

Short Paper

Anti-psychiatry

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Far from being alienated by capitalism disabled people do not do too badly out of the system and when properly financed can feel very much empowered which helps with any low mood service users might be experiencing.

The same system that stigmatises finances and runs the mental health system. Foucault thought that this just a system of care was just one of control including what I am about to say but for many patients and professionals working in the mental health system the care provided is gratefully received.

To begin to understand the political value of the mental health system and also of psychiatry we have to establish if it meets the needs and requirements of the people who live within it.

To gauge this we must begin by looking at what these needs are and these are best outlined by Abraham Maslow hierarchy of needs. The question then becomes how far are these needs actually being met.

1. Hospitals

What is provided here of how that care is experienced we emotionally and is warm friendly compassionate and soothing and from a families point of view is loving plus a partners help is tender too...

The care I have received displayed compassionate and I felt warm and connected to the people I have met in the mental health system and I found talking things over has meant that there are people who genuineing care about the suffering the illness can inflict.

You can come to realise through the conversational experience in hospital with the eye contact and caring tone of voice. The staff are pleased to see you and have an ethos that they really want the best for you.

They are able to empathise with what you are going to and from there to sympathise with an emotional tone of voice you get the idea that they are there to look after you.

The realisation is that people have got an illness and like a physical illness this needs to be treated because the medical profession are sensitive to the suffering and are motivated to do something about it.

This attitude reflects an enlightened and humane response to suffering which is part of the ethos of the doctors... The point is to cure it not control it and society put in lot of resources to do this.

Gradually with the system you begin to feel better and the feelings of confinement begin to lessen as your health improves.

Much depends on understanding how the various parts of the mental health can aid recovery and how valuable the help is from a patients point of view.

We can lead a worthwhile life being ill within the confines of the mental health system even though many normal social options like work may not be available...

I think the mental health system can help though this is not true for everyone and there are still some problems with it...

It is necessary to understand things from the point of view of the people who work in mental health and the professionalism of the doctors, nurses and to get the idea that with all that training experience and knowledge is all designed for helping people. There are the caring professions and like a physical illness they are there to nurse you.

In particular you get a named nurse assigned to you individually and provides tailor made care for specific symptoms. The longer you in for the better they will get to know you and this becomes a very therapeutic relationship.

The most stark example of the effective research that goes in to psychiatry is that they came up with the drug clozapine which cured many people for which they are very indebted to the help provided.

Families in particular are indebted to the doctor as someone they love is being cared for so that they don't pose a danger to themselves or else that their suffering might end.

One feature of the anti-psychiatry movement was it was confining people but with care in the community this problem has been greatly reformed. We must know whether it still feels like this and what can be done about it?

There is quite a list here if you piece everything together including more modern buildings, better food, cafes and coffee shops, interesting activities to do, separate bedroom overlooking the surrounding countryside and single sex wards.

The problem is there is still an equally long list of problems like losing your house during a lengthy admission of more than a year, reduced financial support when you need to pamper yourself, living in an institution and a lack of social contact for emotional support.

So is hospital still a form of confinement? I think it depends for how long you are in for and thankfully nowadays long admissions are much rarer and there are no long stay hospital more.

Coercive role of being sectioned and detained when you don't want to be is professional and emotional problem for people working in mental health but it must be remember how this can help people. All this can be accepted once we start to benefit from the mental health system and remember a third of people get cured.

However if you need to be hospital if you need be there and they won't let you out. That shows the medical profession to being coercive even though they are doing this with your best interests in mind. There are strong moral restrictions in their minds if you might be a danger to yourself.

However there is another way of looking at the care provided in that it is going to satisfy you hierarchy of needs and the role of compassion if the key here and can change confinement into care at each level of the tree.

Compassion can soothe the fear and anxiety inflicted by both paranoia and the voices. That gives us the strength to look after ourselves and connects us to other people, patients and staff so instead of having low mood we can begin to cheer up.

The compassion is instrumental in other ways. Being in a hospital allows for some of you basic needs to be met like food and shelter. And some of the antipsychotics have sedatives that make you sleep but what they cannot do is make you eat.

Fear can cause you to lose your appetite and you rapidly lose too much weight and be emaciated. But with compassion you can soothe the fear and eating sleeping and other things like keeping clean become much more possible.

It also allows connection to other people but if they are drugged or living in a world of symptoms where you are always lost in your delusional thoughts it maybe people are not aware of their social environment. Again this may be worsened if the staff just sit back and observe.

At the same level of esteem the compassion can soothe the painful emotional impact of hearing voices and stop them making you feel suicidal though this should be reinforced by positive reinforcement from the nurses. Again without proper staff patient contact this is a problem.

Role of compassion means the time you spend in hospital will be limited so it will not be that you are afraid you will never get out...which is a very threatening thought.

In hospital the place may feel like an institution but with proper emotional support and a short admission you will come to associate the place not as a refuge but as a prison.

In sum sometimes mental health services are stretched to the limit and staff levels are often leaving people on their own. That leaves everything down to drugs which are not always effective.

2. Day Centres

Once you are discharged you are not just dumped in the wider society and left to survive on your own with stigma and anomie yet the whole process can be very frightening and stressful so you need compassion to get you through.

After admission you may have lost any good things in life including your home, your job and your relationship and it is necessary to leave all that behind you and start again.

Losing family is emotionally traumatic, moving house is one of the most stressful things you can do and losing your job deprives you of a sense of purpose. Compassion is not the only answer to this and the mental health system has to provide both care and support again.

Further living on benefits has impoverished many people compared to what they were used to before hospital and their housing may have gone down market. It means finding other things to do that are more emotionally fulfilling and intellectually interesting.

Stuff to make your brain work instead of just vegetating. With this emphasis on education which was my first love and not having to work was rather like going back to university and so got to love this aspect of the mental health system This can be stimulating and creates an interest in something in life.

Having an affordable holiday is equally important and our day centre at for mental health patients Waddinton Street has a minibus and a caravan to go to lovely relaxing places like to the coast...

Broadgate farm was an interesting idea as it gets you back to nature and is a little oasis of calm and again is something very relaxing.

Day centres can help cement relations between people just out of hospital and the whole thing can be a bit daunting there are support workers who can help integrate things socially and you eventually become part of a long standing community.

This aspect can be a life line at first if you are living on your own out in the community but as the people you get to know move on that long standing group maybe absent and the experience of some anomie may return.

That can create problems with emotional isolation and low mood and may need an anti-depressant to cure it but could end up being on your own too long with the symptoms. More support like moving into sheltered housing could be the answer here though moving house is one of the most stressful things can happen in life. It is to this we will now turn.

3. Sheltered Accommodation

Sheltered accommodation should be a safe place to live so that we can actually live in our safe place but it can also be a torture chamber when it doesn't feel like home.

The point is to try and enjoy life with a mental illness and making friends in a project can bring happy memories of living there and so you settle in and again this relies on making friends so the place become a safe refuge we regard as home.

This is not always possible if you don't gel with the other people and you end up living with a groups of strangers that you don't have anything in common with. Variety of people can be interesting or leave you on your own where you live.

That leaves mixing with the staff at the project but they are often involved with office work but still find time to talk you. Time is of the essence here and it may often not be long enough to meet the social needs of service users.

Also in a project you may not have a group of people who are in conflict with each other and are even less compatible and this puts the emphasis on staff contact. Again this can be difficult because sometimes the staff are working full time in the office and are not available.

Compared to the staff it was more possible to have friends in the project and with all that close proximity we got to know each other well. We knew each other.

Though I also regarded staff as friends too though this was not necessary as sometimes they put up barrier in professional relationship.

Living in a shared corridor we could all keep our doors open and wander in and out of each others rooms which created a lovely atmosphere and mad the place very therapeutic.

With friends around you like that the project was very relaxing and there were times in between the ill phases to enjoy live together.

We could act as a source of strength for each other getting out and about which again was good therapy during well phases.

Without friends which is the case for some people you have to get out and about on your own which doesn't work. That means sitting round the house all day which concentrates you mind on the voices and makes you ill.

And allowed us to share with each other some enjoyable activities and even going on holiday, eating out and shopping. I began to feel pleasure with this in that I wasn't on my own trying to live life normally.

There is a range of social contact within a shelters housing project from complete isolation to a collective. The spectrum means vary between just knowing one person to knowing a few or a larger group.

Generally speaking the more you know the better so having a few more people round is more social while knowing a large group has a bigger community feel.

Some graphic examples are apposite to explaining how this works in that we can all get together in the lounge and order food with some alcoholic drinks and is very much like having a party. The more the merrier and is a lovely experience.

Knowing a lot of people you like you just for being yourself like this is not only a powerful emotional force but good for your self-esteem and may give you the courage just to be yourself. Sheltered housing ends up being somewhere where you can just be yourself.

Before all this can begin in that being sheltered was just that and was a refuge from the big bad world and the stigma and satisfied my safety needs. There was help and practice going out to do your shopping for example in that they would come with you.

Many people are frightened to go out in case you run off with anxiety or that they neighbours are spying on them but with staff support they can come with you so you can rely on them not to run. Eventually this leads to doing it on your own.

Another benefit of a project is that it can with increasing levels of trust means that you don't think I ended up feeling like being at home living there and as with malsow I got a sense of belonging. I had happy memories of the project even though I was uprooted when I first go there.

I ended up feeling like being at home living there and as with malsow I got a sense of belonging. I had happy memories of the project even though I was uprooted when I first go there insight into this can help here too.

In addition to making new friends this can be made even better with the staff around and the original point of this was to provide emotional support for people with mental health problems and to do this they were very good at motivating you through conversation.

I feel privileged to have met the staff who were very interesting and intelligent people and I got to know them very well over the years and enjoyed their company when out and about, particularly when they took all out on holiday...

Like day centres it provides an opportunity to meet new people including both staff and service and living in an mental health projects and I met some really interesting ones from walks of life I would never have come across if I had not been part of the mental health system.

The staff at the project were lovely people with good social skills and having a chat with them can really cheer you up and not surrounded by illness all the time. Being new to a project you they can break you in and are a lifeline until you make friends.

4. Independent Living

The problem with sheltered accommodation is that it is new form of institutionalisation and make you dependant on other people. It is better to stand on your own two feet but with a mental illness this is difficult proposition.

I learned to rely on them for motivation for cooking and cleaning and with support I learned the skills independently and eventually was moved on there was no relapse with my level one needs and now they are introducing life style coaches to help with this further.

But living at the project where you are under supervision was nothing like the confinement of being in hospital and I enjoyed the time I spent there. All the same there was no choice but to live there so it some ways it duplicated some restrictions in life.

Unlike a day centre it was a 24/7 environment was got very emotionally motivated that all this full time social contact was better for getting to know the other people better and deepen friendship and was better for forming an organic community over time...

All this has been instrumental for independent living where you go form a full time staff working office hours as you carry on with these friendships and having a chat at the difficult times and talking things over means a friendship works just as well as staff member can do.

Family has also helped me with independent living and kept me motivated to cook and clean which has been important since not having people around to motivate my life I find I lack the strength to satisfy level one needs. This has never got any easier in the five years since I moved on.

Living at the project was like a hall of residence which works in a very similar way socially but can cause problems if you don't get on with someone socially.

The other side of all the contact at day centres is that for some people they don't work socially and can be left on their own. They may feel very deprived socially and emotionally isolated especially when they cannot access sheltered accommodation and have to live independently.

All of this staff and group contact and the lack of contact are important for meeting our emotional needs on maslows pyramid and that's means the burden of emotional support on families who maybe too busy to provide it.

Lack of social contact means there is nothing to soothe the fear and so the symptoms may get worse and I feel the system of community care doesn't always work.

It maybe some projects are designed so that each person has there own house all on the same estate with a core house when it is needed. That can relax the stresses of group living and give you more independence than a collective house but that tends to operate the way a day centre and can leave you on your own.

Even with the loss of family and friends through the illness it is still possible to meet someone and get married and again that allows for a source of strength for reach over and living independently. It can also make up for lack of money and employment.

Lack of work is important but you can volunteer. The point here is to be hopeful so that like John Nash even with severe symptoms there is still the chance of finding a job and doing something useful.

The money we get allows us to further develop friendships so that we can get and about and even abroad and doing things together has been very important. We can rely on each other to phone the emergency line if anything went wrong which is important to making this possible.

5. Conclusion

Life within the mental health system can be difficult but with the right support it is liveable though some people have the opposite experience. Once you have made some new friends and have benefits in place you can get out and about and enjoy life quite anonymously and free from stigma.

Mainly most of our needs as outlined by Maslow are being met and that is therapeutic despite what the anti-psychiatry thinks that we are being alienated by capitalism. Though as we noted this does not always happen.

There should also be more opportunities for employment which had been suggested in the United Kingdom at one point this was going to be introduced. The issue here concerns the material deprivations of the mental health system and society needs to reform stigma here through education.

Finally However more things need to be done to make the system more therapeutic. These include that there should be more staff on mental health wards to engage and motivate the patients; places in group living may need to be expanded as often people in the mental health system are isolated plus there should be no professional barriers to people caring for more mental health patients.