

Crazy Utopia &

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By Berlin Runaway House

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the Dream it Should Be

In the upper north of Berlin one finds the so-called garden city Frohnau. Here the rich and prosperous of Germany's capital can be found; it is a community that would personify perfection if it were solely up to its residents. Enter 1996: One ugly duckling sees the light of day right in between the villas; the Weglaufhaus (Runaway House) is erected to fight against psychiatric conventions in mental health and help those that are labelled 'mentally ill'. Not only this borough, also the city of Berlin and the German government had to stretch their minds beyond their limits to understand and approve of the concept, something that only partially has happened since its induction. The question on the mind of many involved: Does the concept actually work and provide a good, or even better, alternative? A closer look at the facility and its roots in anti-psychiatry through a consideration of the impact it had on one individual.

The Weglaufhaus 'Villa Stöckle' ('Runaway House') is an anti-psychiatric psycho-social crisis intervention facility. It stood and still stands, together with its founding association, on the frontiers to fight for humanizing help in the mental health field.

The *Verein zum Schutz von psychiatrischer Gewalt e.V.* (Association for Protection against Psychiatric Violence) was set up in the late 80's and rose from a desire to set up a crisis facility that would work using an anti-psychiatric approach, inspired by but not completely alike its Dutch counterparts (Wegloophuizen). Nowadays the association may very well be the most visible anti-psychiatric collective in Germany, the Weglaufhaus being unique within its country borders and far abroad.

The association that founded, and is responsible for, the house is part of the *International Network of Users and Survivors of Psychiatry* and developed the Weglaufhaus, along with other initiatives, to raise awareness about and change the current situation in professional mental healthcare, a situation they wish to put into question. Besides this, the Weglaufhaus' main function is to provide support, safety and shelter for people 'wounded by society and psychiatry'. Here a person can pick up and gather the pieces of their often scattered life and build on a new solid foundation for their self-chosen future, that is, when all third parties necessarily involved pull together on this.

The Weglaufhaus may sound like an utopia for the so-called mad, however it far from aligns with conventions in mental healthcare.

Is this standout organisation a success? After all, it has a relatively long history and accommodated hundreds of people. Or is it a failure? Up to this day it still fights for its existence and only gets partially accepted as a facility that gets things right. A question impossible to ask separately is why the standard approach to psychiatry prevails in the view of many and what function it actually has in society. Or perhaps better questions would be: Does psychiatry live up to its claims? and; Is there sense in, and to, anti-psychiatry?

Opposed to the Conventions

The word 'anti' indicates a viewpoint opposed a mostly socially accepted structure, in the case of anti-psychiatry mental healthcare in general and (civilian) psychiatry¹ in particular. Mental healthcare differs from country to country and therefore it is difficult to take one stance on it from a global perspective. Besides, from individual to individual working in the field the approach may be light years apart. Common ground, however, seems to be the claim that mental healthcare gives support structures to individuals to gain or regain autonomous fulfilling lives or necessitate and facilitate structures for people unable of living autonomously.

The anti-psychiatry movement holds the opinion that psychiatry (most often) does not fulfil this goal and possibly even takes away this opportunity from individuals eventually causing them more harm.

An often used argument in favour of psychiatry is that psychiatric patients are unable to decide themselves what is best in their situation. A fundamental difference in viewpoints may be found here. The anti-psychiatry movement generally acknowledges mental distress and the positive of learning to solve or to deal with matters. Though it also acknowledges certain 'socially unacceptable' behaviour as not unacceptable at all, claiming that when people themselves are not finding trouble because of it there is no reason for treatment. Most importantly though, the movement considers humans, no matter in which state they are, as autonomous beings who can only decide themselves what is right for their unique situation, given they are not forming a real danger towards others.

Another fundamental difference is the view on emotions and behaviour. Psychiatry often attributes both to the individual as a reaction to their inner- world while anti-psychiatry mostly considers it a reaction to the surroundings of that individual. Some parts of the movement uphold the claim that what we call civilisation is so distorted and without respect for individual needs that 'insanity is the only sane reaction to an insane society.'²

In modern Western society we face a lot of expectations. As early as in pre-school we are already judged on grades, performance and behaviour. Qualifications, resulting out of so-called 'formal education', determine in large what chances others will give us. Through media, advertising and peer- pressure another focus lies on appearance, wealth, well-being

and ownership. The status one gains seems to be what matters but the stakes are very high if not impossible to reach. We constantly have to be more than our best. We face a desire to be an Übermensch who seemingly is in love with capitalism. The question if this is realistic is necessary to ask but seems to be perpetually ignored by set up as being those able to truly influence this process.

To its critics, psychiatry is there to make people function within a society or when deemed impossible eliminates people out of society with long-term or permanent placement in psychiatric wards and similar facilities. Anti-psychiatry claims to work towards the individual and support them in the creation, or re-creation, a life suitable for them, something where the individual has to decide themselves of what that life will be.

Mensch and his adventure

I do not consider myself an Übermensch, but neither anything less than any other. I have known wealth and poverty. I have had great places to live only to then become homeless. I received respect for my unconventional persona and have been attacked because of it. I have felt well and functioned in society and have had severe mental breakdowns kicking me all the way down and out of social structures. Shortly after my previous breakdown, with a serious suicide attempt, I had lost everything and decided to finally follow my heart as there truly was nothing to lose anymore. My heart led me over the border and about 600 kilometres eastwards; I landed in Berlin, the city that had devoured me for quite a few years already.

The start was far from easy but within 3 months I had found new employment, local friends and a place to stay. It was not all perfect yet, but slowly I was on my way and had created a stable situation. I honestly thought that situation was making me happy. Quite quickly though, about 3 months later again, life turned around. Both mental and physical distress landed me in a crisis I had not seen coming and caused me to lose my employment. Struggles with my new friends did not make things easier and not knowing where to go in a foreign country I quickly found myself alone on the streets with nothing but my suitcase. It was similar to when I arrived, however this time I had no money to survive for a while and, possibly more important, no dreams and aspirations left to keep me going.

Ready to dive of the cliffs of what Berlin had come to seem to me, I looked myself truly in the eye. It made me realise that if it all had to end now, this could not be the way. There had to be something that could be done. An hour later I checked into the hospital where I was brought in after a very public dramatic fainting, only 2 months earlier – in effect the actual beginning of my crisis. As my body was very weak, I had incidentally fainted again earlier that day, they took me in to run several tests. There were no clear results but my physical condition had improved over the following four days. However, my mental state was not something they could address as they lacked the right clinic and I was brought to the psychiatric wing of another hospital on the Friday.

It was here where I got acquainted with German psychiatry. I arrived on a Friday afternoon and was given neither introductions nor explanations. It would take till after the weekend to get any information or even just a talk. As it was a closed facility, which I had never at any time agreed to but just found myself catapulted, I had to fill the days wandering through the one hall of a place so hostile that if you weren't crazy before arriving you would certainly be after.

I was in a really bad state and knew that if I were to survive this I needed help. The doctors here refused to give it; knowingly evoking the suicidal spark in me, one of the reasons I landed there in the first place. They were deliberately ignoring their ethical code, something I had to tell them only to hear it denied. I was informed that they could not help me and that nothing practical could be arranged, even while I was accepted as a patient by those very same people only a few days before. On a cold winter evening I was kicked out, standing with nothing but the suitcase and an information handout of a crisis intervention hotline (Berliner Krisendienst).

Several cold hours later luck, and some help of the hotline, landed me in the Weglaufhaus and anti-psychiatry, until then an alien concept to me, would be introduced into my life.

Opposed to the hospital wing with the infamous Kirkbride green³ that I had just left I found myself entering a centenary villa. Originally designed by Max Scheiding for a private family; its original function gives the building a genuine and intimate atmosphere, despite its size.

The herd and the Alternative

As much as I had hesitated ringing the doorbell, not willing to believe a building like this could be what it actually was (and, indeed, still is), so much the welcome I received into the house. The two staff members working that evening I could only identify after they told me they were employees, no white coats or nametags were to be seen. When it comes to the apparel and general appearance of the entire team one can easily get confused as to who's working and who's resident in the house. For me this gave an immediate charm to the place. It felt you were on an equal level with the staff, which further got enhanced by the fact that everybody goes by their first name, something rather uncommon for non-familiar atmospheres in Germany. At least 50% of the staff is an ex-user of psychiatry themselves, giving space for mutual understanding.

That night, lying in my new room complemented by windows without bars, I rethought the introduction meeting I had just gone through. Besides getting to know each other and the obligatory paperwork we also spoke about my expectations regarding my stay and my future. I told them I really wanted to know what was going on with me, to receive a label, as it would allow me to attack the 'illness' and live happily ever after.

In reply they said that they did not believe in diagnoses: they put forward the suggestion, novel and confusing for one of my history, that that desire for a 'label' might even be counterproductive in that it could be seen as an easy way to set aside my responsibility in the whole thing. Confusion galore.

I was too tired to ask for clarification at that moment and didn't care much as I just wanted to sleep, exhausted as I was. Maybe I had just understood it wrong.

Not so, I would find out the next morning. One of the two main contentions of anti-psychiatry is that 'the specific definitions of, or criteria for, hundreds of current psychiatric diagnoses or disorders are vague and arbitrary, leaving too much room for opinions and interpretations to meet basic scientific standards.'⁴ The other contention calls 'prevailing psychiatric treatments are ultimately far more damaging than helpful to patients.'⁵

I had never considered psychiatry something evil. I had always thought being diagnosed, thus understanding what was going wrong with you, would help to get things in line again. I had thought the mental health system was there to focus on its users and their desires. Both times that I stayed in a psychiatric facility were more or less voluntarily, as was most of the help I have received in my life. Now I found myself in a place where this was not only discarded but also heavily questioned. Curious as I am I had to explore. Also, I had to admit that previous help had not produced long lasting positive change. I had not yet questioned though if this, in part, may have had to do with the kind of help I had been receiving until I was presented an alternative.

Was I really a naïve part of that herd that is humanity, always having gone for the commonly accepted and respected support options without considering whether that was truly what I needed? Were there other options?

Now I think yes, I was that naïve, even while considering myself a critical person of society and its structures. The few alternatives that I had come across, on being deemed too controversial, or possibly counter-effective, would result in my automatic or eventual discarding of them.

I had before remained in the generally accepted and acknowledged side of the mental health field. And in a way I can count myself lucky. I had never been exposed to medication or any other form of heavily enforced treatment. I have never been restrained (which is rather common in Germany) or chained to a tree (which happens for example in Ghana).

Nevertheless, my privacy had been stripped away, my needs and desires had been ignored, a door had been locked tight. If I consider how much that experience of those few days had damaged me, I can only barely imagine what longer and more forceful treatment can do to others.

The experiences several other (ex-)users have told me about are for them, and for anyone with a beating heart, nothing but pure horror. Instead of learning to deal with their trauma they got a truckload of trauma on top of it.

While I realise an opinion gets coloured by the stories one hears, it seems to be the rule rather than the exception. I will not deny psychiatric treatment may be of benefit to some, but I can say many people leave those wards heavily damaged and in worse a state than when they arrived. No matter the reason why this occurs, it does imply that in some way the mental health field does not function well for everyone, despite claims supporting the opposite.

Stigma Aside

You can twist and turn and try to make it shiny, but most forms of (institutional) psychiatry have a pressure element within them and work via prescribed methods and diagnoses. Medication that, at least temporarily, alters how the brain works is more often than not part of the process. The individuality of a person within this construct can only be partially respected, even when there are professional desires to do it differently.

Time pressure, efficiency needs and often also a simple lack of sincere interest degrades people to their so-called illness. Often one can not completely decide one's own destiny anymore and enrolls in a treatment procedure not cut to the individual desires and needs. Systems with points for behaviour, which can be added and subtracted, are not uncommon and are used as a punishment; even the bonus points only give access to matters that should be normal for anyone, such as taking a walk outside or watching a movie. 'No one shall be subjected to torture or to cruel inhuman degrading treatment or punishment'⁶ is a sentence that does not hold value anymore once you are behind the closed doors of many a facility.

In the end, getting kicked out of psychiatry, the place where I thought I could receive help, was the best thing that could have happened to me. It forced me to either die or look for an alternative. Still alive, I found the alternative in the Weglaufhaus. I cannot claim their vision and methods work for everyone, but those who are willing to take the responsibility for their own life and actively work on it can achieve much. Many a story that was deemed to be a dead-end changed with the help of the Weglaufhaus and a turn-off at the crossroads was taken; the basis simply being respect for the individual and a focus on their possibilities. The concept of mental illness is discarded, while acknowledging the importance of receiving proper help to get a life moving forward again.

This is the dream it should be. Everyone can achieve a safe landing in a crisis, almost shockingly easy it can be. A crisis can take a few hours or a few years. A crisis can take a lifetime. But people deserve to receive proper help from a society that is often in part responsible for creating crisis situations. Proper help is not the kind that is stigmatised, it has

no labels and it looks at individual needs based on the requests of the help seeker. It is for sure not based on standardised methods, labelling and drugging. Humans can not be classified, even while we are alike in so many ways: our DNA and specific surroundings and experiences make us too unique a creature for this.

The Weglaufhaus allows one to be crazy within reason, i.e; not harming others. They recognise that behaviour like this is either an emotional outlet, a scream for help, or that people simply don't realize at the moment what they are doing. With places for 13 people they attempt to guide a crisis in such a way it does not affect the other residents too heavily, any kind of violence towards others firmly set behind a clearly drawn line.

That said, I have to admit that even the Weglaufhaus still has much to learn. While it rests on a stable foundation, it continues to have to take part in a balancing act to meet the needs of all its residents while at the same time following the requirements of the German state and making sure resources come in via the city of Berlin.

As its organisation is unique there are hardly any others to which they can be compared or with which it can compare itself. The organisation has no strict hierarchy which sometimes results in errors not being recognized or effectively dealt with.

Nevertheless, an organisation employing people passionate about their work, who highly involve the residents in their personal process and the way the house works, may be considered already too great a gift.

It is not uncommon that they help people refused everywhere else. I am a case in point. My situation was deemed impossible and other set-ups would have rejected me. The Weglaufhaus, however, did accept me and provided a basis to get me through my crisis and slowly build up things again, even taking into account that during the whole process matters occurred that made this seem impossible, over and over again – there were at some point even lawyers drawn into the fray.

For this I am glad the Weglaufhaus exists. Even while it remains a fight they continue to engage in the battle, not only helping people within their facility, but also supporting and standing up for those outside via its association.

The author has chosen to remain anonymous, knowing the possible reactions may impact both his private and professional life. He does regret this decision but feels it to be the wiser option. In 2011 his personal crisis landed him for a period of 5 months in the Weglaufhaus. He expresses gratitude for the help he has received there. Those seeking contact with the author, please contact the Weglaufhaus. They are able to forward any requests.

Notes

1. The focus in this article lays on civilian psychiatry. Military and forensic psychiatry are not forgotten yet in this article respectfully ignored, as not within my experience.
2. Taken from Thomas Szasz, psychiatrist and Professor Emeritus of Psychiatry at the State University of New York Health Science Center.
3. The Kirkbride Plan is a system of mental asylum design advocated by the psychiatrist Thomas Story Kirkbride.
4. Taken from Wikipedia.
5. Taken from Wikipedia.
6. Taken from the International Declaration of Human Rights.

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