Quebec. Every time you go back on medications you need more of them to achieve the previous state. There is a place in Germany where people spend 8 or 9 days with people coming off medications; they go through the madness with them to come out the other side. There was discussion on how to express yourself when you begin to come off medications and how to respond to coming off them, different techniques and a holistic model which is a good way to deal with the toxins in your body so you work with it not work against it. Rufus recounted role-play about interviewing a voice (in your head) and reconciliation with the voice and spoke about the 'take a pill' culture in the west and personal experiences of coming off medications.

2. Soteria: Facilitator, Judy Schreiber

Judy Schreiber outlined the core principles of Soteria House, individuality within the houses, copyright and trade-marking and the integrity of the concept. A major struggle was starting up Soteria houses. A dilemma in USA is that a house can be opened and people are encouraged not to use or to come off medication so the house retains its integrity. However, there is then an issue that it can slip into a status quo. There are also ongoing issues of medication. The concept of Soteria has already watered down; there is a 'Soteria House' that is not based on Soteria values.

Chris Stirk raised the work of the Hearing Voices Network, which was started by professionals. Staff at HVN are long-standing and constant, therefore people get to know them, and relationships begin between staff and patient. A big issue with HVN though is funding.

The type of staff needed to work in the Soteria was discussed. Definitely no psychiatrists! It was important to look for people who practice alternatives such as yoga, artists, alternative medicines, good listeners and enjoying being with people. A group wanted to evolve a house without professional involvement. The Irish community went nuts when they tried to start up a house in their area. There was a big public campaign to prevent it. The people that were planning the house went elsewhere due to this pressure. Houses will never get off the ground if statutory funding is relied on.

Philip Thomas pointed out that in Britain there is a major issue concerning first, trying to effect a gradual system change, and second the need for rapid alternatives because of real concern for the thousands of people whose lives are being destroyed by neuroleptic medication. People want to help the latter group, but it doesn't fall snugly into the Soteria model. This highlights the need for flexibility in the UK.

Jim Gottstein: Because there is a 'standard of care' it is deemed suitable for everyone. People have the right to choose to get through it without medication. It is a choice issue - not to state it as a fact.

Alexander Bingham: Full Spectrum started off with a 'no medication' policy but realised gentler options offering the freedom of choice was more suitable. Support is given to those people who decide to withdraw or come off medication and although Full Spectrum doesn't advocate this they are supported and helped and they go through a process and undo the brain washing. A lot of people may not be able or ready to come off medication so a gentler approach is needed.

Philip Thomas: Medication is not necessarily the problem; it is the way that psychiatrists use medication. People should have choices but if you enter a system that forces you to take medication you have no choice. It's the oppressive and violent use of medication that is the major problem.

Mary Maddock: From my experience, if I had to go back for help and there was nowhere to go and where there was no medication I'd prefer to die.

John McCarthy: asked are we now excluding people (on medication) from Soteria?

Kermit Cole: There has been recent research looking at treatment and how long people stay on it. A vast majority do come off medication. If we have real confidence in what we believe in and open a house then people would hopefully come off the medications.

Volkmar Aderhold: I was voluntarily placed in hospital. But it was compulsory! When I tried to leave they made it very difficult for me and 'blackmailed' me into staying.

Gail Hornstein: There may be a useful and hopeful way of getting around these issues. HVN started up a charter. There was concern people were starting up organisation using the HVN name but not with the same values. If we create a charter any organisations wanting to use the name would have to satisfy the points on the charter. It could then be decided whether they could be part of that network or not.

Sabine Dick: We had same issues with Runaway House. Some houses wanted to bring in psychiatrists.

Peter Stastny: I feel we, as a group, are here for results. We could talk and discuss everything for ages and never resolve anything. It would be good if INTAR could come up with a statement about our values.

Rufus May: Expressed frustration that the conference structure was changing all the time.

It was agreed the group would adhere to the agenda as discussed the previous day.

EVENING SESSION:

Facilitator: Leon Redler

Presentation 10: Oryx Cohen and Will Hall, Massachusetts, USA:

Oryx and Will are co-founders of the Freedom Center. It started when a mutual friend knew that Will and Oryx lived in same city and got them chatting. They felt a strong need to talk to people like themselves. Oryx came from a support perspective; Will from a more revolutionary side. They have both changed a lot due to the people they have met. They made a chart of what Freedom Centre does (circulated to all members). Relationships are the core of the group. There is a weekly support group; just a bunch of friends but they have become long-term friends, creating their own community. Freedom Centre is totally peer run and driven, facilitation is carried out on a rota. The Center encourages allies to visit and their classes and public events are inclusive. Freedom Centre informs people about the facts and alternatives and uses a non-hierarchical model. They also have a lot of side effects, but these are positive side effects! There are groups of people who attend the Center who start their own groups. Public education is important; the need and desire to change public attitudes; Robert Whittaker and Loren Mosher have spoken for us there. There is collective decision making and a framework for power understanding; privilege, crossing divides, women's rights, etc. The last month has been amazing; 'Tarnation' an American documentary film, many people have come to Freedom Center classes and everyone has achieved so much; it's a great feeling.

Gail: One of most striking characteristics of this group is its diversity – gay, straight, men, women, cultural, drug users, sober people, etc, and all ages. Are there ground rules?

Will: Not ground rules but we have a style. We have a preamble. You can believe what you want to as long as you don't push it onto others. Freedom Center has basic guidelines relating to personal safety, etc. The funding issue has meant we can't open all the time. We have not got capacity or funding. Big on the idea of inspirationality. I am also part of the Icarus Project which is a support network of people diagnosed with Bipolar disorder and related madness who challenge the idea of mental illness as disease.

Presentation 11: Sabine Dick, Germany:

Sabine spoke about working at Runaway House, a survivor-controlled house in Germany. It is for people who are homeless, in crisis or who reject treatment. Runaway House offers support with withdrawing from psychiatric drugs and within a trusting relationship. They avoid professional distance to the people they work with and don't work with diagnosis. The idea came from a Dutch model but it was started in Germany. The group split in two due to issues but now it is open 24 hours a day, 7 days a week to help people go through the crisis but also social issues such as housing

and jobs. Days at Runaway House are not structured and no psychiatrists are allowed to enter! The length of time someone stays is an average of 3 to 4 months but it does depend on how the government funds each place. There are a few rules at Runaway House such as people are not allowed to take illegal drugs whilst resident, no violence and respect for others.

To date, there have been 1000 residents. Next year is the 10th anniversary and there are plans to have an 'Alternatives' conference. The doors are always open at Runaway house and there is transparency for team model and how to work with the residents.

RM: We have big pressure to do risk assessments.

SD: No, we don't do that. We ask what crisis a person went through, what helped and what didn't.

Question ?: Who has the right to make the regulations you are bound by?

SD: There is a Social Service system within homeless sector/mental health. They have to write a report for that person to stay at the house. It depends from local authority to local authority. The homeless sector pays which is why they need the letter. Runaway House is paid on a daily rate for each person. The letter is based on homelessness rather than the psyche and all ages are accepted.

Question?: Do you have long waiting list and what do you do if you have?

SD: We have to send them to another shelter. We work through the waiting list but if someone calls us in an emergency we have to deal with that first.

Presentation 12: Nick Putnam, London, England:

Nick talked about involvement with Philadelphia Association; a place for people in distress. There is a series of houses in London but no staff. Each house has 2 therapists visiting 3-5 times a week. The therapy is different from house to house depending on their therapeutic stance. Many issues are debated. In the past they were seen as alternatives to hospitalisation but there are limits on what can go on. It used to be a safe place if you wanted to go wild but not any more. All the houses are now under threat of closure due to lack of funding. One house is trying to liaise with Supporting People (a UK housing association). There are six to eight people in each house and approximately 50% of these people are taking psychiatric drugs. Nick has moved into one of these houses to help break down barriers, to find out what is going on, etc. and is interested to hear more about commissioners as funding only seems available from Supporting People. Nick discussed networking and of attempts to get involved with Windhorse and other organisations. It is great that people are here at the conference and are networking but that is not Nick's experience.

Question?: How rigid is the thinking with funding? Have you given up too soon?

NP: Supporting People money is going out to floating projects rather than housing projects. I worked in Richmond Fellowship house; they had lots of funding but that meant a lot of paperwork for the staff. The house I am in now has no paperwork.

Question?: There are easy routes and hard routes but perseverance is the best option I can suggest.

END OF DAY ONE

Saturday 3rd December 2005
PROGRAMME

09.00 – 11.00:

FEEDBACK FROM FRIDAY'S AFTERNOON SUB-GROUPS

11.00 – 12.30:

SUB-GROUPS:

FAMILY and SELF-DETERMINATION – Karen Baker

SPIRITUALITY – Rufus May

SUICIDE – Leon Redler

INTAR (GOVERNANCE) – ‘STANDARDS’ VS OPEN NETWORK

– Peter Stastny

12.30 – 14.00:

LUNCH

14.00 – 16.00:

IRISH RECOVERY NETWORK MEETING (Postponed)

INTAR GROUP SESSION

16.00 – 16.30:

TEA BREAK

16.30 – 18.00:

SUB GROUP FEEDBACK

SUBGROUPS

1. Suicide Facilitator, Leon Redler

Attendees:

Elizabeth Glass (EG)	Leon Redler(LR)
Dawn McCarrick (DM)	Gisela Sartori(GS)
Mary Maddock(MM)	Greg White(GW)
Alma Menn(AM)	

This group to came into being when ‘suicide’ was proposed by one person in the main group as being one of the topics for a small group discussion, others expressed objection or doubt about the topic, so it was removed from the list. Several of us picked up on how the idea was too swiftly curtailed.

‘Suicide’ was very present as an issue, one very close to home, with one of the conference organisers and hosts, Kieran, a man from Killarney, friend and colleague of some participants, husband and father of 4 young children, having taken his own life in the weeks before we met. There seemed to be resistance to discussing this matter, not only of Kieran’s death but of that issue arising for others, personally and/or professionally.

In the event, 8 people decided at very short notice to join this group, meeting in the pub, which I, as facilitator, proposed, as it was warm and we only expected 4 or 5 people. That’s *my story* about why I proposed the pub!

Everything was in question at this discussion, even the use of the term ‘suicide’. Some disliked the term (literally self killing) and preferred speaking of someone choosing to take his or her own life.

Strands of the discussion and different points of view included a number of themes. Respecting the space of someone on the brink of deciding to take his or her life - one member of the group told of her experience with her brother and her uncle taking their lives and of herself having been at the edge of that abyss many times herself. She listens carefully to those she meets professionally who speak of committing suicide and insists on people's right to make that decision for themselves without a professional stepping in with invasive interventions. She talked about her own experience of extreme despair and how important it was for her to have that basic right respected by others. The way she now works with suicidal people is to make it very clear at the beginning that she will respect the person's choice and that she will not stop the person from taking their own life. What she will do is be with the person, listen and explore what ever the person brings to the situation, creating an atmosphere of understanding, caring and connection.

In more than twenty five years of following this practice of careful listening and compassionate engagement without intrusive intervention, none of the people she worked with has taken their lives. She admitted that this approach can be very challenging at times and shared a situation with a woman she barely knew, who ran out of her office screaming 'I will kill myself right now'. It was very difficult to not run after the woman trying to stop her, trusting the connection that had been established. The woman did eventually come back the next day and after repeating the same scenario several times was willing to face her anxiety and despair. She believes that it is a lot more life affirming to accompany people into the depth of their despair, and help them find their own resolution through human connection than to retreat behind the usual clinical interventions.

Another contributor related the following experiences. "During my labour, which was long and difficult, I inhaled huge quantities of nitrous oxide. My husband and I noticed that I was in an altered mood state. I believe now that this is why I was diagnosed as having mania rather than depression. I received this gas many years later from the dentist and had the same reaction and I have met more women since who had the same reaction. Because of this, 2 days after the birth of my child I was removed to a psychiatric hospital and only saw my child a few short times in 4 months!! Great therapy!! I was dosed with largactil and now I believe my suicidal attempt was a result of this. I was trying to choke myself with my own hands and I am peaceful person. Violence has never been part of my life. Because of the wrong medical narrow view of "mental illness" I suffered for 20 long hard years and it wasn't until I realised how destructive drugs can be that I finally got my liberation over 5 yrs ago. They nearly robbed me of everything, even life itself."

Some of us spoke of how the taking one's own life calls forth a different response than one dying by other means....where there did not *seem to be* a choosing to die. Death of the other often arouses feelings of anger at being left and perhaps guilt at what one might have given to the other...in addition to feelings of grief at the loss. Responses to one taking his or her own life are often stronger, including (often) more anger (at being left, at the way one was left), guilt (at not seeing it coming or not being able to offer more that *might* have enabled the other to choose to live)...as well as more grief...at the sudden loss to oneself and at the pain or despair that the person who took his or her own life might have experienced as well as the pain of the surviving others.

A dissenting view regarding respecting the choice and decision of the other was that if someone tells someone who is working in the psychiatric field (doctors, nurses, social workers) or perhaps in any relationship or context that they want to kill themselves, that should be seen as a request for help and to be protected from taking their own life. If someone really wants to kill themselves, why tell another? But that view would risk depriving the one so moved (or stuck) from having the opportunity to speak and be heard without risking intrusive intervention. An other view, one that differed from that of accepting and respecting the decision of the Other to kill himself, was that the Other was depriving oneself of the possibility of a relationship, a singular relationship, by taking his or her life, and thus one could not and perhaps ought not too readily affirm the Other in making that choice.

We noted how discussion of suicide is often avoided, evaded, repressed and how important a matter is was to consider carefully. At least one, but not all, of us felt that as each one of us is singular, generalities about suicide are insufficient. Each instance of someone wanting to take one's own life must be considered afresh and thoughtfully. At least one of us felt this attention to singularity could serve as an excuse for intrusive intervention that didn't respect the Other's right to choose to die. Another in the group spoke about the symbolism in 'Rock A Bye Baby' (see Tribute to Kieran, p.2) pointing to how, when something goes wrong in the child's development (when the bough breaks), something snaps and the child doesn't have a solid foundation to stand on. This lack of foundation *may* also be related, however much later in life, to a predisposition to suicide.

2. Family and Self-determination: Facilitator, Karyn Baker

Participants: Volkmar Aderhold, Karyn Baker, Kermit Cole, Anne Marie DiGiacomo, Will Hall, Shehnaz Layikel, Philip Thomas.

The issue of families was discussed at length at the INTAR 2004 meeting and no clear consensus reached. A small group, including Karyn Baker, Ron Bassman Connie Packard and Peter Stastny had agreed to work on a document on families for INTAR. The group had met on one or two occasions, and the document was still in progress. Some of the important contextual factors were discussed:

- In North America the family movement is deeply conservative. Organisations like NAMI promote coercive interventions for people with psychosis. They are strong proponents of the biological model. They have close links to the pharmaceutical industry.
- Some families are implicated in abusive relationships with their children, and this leads to severe emotional distress.
- Families also love and care for their children. They are a key support network. Increasingly in the USA and Europe, parents are as critical of the baleful effects of drugs and medicalisation as survivors / service users.
- Multiculturalism, especially in Northern Europe means that we have to adapt to different understandings of family structures, different that is from the nuclear white family. For example, South Asian family structures tend to attach less importance to individual autonomy and greater importance to an ethical relatedness to extended family structures and faith tradition.

Karyn Baker: outlined the work of her group in Toronto, which is educational, aimed at teaching family members critical perspectives on mental health in order to change attitudes. Families take on popular cultural understandings of madness. Increasingly this is dominated by the biomedical model. This has to be challenged. She also outlined the work done by the INTAR group charged with writing the document. So far this covers the historical context, the blurring of boundaries (what it is like when a survivor becomes a parent of a child who

experiences severe distress), and the issue of autonomy / self-determination. This group had set out a number of principles:

- If a person receiving services does not want family involvement, there should be no involvement. However, this decision should be kept under review.
- If a family feels that a member needs help, but the person sees no need for help, then the family should be able to access support and help for themselves in order to handle the situation, but the person who does not want help does not become a client. The family is *not* to be the back door to client access.
- Cultural differences are complex and can result in difficult inter-generational issues in families in multi-cultural societies. These can have important implications for autonomy / self determination.

Other points to emerge in the discussion:

- *Shehnaz Layikel:* Gender differences add additional layers of complexity in families in multi-cultural societies. For example, in Turkey some mothers can be very protective towards their children, and can very readily pick up the language of psychiatry as a means of explaining their children's difficulties. On the other hand, the strong family structures in this country are invaluable for community support.
- *Philip Thomas:* Drew attention to the difficulty of being prescriptive about how we should respond to families and self-determination. This is a complex area heavily saturated with cultural assumptions about the nature of selfhood and the relationship between self and family. Each situation must be negotiated with tact and sensitivity. Narrative ethical frameworks are probably more appropriate in such circumstances.
- Reference was made to the work of Klaus Lehtinen (INTAR 2004) in Finland, and other Scandinavian projects that demonstrate clearly the value of working closely with families in the episode psychosis. Discussion too of Thomas Bock's *Dialogue*, although it was recognised that this is not a crisis response.
- Mental Health services can serve as a tool for the mediation of parental concerns, for example, worries about a child's choice of dangerous life styles such as drug use / misuse. In other words a psychiatric diagnosis may constrain one's ability to live a harmful life style and will result in coercive interventions. This is problematic because it conflicts with self-determination. Decisions by services not to intervene in such circumstances may cause families a great deal of pain, so they need support here. It is important to stress that services are not acting on behalf of parents.
- It is helpful to see family work as a journey. Families move on during it and will hopefully reach a point where they can come together with the client if the family has originally been excluded at the client's request.
- The need for family services (like the Toronto project) to offer a wide range of interventions, from family work, education, informal support and so on.

- The importance of dealing with and understanding the historical, cultural, and individual narrative processes that shape family relationships, and which may result in members across generations experiencing severe distress.
- Sexual abuse is a particularly difficult, multi-layered issue, invoking many understandable and justifiable responses – anger, hatred, blame and guilt. Despite this it is important to try to maintain a cultural perspective that sees it as a tragedy with ultimately the hope of reparation.

3. INTAR discussion group: Facilitator, Sarah Porter

The group agreed on a statement about the goal and purpose of INTAR: to advance the knowledge and availability of alternatives around the world.

Various options for how INTAR might function were discussed:

- Large network with small local meetings
- Large conferences
- Develop a comprehensive list of groups/programs that fit our
- Small meetings/large conference
- Electronic journal
- Enhance the website
- Teleconferencing

There is much work to be done, and an explicit commitment from people who want to help and have initiative, skills and time. Another question raised in the small group was if it would be possible to move forward with an informal (or no) structure? The group decided to bring the above list of structure/communication mechanisms to the larger group to get feedback.

Two basic structures were presented: the network/delegate model and the conference model.

Network/delegate model: This would encourage us to go out and add to the network as many groups as possible (aligned with our values). All the group may never meet together. Face to face meetings would consist of delegate meetings of up to 40 or so. The model would include an on-line journal.

Conference model: This would see INTAR as an organization that is open to anyone interested. It would arrange regular meetings and conferences.

Some combination of these two models might be possible.

Agreed on: better website, e-mail communication

4. Joint Meeting of the West Cork Group and INTAR

Michael (Director of Nursing), Jim Walsh, Marcellino Smyth, Pat Bracken.

This was the first time that the group had met since Kieran's death. The group spoke of Kieran's loss to them, the country and the mental health survivor movement nationally and internationally. The group plans to move forward with the conference in the New Year, and a certificate in mental health training will be rolled out nationally. Pat Bracken pointed out that Kieran would have wanted the group to connect internationally. Kieran's vision was founded on respect for people in altered states.

Peter Stastny offered to make the conference materials available to the West Cork group, and Philip Thomas suggested that INTAR should produce a document that reflected this meeting, and that the Cork group should be part of writing it in order to reflect the Irishness of the meeting. It should contain a testament to Kieran. Terry McLaughlin said that Asylum magazine was available to preserve Kieran's memory. Mary shared a personal memory of Kieran encouraging her, John read a poem he wrote for Kieran.

There was a moment of silence in Kieran's memory.

The joint meeting ended.

Note: A smaller, though still large, group then met regarding task identification and interest. Kermit took notes. Here are a few things I think might have gotten lost in the list making:

- Mary offered her services on the computer in whatever way might be useful.
- Laurie suggested that each group/organization/agency represented at the meeting, write a 1-2 page document describing themselves, could be part of the INTAR website, also a link from INTAR site to sites of represented organizations.
- Karyn and Peter pledged to finish the "Family and Self-Determination" paper and distribute it for feedback. It would be good to include it in the report of this meeting.
- Ann thinks internet recovery resources should be part of the INTAR website, is interested in gathering them, has gathered them?
- Sehnaz said she would translate some key materials into Turkish, and alternatively translate some Turkish materials into English
- Maths also offered his translation services
- Maths offered to collect information of an international sort from outside the former British empire, to make sure that international views/models are more broadly represented.
- Sabine volunteered to gather information from people in Eastern Europe (about models?)

Task **Coordinator** **Interested People**

Philip Thomas 3/7/06 3:27 PM
Comment: These are comments made by Dawn. D

International Representation at NARPA	Oryx	
Write up event report and responsa	Phil	John, Terry, Peter, Chris
Organize next conference	Gisela	Ann Marie, Sarah, Salma, John, Fozia
Computer Work	Mary	
Website/Electronic Journal/Newsletter	Nick	Will, Ann T., Laurie, Terry, Kermit, John C.
Grantwriting, Fundraising	Peter	Laurie, Norma, Peter
Family/Self-Determination paper	Karyn	Peter, Ron Bassman, Connie Packard
Translation – Turkish	Sehnaz	
Translation – Swedish	Maths	
Collection of International Information	Selma, Sehnaz	Sarah, Sabine, Jim C., Jim H., Fozia, Will
Collection of Eastern Europe Information	Sabine	
Press Release and discuss media work	Laurie	Paddy, Jim
Catalogue and Directory of Skills	Alma	
Training Models	Paddy	Mary, Cal, Matt, Alma
Names	Alexander	Will
Hire Consultants	Peter	Laurie, Paddy

Appendix One

Delegates

Aderhold, Volkmar aderhold@uke.uni-hamburg.de

I am 51 years old, and a psychiatrist and psychotherapist for 23 years. I specialise in psychosis and its psychosocial treatment. I worked in front line out patient social psychiatry for many years, and am senior consultant in the University Psychiatry in Hamburg since 1996, responsible for an acute ward and a day clinic.

I have dealt a lot with the Soteria concept, and tried to set one up in Germany but failed. After this I changed my general therapeutic frame and became more identified with the need adapted treatment model from Finland developed by Alanen and colleagues. I am impressed by the five year outcome data from Jaako Seikkula and would like to replicate this work. Soteria would be a second option within this approach.

We are making gradual progress in Hamburg. I started a research project on trauma and psychosis, and try to develop systemic interventions in everyday clinical practice. I become more and more "aggressive" when I see the results of biological reductionism and want to think about strategies to challenge this trend. I hope the INTAR network can be effective in making "trouble".

Ahern, Laurie lahern@mdri.org

Laurie Ahern is the Associate Director of Mental Disability Rights International, an international human rights organization which focuses on the protection of human rights for people labelled with a psychiatric diagnosis or an intellectual disability. Ahern is a sexual abuse survivor and a person who has recovered after having been hospitalised and labelled with schizophrenia at the age of 19.

Ahern conducts human rights monitoring and documentation missions to psychiatric institutions, orphanages and social care homes in Latin America, Eastern Europe and Middle East. In addition, she leads peer support trainings and recovery workshops throughout the world.

For ten years before joining MDRI, Ahern served as Co-director of the National Empowerment Centre, Inc. (NEC), a US, federally-funded recovery and technical assistance centre. She was the editor of the award-winning NEC newsletter and co-created the Empowerment Model of Recovery and PACE model, a non-coercive alternative to traditional mental health services. Her recovery work has been featured in many professional journals, in the media, and has been translated into eight languages. She is the recipient of the National Mental Health Association's Clifford Beers Award and the Bazelon Center for Mental Health Law's Advocacy Award. Ahern has conducted workshops, given talks, and organized conferences for consumers/ survivors, families and mental health providers to promote recovery. She is the former vice president of the National Association of Rights, Protection and

Advocacy (NARPA) and spent a decade as an award winning newspaper reporter and editor.

Baker, Karyn

Karyn_Baker@camh.net
www.familymentalhealthrecovery.org

Karyn Baker is the Program Director of the Family Outreach and Response Program (FOR) which provides supports and education to families and friends of those recovering from serious mental health issues. The program is located in Toronto, Canada. FOR has developed an alternative approach to working with families using a critical perspective of psychiatry and a survivor recovery perspective. Karyn has lectured at York University and many conferences to share our family approach. She graduated from both the University of Western Ontario and the University of Toronto and has a Master's Degree in Social Work. She is busy raising 3 remarkable children in Toronto. Her family has also had the experience of having relatives labelled with mental health issues.

Bingham, Alexander

alexander@gspnc.net

Alexander Bingham is a licensed clinical psychologist, Rosen bodywork practitioner, cranial-sacral therapist, and psychological researcher and teacher. This year, he has opened Full Spectrum, a recovery and educational centre which combines traditional psychotherapeutic work with a body-oriented perspective and nutritional counselling, offering individual, group, and day programs for all levels of psychological distress and growth. Alexander is dedicated to helping those in psychological distress find their way to self-confidence self-reliance and helping those trained in the medical model of mental illness learn of another less hopeless model: one that believes that even deepest distress does not have to be permanent and that hospitalisation, medication, and diagnosis are unnecessary with proper support, respect for all human experience, plus a willingness to engage in difficult therapeutic work.

Cohen, Oryx

oryx@freedom-center.org
www.wmtcinfo.org/career_initiatives.shtml
www.freedom-center.org

Oryx Cohen, M.P.A., has emerged as a leader in the international consumer / survivor / ex-patient (c/s/x) movement. Currently he is the Career Initiatives Coordinator for the Western Massachusetts Training Consortium. He oversees and supports c/s/x led small businesses, arts projects, and recovery-oriented programs. He is the co-founder of Freedom Center, the Western Massachusetts' only peer-run support / activist organization. Freedom Center's purpose is to empower and support people with psychiatric labels while challenging oppressive mental health policies and practices. Oryx has been a board member for the National Association for Rights Protection and Advocacy (NARPA) since 2002 and is co-chair of this year's 2005 NARPA Conference Committee. He also interned for MindFreedom International, directing its Oral History Project (www.mindfreedom.org/histories.shtml). In July 2005, Oryx

published "How Do We Recover? An Analysis of Psychiatric Survivor Oral Histories" in the Journal of Humanistic Psychology.

Cole, Kermit

kacole@post.harvard.edu

Kermit Cole studied directing and worked for 12 years in the film industry on every kind of production, but after making his acclaimed documentary about people living with HIV he got interested in working with people more directly and without a camera. He went back to school, studied psychology, and worked in research, where he began to suspect that there was something awry in mainstream approaches to mental illness. He became director of a group home, where he became convinced that therapeutic community was where he would find what he was looking for. He is currently working to build the network that will lead to his next therapeutic community project. He is also starting an international project (www.reelvisions.org) to gather video documentaries by people around the world about their experiences with mental illness.

Cutler, Paul

pamhid@yahoo.com

Paul Cutler is currently a trustee of InterAction, a UK-based international mental health policy organisation. Formerly he was Assistant Director for the Hamlet Trust where he managed the Pathways to Policy programme that works with mental health groups in Eastern Europe, the Caucasus and Central Asia to develop policy initiatives and reform mental health systems. He is a qualified social worker with 17 years experience in mental health, has a Bachelors Degree in Sociology and a Masters Degree in International Development Management. He also has experience of mental health development in East Africa. He has published a number of academic journal articles on policy as well as the book Building for the Future: Making Organisations Stronger and More Effective (2002). He is currently writing (with Robert Hayward) the book International Development and Mental Health — A Public Action Approach.

Dick, A. Sabine

sabine.a.dick@web.de

She studied sociology, cultural anthropology and English philology at the University of Trier and is currently finishing her master degree at the Technical University and the Free University in Berlin, Germany. She is a member of the Verein zum Schutz vor psychiatrischer Gewalt e.V, and worked three years in the Runaway House (Berlin) until 2005.

She is the co-organizer of the FilmForum, a free regular movie offer for the users and supporters of the Runaway House and Support, a further project of the Verein zum Schutz vor psychiatrischer Gewalt e.V. She has presented and represented the Runaway House to professionals and students of the mental health sector, at conferences, and the wider public as part of the public relation sub-team of the Runaway House Team. She was involved in the production of two brochures, one with the title *Betrifft: Professionalität dealing with ex-user / survivor controlled approach and professionalism*, and one on strategies of user involvement in the social care system with the title *BlickWechsel*.

DiGiacomo, Anne Marie Reed

AMDG@aol.com

<http://www.windhorseassociates.org/>

Anne Marie DiGiacomo has been involved in human services for the past 28 years. She worked with adolescents, children and families in community mental health and non-profit settings for 18 years and for the past 10 years has been involved with the Windhorse communities in Northampton, MA. and Boulder, Co. Anne Marie received her Master's degree in Social Work in 1986 from the University of Denver. It was during that time she was introduced to Contemplative psychology and meditation at Naropa University in Boulder and learned of the Windhorse Project. During her time at Windhorse Anne Marie has worked as a respite housemate, team counselor, team leader and intensive psychotherapist. She was the Clinical Director from 2001-2005, and co-interim Executive Director for a period of time in 2001 when the founders of Windhorse returned to Boulder. She is currently the Admissions Coordinator and continues her therapeutic work as well as supervising senior clinicians in their intensive psychotherapy work. She works closely with the Peer Counselors and is involved in further integrating the peer perspective into the Windhorse community on all levels.

Friedman, Norma

NSFriedman@aol.com

EDUCATION

Ed.D. Adult and Higher Education

Columbia University, New York 1988

M.A. Adult and Higher Education

Columbia University, New York 1985

M.Ed. Human/Social Services

Antioch College, Ohio 1978

B.S. Leisure Studies and Services Magna Cum Laude

Phi Kappa Phi Honor Society, Alpha Lambda Delta

Honor Society

University of Massachusetts, Amherst 1976

Dr. Friedman has served on numerous boards and currently serves on the Fort Wayne Educational Foundation, Indiana Institute of Technology and the Nominating Committee of Windhorse Associates. She recently received an Indiana Tech CORE Action Grant and a Lilly Faculty Development Grant to assess the psychological needs of students and then develop programs. She has studied mindfulness and contemplative theory and techniques as it relates to both individuals and organizations. She has served as an organizational consultant for 25 years and currently is a Senior Consultant for Trustee Leadership Development, a national leadership institute.

Glass, Elizabetheglass@cairn.org

I have worked for the past 14 years for Community Access, a not-for-profit that assists people with psychiatric disabilities make the transition from shelters and institutions to independent living. We provide safe, affordable housing and support services and advocate for the rights of people to live without fear or stigma. I came to Community Access with varied personal and work experience: two years in Turkey as a Peace Corps Volunteer, an MSW from Columbia University School of Social Work, and over 12 years in city government developing innovative supportive housing alternatives for individuals with psychiatric disabilities and/or histories of homelessness.

Part of my work was driven by personal experience: of my mother, my brother and myself. This has informed my search for alternatives to psychiatric hospitalization and treatment with neuroleptics. At Community Access we are currently working to expand the choices available to individuals in crisis and in their ongoing recovery. We received a foundation grant for pre-development work toward the establishment of a small residence that would offer a self-help, non-medical approach to recovery based in part on the service philosophies of the Soteria House project and other similar, second-generation programs. Dr. Peter Stastny is assisting us. It was from Peter that Cal Hedigan and I learned of this year's INTAR gathering. The experience of others will be of great help in our effort.

Gottstein, Jimjim@psychrights.org

Jim Gottstein grew up in Anchorage, Alaska. After graduating from West Anchorage High School in 1971, he attended the University of Oregon and graduated with honors (BS, Finance) in 1974. Subsequently enrolling in Harvard Law School, Jim completed his formal legal studies in 1978, graduating with a J.D. degree. In addition to 25 years of private practice, emphasizing business matters and public land law, Jim has been an attorney advocate for people diagnosed with serious mental illness for over 20 years:

* Co-founded the Law Project for Psychiatric Rights (PsychRights) in 2002. Jim is currently president. See, <http://psychrights.org>

* Co-founded Soteria-Alaska, Inc., in 2003, to provide a non-coercive and mainly non-drug alternative to psychiatric hospitalization. See, <http://soteria-alaska.com/> Jim is currently president.

* Co-founded CHOICES, Inc. (Consumers Having Ownership in Creating Effective Services) in 2003 to provide peer-run, alternative services, especially the right to choose not to take psychiatric drugs. See, <http://choices-ak.org/> Jim is currently president.

* Co-founded Peer Properties, Inc., in 2002, to provide peer (mental health consumer) run housing for people diagnosable with serious mental illness who are homeless, at risk of homelessness, or living in bad situations. See, <http://peerproperties.org/> Jim is currently vice president.

* Member of the Alaska Mental Health Board (AMHB), the state-wide planning board for Alaska's mental health program from 1998 to 2004, where he served as chair of its Program Evaluation and Committee and of its Budget Committee, which makes formal recommendations regarding the state's mental health program budget.

- * Served as plaintiffs' counsel on behalf of the mentally ill in Alaska in the billion dollar litigation over the state of Alaska's misappropriation of a one million acre trust granted for Alaska's mental health program. See, *Weiss v. State*, 939 P 2d 380 (Alaska 1997).
- * Co-founded Mental Health Consumers of Alaska in 1986 and served on its board of directors for almost ten years.
- * Co-founded the Alaska Mental Health Consumer Web in 1998. The Alaska Mental Health Consumer Web provides peer-support and a drop in center for mental health consumers in Anchorage.
- * Supervising Attorney for Consumers Counsel, a project of the Alaska Mental Health Consumer Web that provided legal representation to mental health consumers.
- * Provided pro bono legal services to mental health consumers in various matters throughout his over 25 years in the active practice of law.

Currently, Mr. Gottstein is spending the bulk of his time on the Law Project for Psychiatric Rights on a volunteer basis. The Law Project for Psychiatric Rights' mission is to organize a serious, coordinated legal effort against forced psychiatric medication. Mr. Gottstein is also devoting considerable time trying to make alternatives to psychiatric drugs available in Alaska, though Soteria-Alaska, and CHOICES, Inc. See, Report on Multi-Faceted Grass-Roots Efforts to Bring About Meaningful Change to Alaska's Mental Health Program for a description of these efforts. Mr. Gottstein also serves on the board of directors of NARPA, the National Association for Rights Protection and Advocacy) and ICSP, the International Center for the Study of Psychiatry and Psychology. See, <http://narpa.org/> and <http://icspp.org/> respectively.

Gunne, Dorothy

dotgunne@eircom.net

I'm 50 years old and currently recovering from major spinal surgery in spring of this year. I like to think that I'm in current hibernation for the winter, as it's a very appealing metaphor to me, having worked despite spinal problems over the past few years. I guess I've had some connection with the whole area of mental health since my early teenage years when I first came across the work of R D Lang in my early teenage years and realized that somehow there were people in the world whose writing I understood at some kind of intuitive level.

It was quite a few years later that I was to pick up that thread again while studying with a few Buddhist teachers and trying to figure out what I wanted to do with a degree in psychology . I connected again with Lang through Naropa Institute and went to work at a therapeutic community in NH. For two years called Burch House. I've always somehow looked on mental health issues as a kind of spiritual emergency and have met a number of wonderful people over the years who have inspired me. A small group of us have been meeting in Ireland over recent years and I'm hoping that with time , and thoughtfulness we will develop further.

Having done a whole pile of study and practice in psychotherapy and practiced in various settings, we are in the very slow process of now developing a more contemplative form to this work and study process since 1993. I have a wonderful group of friends, and my daughter Nicola, my son Ruairi and grand-daughter

Fearthainn are also deeply important in my life. I couldn't get to the INTAR group meeting last year and was looking forward to meeting you all. I hope that the fact that you are aware of the death of our friend Kieran together with my need to rest at times will be ok with you all. This is the first thing I've done in the outwardly sense since surgery and I'm looking forward to meeting you all.

Hall, Will

will@freedom-center.org

Will Hall was diagnosed with schizoaffective disorder schizophrenia at age 26 and endured a year in San Francisco's public mental health system, including locked wards, neuroleptic drugging, and solitary confinement. He went on to become co-founder of the Freedom Center, a Northampton, MA support, advocacy, and activist group run by and for people labeled with severe mental illnesses. Now in its fourth year, Freedom Center has provided free advocacy, support, and wellness services to hundreds of people, including peer counseling, a yoga class, free acupuncture clinic, writing groups, legal advocacy, protests, regular public educational events, and now a weekly live FM radio program.

Freedom Center has received coverage in local, national, and international press, and was recently given a Community Development Block Grant from the city of Northampton. In 2004 Will was honored with the Disability Advocacy Award by the Stavros Center for Independent Living. Will also recently joined the staff collective of the Icarus Project, a national mutual aid support network of people diagnosed with Bipolar disorder and related madness who challenge the idea of mental illness as disease. The Icarus Project brings together hundreds of people who embrace their extreme states of consciousness as 'dangerous gifts' to be nurtured and cultivated, and are struggling to live outside of and against the corporate mainstream.

Will has been involved in radical movements for non-violent social change since he was a teenager. His writing has appeared in The Nation, Greenpeace Magazine, Utne Reader, San Francisco Bay Guardian, and in the Sierra Club anthology Call To Action: A Handbook for Peace, Justice, and Ecology, prefaced by Rev. Jesse Jackson. He is also one of the founders of Valley Free Radio, a new FM community radio station in Northampton, MA. Will is Choctaw Indian on his mother's side, and his father is a Korean War veteran and also a psychiatric abuse survivor. A long-time meditator and yoga practitioner, Will is dedicated to challenging institutional oppression, healing cultural trauma, and reawakening indigenous mind.

Hayward, Robert

pamhid@yahoo.com

Robert Hayward is a psychologist who has been working as an NGO development consultant for over 20 years. He has extensive experience in training and supporting mental health NGOs in Central & Eastern Europe, the Caucasus and NIS, parts of Central Asia, India and China. He has managed EU funded projects and has been a consultant for the World Health Organisation. In 2001 - 2003 he co-ordinated a programme for the Open Society Institute (Budapest). In 2004 he co-founded InterAction.

Amongst his publications are: (with Peter Barham) *Relocating Madness* (1995); *Gaining Ground — The Role of Mental Health NGOs in Central and Eastern Europe* (2001); and *Building for the Future* (2002) (with Paul Cutler).

Hedigan, Cal

chedigan@cairn.org

I have been involved in the mental health field since 1985, when I began working as a Community Service Society volunteer in Chester, England in a Richmond Fellowship therapeutic community for individuals who had been diagnosed with schizophrenia. Since 1988 I have worked in a variety of roles in mental health settings in New York City, both in the shelter system and in residential programs in the community. For the last six years I have been at Community Access, a not-for-profit agency that assists people with psychiatric disabilities make the transition from shelters and institutions to independent living.

At Community Access I oversee the development of our training program and endeavor to ensure that our practices are in line with our mission to support individuals in determining their own lives. From the beginning of my work in this field I was struck by the damage that is done by mental health institutions in their treatment of individuals who are already experiencing difficulty in navigating the world. Trying to work in a way that does not replicate the harm already inflicted upon individuals by the mental health system and respects the rights of individuals to determine their own lives is the foundation of my work. Currently at Community Access, we are in the beginning stages of developing a residential program that would allow individuals to experience crises and move toward recovery in a setting that does not rely on neuroleptic medications and the primary mode of treatment. Peter Stastny is assisting us in our development efforts.

Hornstein, Gail

ghornste@mtholyoke.edu

Gail A. Hornstein is Professor of Psychology at Mount Holyoke College (South Hadley, Massachusetts, USA). Trained as a personality/social psychologist, her recent work has focused broadly on the history of twentieth-century psychology, psychiatry, and psychoanalysis. She is the author of many articles in professional journals as well as the recent book, *"To Redeem One Person is to Redeem the World: The Life of Frieda Fromm-Reichmann"* (Free Press, 2000; paperback, Other Press, 2005), the story of the maverick psychiatrist who pioneered the use of psychotherapy with schizophrenic patients. Unlike most scholars who study mental illness, Hornstein has always been as interested in patients' experiences as in doctors' theories. She has compiled a *"Bibliography of First-Person Narratives of Madness in English"* which (now in its 3rd edition) lists more than 600 titles. After spending much of the past three years meeting and working with survivor groups across the US and UK, she is at work on a new book intended to show how the insights of the psychiatric survivor movement can be used to radically reconceive fundamental assumptions about madness and mental life. Hornstein is currently Visiting Fellow at the Centre for Research in the Arts, Social Sciences and Humanities at Cambridge University.

Maths Jespersen is a psychiatric survivor, who since 1990 has been very active at the international level as a lecturer on conferences, author of numerous articles in books and magazines, editor of an international newsletter and official representative of psychiatric users at meetings with various international organisations like the WHO and the European Commission. He was an inpatient at an old mental hospital for two years, 1980 and 1981. His diagnosis was obsessive compulsive disorder (OCD) in it's worst degree. Actually he hasn't read about any other case of OCD as worse as his own. The staff at the hospital said he was incurable. And they were right — because they couldn't cure him. Instead he had to cure himself. When he left the hospital it was in a much worse condition compared with when he arrived. He solved his inner problems by converting to Catholicism in 1984.

When out of hospital Maths Jespersen quickly resumed an active life in society again. From 1982 to 1988 he worked in the professional theatre group Mercuriusteatern as a producer. He also resumed his studies in theatre history at the Department of Literature at the University of Lund, where he since 1987 is working on his doctoral thesis. In 1982 he became member of the newly founded Green Party and was a well known politician in Lund from 1982 to 1988. Maths Jespersen has since he left hospital openly identified himself as a former psychiatric patient. He has told about this in big articles in numerous Swedish daily papers and his life story is also printed in an official parliamentary report. Everybody in his surroundings has known about his background in psychiatry, but this has never caused him any harm like stigmatization or discrimination, not even when he was a politician.

Since 1988 Maths Jespersen is working full time as a regional secretary of the Swedish National Association for Mental Health (RSMH). He was a founding member of the European Network of Users and Survivors of Psychiatry (ENUSP) 1991. From 1991 to 2000 he was editor of the European Newsletter of Users and Survivors of Psychiatry, which also was spread to members of the World Network of Users and Survivors of Psychiatry (WNUSP). This newsletter contains a lot of material on the development of the psychiatric user/survivor movement at the international level and has been used as an important first-hand source for various books and scientific studies, such as Eugene B. Brody, *The Search for Mental Health. A History and Memoir of WFMH 1948-1997* (Chapter "The WFMH and Consumer/Survivor/User Movements") and Karin Roth, *Geschichte und Entwicklung des Europäischen Netzwerks von Psychiatriebetroffenen*.

The years Maths Jespersen spent as a patient in psychiatry was a shocking experience, which still, 25 years later, has its marks left deep within him. It was not so much the attitudes (actually most of the staff was quite friendly) or the treatment methods (drugs) that shocked him, but the general view on the psychic problems. He could never have dreamt of such a thing as people who actually believe that problems in the soul have biochemical causes and should be treated with medical methods. It was almost unbelievable to meet these ridiculous beliefs among psychiatrists. But to his big surprise almost all psychiatrists in Sweden seemed to believe in these stupid ideas. Because of this it was a big revelation for Maths Jespersen when he in 1995 in Prague for the first time met Marius Romme. To meet a professor in psychiatry who doesn't believe in the medical model and who had developed a completely different approach,

which corresponds fully with Maths Jespersion's own understanding of his problems, was very hopeful.

At a world congress in Hamburg 1994 Maths Jespersion for the first time presented his "Jungle Model" and "Outer Space Model", two alternative approaches to the medical model. His presentation is reprinted in Thomas Bock et al, Abschied von Babylon. Verständigung über Grenzen in der Psychiatrie p. 195-200 (Maths Jespersion, Die Befreiung von der psychiatrischen Diagnostik durch Selbsthilfe). The presentation has been repeated at numerous conferences, even at one organised by the World Psychiatric Association (WPA). These models are in compliance with the thinking of Marius Romme.

Besides him Maths Jespersion also met other psychiatrists like Phil Thomas and Sashi Sashidharan and psychologists like Thomas Bock and Alain Topor, who had developed similar approaches. Maths Jespersion found that these researchers not only had by coincidence developed theories with some common traits, but that behind this you could see a more general framework of thought which constitutes an alternative paradigm to the dominating medical model. He named this paradigm the Human Model, which he in a scheme of dichotomies presented in contrast to the Medical Model. An early version of this scheme was presented at a congress of WPA in Geneva 1998, which is printed in José Guimon and Norman Sartorius (ed.), Manage or Perish? The Challenges of Managed Mental Health in Europe p. 491-495 (Maths Jespersion, Alternatives to Psychiatry and Managed Care). Since then Maths Jespersion has developed this scheme of the paradigm shift, and in 2004 he got some important amendments to it by Marius Romme. Maths Jespersion is also the initiator and founder of three alternative forms of support for psychiatric users and survivors in Sweden, which are well known internationally:

1) The user-run Hotel Magnus Stenbock for former psychiatric patients and homeless people, which has 23 rooms with three star hotel standards. Hotel Magnus Stenbock is well known all over the world through numerous articles in books and magazines in English, German, Dutch, Italian, Norwegian as well as presentations on international conferences, visit reports etc. Some of this articles and reports can be found on the web, for example on <http://www.mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0108/hotel.asp>. Hotel Magnus Stenbock has even been debated in the British Parliament It was the MP and shadow health minister of the conservative party Liam Fox, who, in a long passage in his speech in the parliament, told the other MP's about this unique hotel. See the minutes of the parliament debate at <http://www.publications.parliament.uk/pa/cm200102/cmhansrd/vo020625/debtext/20625-08.htm> Maths Jespersion has also himself written some articles about the user-run hotel in various magazines and books, for example in Kerstin Kempker (Hg.), Flucht in die Wirklichkeit. Das Berliner Weglaufhaus p. 71-76 (Maths Jespersion, Das Hotel Magnus Stenbock. Ein nutzerkontrolliertes Haus in Helsingborg)

2) PO-Skåne - a user-run professional service with Personal Ombudsmen (PO) for psychiatric patients. Maths Jespersion has written a report in English about this for the United Nations in New York. A copy of this report can be found at <http://www.po-skane.org/>

3) The theatre group The Stumpen-ensemble with psychiatric users/survivors, drug addicts and homeless people as actors lead by a professional director, professional scenographers, costume designers, light designers etc. and sometimes with a few professional actors as guests. The theatre group makes almost professional theatre

productions for an ordinary paying audience at ordinary theatres. So far they have made 6 big productions and almost all performances have been totally sold out.

Maths Jespersen has recently, together with two family members, founded a new Swedish network called Demokratisk Psykiatri (Democratic Psychiatry - after the well known Italian movement), but this is still in its initial phase. After many decades as a bachelor Maths Jespersen was in the summer of 2004 married — just three days before his 50th birthday. On 24 August 2005 his daughter Maria was born. He lives now with his wife and daughter in Malmö, the third city in Sweden, situated very close to the Danish capital Copenhagen.

Layikel, Sehnaz

sehnazlayikel@gmail.com

Shehnaz graduated from the university in year 1997 and has been active in several NGOs working on child rights, women's rights since then. She worked in the earthquake region in Turkey between 1999-2001. After then, she became interested in trauma work and participated in the one-year International Trauma Studies Program at New York University. After coming back to Turkey, she went on working actively in NGOs and studied art at Yildiz Technical University. Currently, she is enrolled in the masters program in Clinical Psychology at Istanbul Bilgi University. She has been board member of Association for the Development of Social and Cultural Life (an NGO based in Istanbul specializing in the issue of at-risk youth and implementing support projects throughout Turkey) since 2002.

She is also the Turkish representative of Mental Disability Rights International since 2003 and is currently working actively with advocacy groups in Turkey on the rights of people with mental disabilities. Her areas of interest in psychology include psychoanalytic theory and related psychotherapies, art and its function in recovery, trauma and its relationship with the socio-political environment.

May, Rufus

rufus@rufusmay.freeserve.co.uk

I work as a clinical psychologist in Bradford's adult mental health services. As part of this work I currently facilitate 4 self-help/recovery groups including one hearing voices self help group in Bradford. In my home town of Hebden Bridge I co-chair a public meeting about alternative approaches to emotional distress and madness called Evolving Minds. Each month 25-30 people meet above a pub to discuss social, spiritual as well as personal approaches to mental health healing and recovery. With others I have helped campaign against coercive medical treatment and the lack of holistic approaches in psychiatry. This includes organising demonstrations, marches and publicity stunts in order to get a challenging voice into the media. I write and talk about holistic approaches to dissociated mind states (e.g. hearing voices, unusual beliefs, emotional withdrawal). I currently try to help people with psychotic experiences from a broad range of frameworks including using Mindfulness, Taoist self help books, Voice dialogue, Marxism, recovery stories, herbal medicine, bodywork, self-help group work, peace studies. In the future I would like to (with others) build more places where people can learn about and use non-medical approaches to their recovery from emotional crisis. Some of my writings are available

at the University of Bradford's Centre for Citizenship website, <http://www.brad.ac.uk/acad/health/research/cccmh/index.php>.

I am open about my own psychotic experiences and the unhelpfulness of a medical approach when I was eighteen years of age. I am from London originally (Arsenal - a soccer club- territory), have a long-term partner Rebecca and 2 boys Gregory and Nathan and 11 or 12 stick insects.

McCarthy, John johnfmccarthy90@hotmail.com

John McCarthy married to Liz (still in love, yes with each other) two adult children. Voluntary Pro Cork Advocacy Network we campaign for change in how those of us who live with the "Normality of Madness" are treated. Formally a businessman in Cork threw away the suit and grew a pony tail it is to be recommended. Author of Hope on a Rope poetry ,The Double House a play. Presently working on a book on how the system fails looking for research and some personal experiences if anybody out there has any they might contact me act as a spokesman on various TV and radio programmes. I have had various articles published in the national press RTE our national TV station recently made and aired a documentary on my journey through madness titled Dairy of a Madman to which I have received a very favorable response. I give occasional lectures at university and schools of nursing. I have a Cert in Applied Psychology from UCC.

I speak at various conferences and meetings I will be chairing a conference in West Cork titled You Your Community and mental Health. I would by the way take any opportunity to speak anywhere if anybody out there needs a guest speaker (you see I love doing it). But the main piece of information you need to know is I am WELL, WELL. I wish you all that feeling and assure you it is available. I am also a member of MindFreedom; the Sli Eile Housing Group; and the health Board's Implementation Body on Focusing Minds.

McCarrick, Dawn Dawn.McCarrick@uce.ac.uk

Dawn McCarrick has been Administrative Officer for the Centre for Community Mental Health at University of Central England in Birmingham since April 2004. She undertakes all administrative support alongside significant involvement in all external projects and Soteria Network and overseeing day-to-day management of the Centre. Dawn works with Centre Director, Mervyn Morris, in co-ordinating all events, promotion, training, publications and networking. Recent events organised by Dawn include the lecture by Grace E. Jackson MD (USA) entitled, 'What Doctors May NOT Tell You About Psychiatric Drugs'; lecture and one day workshop on Reality Therapy presented by Robert E. Wubbolding EdD (USA) and John Brickell' and the inaugural Soteria Network Conference entitled 'Alternatives — What Alternatives?'

McGowan, Paddy paddy.mcgowan@virgin.net

McGowan has recovered from Schizophrenia with the support of other survivors. He is one of the founders of the United Kingdom Advocacy Network and participated in the original study (Romme/Escher, 1989) into hearing voices. He set up the first user group in Ireland in 1994. He is a prominent proponent of the recovery model and actively engaged in creating alternatives to the Network. Mc Gowan has served on the National Disability Association's Ad Hoc Focus Group on Mental Health as well the National Board of Mental Health Ireland. He has also been appointed to serve on the Western Health and Social Services Council by the Minister for Health in Northern Ireland and is a member of the Expert Group on Mental Health Policy in the Republic of Ireland. He also lectures on mental health matters in Dublin City University and has been involved in developing peer advocacy training to an accredited level. McGowan has also developed and delivered staff awareness training in user empowerment and is founding member of the Institute for Mental Health Recovery. He has presented at conferences both locally, nationally and internationally.

Millar, Tracy

Tracy_Millar@dltrust.n-i.nhs.uk

I have been working as a Clinical Psychologist with people who have experienced or are experiencing distress for the past nine years. I worked in London for 8 years and more recently returned to my home in Belfast to continue working within a Community Mental Health Team. I have worked alongside the Hearing Voices Network for four years and have been trying to establish a Critical Mental Health Forum in Belfast.

Redler, Leon

leonredler@blueyonder.co.uk

Following medical qualification and post-graduate training in pediatrics and psychiatry in New York, Leon came to London in 1965 as a student/ apprentice of R.D. Laing and the Philadelphia Association, living and working with people in extreme of mental distress in non-psychiatric settings. A practicing psychotherapist, he is also a practitioner of Alexander Technique, Hatha Yoga and Zen. He is a past chairman of the Philadelphia Association and of its psychotherapy training faculty. His therapy practice and The Mediation Partnership he co-directs are based at the Diorama Center for Art, Therapy and Technology in London. Published work includes articles on Laing, Levinas and Buddhist teachings and practice. He is married and has three daughters.

Porter, Sarah

sarahp@wellink.org.nz

Born 1967 in Upper Hutt New Zealand, (1976 commenced on tricyclic anti depressant, hospitalized in 1978 due to repeated suicide attempts) Suffered from stigma, discrimination and isolation from family friends and schoolmates. Consequently Sarah has almost 30 years experience of recovery. Sarah has worked the community mental health sector since 1992 and worked in identified consumer roles since 1997. Experienced advocate, administrator, manager, and most recently employed as peer development specialist for Wellink Trust recovery focused mental health services. Politically active, involved with a number of advisory groups, reference groups and committees including currently working on an expert committee tasked with reviewing New Zealand's National Mental Health Sector Standards.

Member of a reference group for the "Like Minds Like Mine", a national campaign aimed at reducing stigma and discrimination in Mental Health. Active member of a local network called the "Improved Services Working Group". Involved in advisory roles with the planning and funding of mental health services locally, Sarah has stood for election to both the local district health board and central government.

Wellink Peer Development Specialist — current employment peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. Peer support is about understanding another's situation empathically through shared experience of emotional and psychological pain (Mead 2001). Peer support can offer a culture of health and ability as opposed to a culture of "illness" and disability (Curtis 1999) The expectation is that this role will function in a manner that will enhance self advocacy for Wellink Trust service users, and will develop a culture of service provision that encourages and facilitates social inclusion and citizenship for people using our services.

The Future:

My life's work is to promote the idea that distress is a normal (albeit painful) part of the human condition and is a transitory process rather than a debilitating disease. I intend to be actively involved in redefining what is commonly understood about mental health and mental illness and in turn what interventions are regarded as therapeutic.

Sartori, Gisela

kookatsoon@shaw.ca

Gisela Sartori is the founder and long-time coordinator of the Second Opinion Society (SOS), a grassroots community organization offering non-medical alternatives to psychiatry. Gisela is originally from Germany, has a Masters degree in community psychology, and is a psychiatric survivor herself. She is the author of *Toward Empathy*, a training manual for women's shelters and transition homes, on how to work with and offer equal access to psychiatricized women.

SOS is located in Whitehorse, Yukon, in the far north-western corner of Canada. We are in the unique position of being the only community- based mental health initiative in an area that's the size of Germany, yet is occupied by only thirty-thousand people; twenty-five percent of them are of First Nations ancestry. Over the years, we have developed SOS into a dynamic, innovative model, speaking out against abuses in the mental health system. Offering a viable alternative for people who have had negative experiences with the traditional approaches, we run a drop-in and resource centre, where people can access a wide range of healing options and become part of a supportive community. As well, we offer systemic and individual advocacy, public education, rights protection, crisis support, outdoor recreation and opportunities for self-development. We see community at the core of "treatment", and believe firmly in the healing power of human connection. Encouraging each other to move out of our stuck places, and working together to make our community a more supportive place to live is at the core of everything we do.

In the last two and a half years Gisela has done extensive training in family reconstruction, body-mind approaches and group processes, to be better able to support people in deepening their relationships to themselves and others.

Schreiber, Judy

Mosher_Schreiber@yahoo.com

While I am a professional in my own right, I am Loren Mosher's widow. I had worked at the National Institute of Mental Health Schizophrenia Unit for 28 years. When we moved to San Diego I became an Adjunct faculty at San Diego State University where I taught a seminar entitled "Working with The Persistently Mentally Ill" to Master' Degree Social Work Students. I also held seminars for those students who were in mental health internships. For four years I did in home psychotherapy for those people who were unable or unwilling to leave their homes. Currently I am a vocational counselor to veterans who have either retired from the military or returned from the war. I am also a consultant to an NIMH grant.

Stastny, Peter

pestastny@yahoo.com

Peter Stastny received his medical degree from the University of Vienna and completed a psychiatric residency at the Albert Einstein College of Medicine in the Bronx. Since then, Peter has conducted research on the effects of long-term institutionalization, family influence, peer support, self-help and advance directives. He has been a consultant and founding member of several user-run organizations, and has provided advocacy and expert testimony in many cases dealing with psychiatric malpractice and forced treatment. Peter is also documentary film-maker and author of many scholarly and literary articles. He served on the Board of Windhorse Associates and the National Associations of Rights, Protection and Advocacy and is Associate Professor of Psychiatry at the Albert Einstein College of Medicine in the Bronx, New York.

Stevenson, Chris

chris.stevenson@dcu.ie

Chris Stevenson (RMN, BA(Hons), MSc, PhD) was appointed to DCU as first chair in mental health nursing in Ireland in June 2005 and took over as Director of Research at the School of Nursing in DCU in August 2005. Prior to this, she was a reader in nursing at University of Teesside, and Deputy Director of the Teesside Centre for Rehabilitation Sciences (TCRS), having previously held a clinical lectureship at University of Newcastle for seven years where she worked closely with Professor Phil Barker. Chris trained as a psychiatric nurse before completing a BA (Hons) in psychology and sociology at University of Sunderland (polytechnic). She returned to practice, and for the majority of her clinical career was a community psychiatric nurse and facilitator of community mental health teams, specialising in working with families. During this time, Chris studied for a MSc in Health and Social Research at University of Northumbria. Her interest in family therapy was continued in her master's thesis and in her following PhD work. Up until 2004, Chris was a member of a family team working with people in eating distress. Chris has an established research programme in psychological recovery within which 3 themes are embedded: Meaningful care for people in mental health distress, including suicidality;

Developing and evaluating models of empowering practice; Methodological advances in recovery research. She also researches in the area of service user involvement, and has recently completed a project for the National Disability Authority, Ireland which involved producing a 'Good Practice Guide' for working in partnership with people who have experience of mental health difficulties.

Chris's research embodies her commitment to developing approaches to working with people in psychological distress that place the person as the expert in relation to her/his own care. She contributed research evidence underpinning the Tidal Model of psychiatric and mental health nursing developed by Phil Barker in 2000. Her publications in this area include papers concerning implementing and evaluating care focusing on the interpersonal relationship dimension, and a book 'Patient and Person: Empowering Interpersonal Relationships in Nursing' published in 2004. Chris has a long-standing interest in philosophy of science, traceable in publications from 1996 to the present. In particular, she has explored how post-modern/social constructionist ideas have currency for mental health research and practice.

Thomas, Philip

p.thomas@bradford.ac.uk

Philip Thomas is a Senior Research Fellow in the Centre for Citizenship and Community Mental Health (<http://www.brad.ac.uk/acad/health/research/cccmh/index.php>) in the School of Health Studies, University of Bradford. He read Medicine at Manchester University and completed his psychiatric training in Edinburgh where he obtained his MPhil. He gained his doctorate in 1999. He worked as a full time consultant psychiatrist for over twenty years in Manchester, Wales and Bradford, before leaving psychiatry and medicine to focus on writing, academic work and community development. He is Chair of *Sharing Voices Bradford*, a nationally acclaimed community development project working with Bradford's culturally diverse communities. He is involved in a number of participatory research studies involving experts by experience and community groups. His academic interests include critical social and cultural psychiatry, hermeneutics and phenomenology. He is also interested in narrative and the problems of representation in medicine and literature. He has developed alliances with survivors of psychiatry and service users, locally, nationally and internationally, and is well known for the column he wrote with his colleague Pat Bracken in *Open Mind* magazine, called *Postpsychiatry*. He is a founder member and co-chair of the Critical Psychiatry Network in Britain. He has published over 150 papers and articles, mainly in peer reviewed, but also in popular, journals. Free Association Books published his first book, *Dialectics of Schizophrenia*, in 1997. His second book *Voices of Reason, Voices of Insanity* co-authored with Ivan Leudar was published by Brunner-Routledge in April 2000. Oxford University Press published his third book, *Postpsychiatry*, written with Pat Bracken, in December 2005. He is currently working on a collection of short stories about madness and medicine. He is married to Stella, has two grown up children, four cats (who are his keepers and spiritual guides) and a dog called Rosie whose cultural origins are in Northumberland.

Thompson, Annathompson23@hotmail.com

Ann Thompson lives in Toronto, Ontario, Canada and is a "survivor/provider" trained in critical social work, who is exploring the application of recovery principles in programs/organizations supporting consumer/survivors and family members. She is a trained Wellness Recovery Action Plan (WRAP) and peer support facilitator and has worked with Karyn Baker to adapt the WRAP framework to a family setting. Together they have integrated mental health recovery principles within a family psychoeducation series. Ann is also currently pursuing a research project that hopefully will explore mental health recovery and its applications within the ageing population. She has finished teaching an elective course- Critical Perspectives on Mental Health: An Introduction to Mental Health Recovery- in the York University MSW program.

Warner, Richarddrdickwarner@aol.com

Richard Warner is a British community and social psychiatrist. Since 1976, he has been the Medical Director of the Mental Health Center of Boulder County, Colorado, a community agency serving a population of nearly 300,000, where he has helped develop a community support system for adult patients that includes a domestic-style hospital alternative for acutely ill patients, a range of residential options, assertive community treatment teams, a jail diversion programme, a psychosocial clubhouse, supported employment, and consumer-employing social firms. The centre also operates a broad array of intensive treatment services for children and adolescents, many of which are collaborative, multi-agency projects. Dr Warner is the author of *Recovery from Schizophrenia* (Brunner-Routledge, 2004), *The Environment of Schizophrenia* (Brunner-Routledge, 2000) and numerous other publications on the community treatment and epidemiology of schizophrenia. Much of his research has focused on economic and social factors that impact the course of mental illness.

White, Greggregorywhite@eircom.net

Greg White (64) married to Jen, is an Irish born practising psychotherapist who spent most of his adult life in Southern Africa. Interest in psychosocial and human rights issues touching on so called mentally ill started after finishing my training in 1995 in Dublin, where I was involved with drafting Irish Council of Civil Liberties response to Governments plans to changing the Mental Health Act. Since then, I have found myself on the fringe of the therapeutic establishment since it seems most of my profession are unwilling or unable to publicly out the relative effect of 'normality' on madness. Presently he is compiling a manuscript for publication which examines this problem in depth and offers solutions for the future.

Zinman, SallySzinman@aol.com

Sally Zinman is the Executive Director of the California Network of Mental Health Clients (CNMHC), the state-wide client advocacy organization in California, which she along with twenty other clients, founded twenty years ago. Sally has been active

in the mental patient rights movement for almost 30 years. Sally's commitment to the rights of people with mental disabilities came from her own horrendous experience in the mental health system. She has dedicated her life to insure that what happened to her as a person labeled "mentally ill" would not happen to other people. She has spent the time since her own incarceration working for the self-determination and freedom of choice of others who followed her.

In 1977, she founded a client-run organization called the Mental Patients' Rights Association in West Palm Beach, Florida. This organization developed a small unfunded all-volunteer client-run community center and shared living space. These were to become one of the first client-run drop-in centers and supportive housing projects in the country. After moving to Berkeley, in 1985 she helped found the Coalition for Alternatives in Mental Health, known as the Berkeley Drop-In Center, one of the first funded self-help agencies in the country.

In 1986, Sally co-edited and wrote articles for *Reaching Across: Mental Health Clients Helping Each Other*, and, in 1994, *Reaching Across II: Maintaining Our Roots/ The Challenge of Growth*. Both books have been used by mental health clients and professionals throughout the country as a manual for understanding and starting self-help programs. Sally is a workshop presenter, keynote speaker and consultant on public policy and self-help issues throughout the country.