High Time for Anarchism in Mental Health

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The mental health system, despite all its complexity, can be described as a drainage hole for human suffering. Mostly, the pain that flows into it seeps into the groundwater, but occasionally it will reverse course and erupt into "normal" life as if from a geyser.

Reducing a wide collection of psycho-social phenomena into one generic mold of "human suffering" without committing a grave injustice to the diversity of voices within the "patient" community, voices that yearn to be differentiated and heard, is extremely difficult. Nevertheless, my experience has shown that a certain pattern or structure does underlie most interactions in the mental health system — often, the pain encountered in its bounds combines a type of Hurt, the conviction that something wrong and unjust has happened to me, with some kind of Silence, indicated by a paucity of language in the interpersonal space and in some cases, the actual inability to put one's experience into words. These two features — Hurt and Silence — usually merge and become inseparable. Thus, in the interaction with the "consumer," the mental health "professional" can either reinforce the foundation of Hurt and sentence the "consumer" to continued silence or, alternatively, work toward the disentangling of these two elements.

Anarchism refers to a broad political spectrum defined by the aspiration for Equality and Freedom without elevating one over the other — in anarchist thought, these two ideals are mostly viewed as two sides to the same coin. Anarchism is also associated with dismantling unnecessary hierarchies that have a negative impact on the social fabric.

In this short essay, I would like to examine how anarchist thought can contribute to a foundation of equality and freedom of choice in the delivery of mental health services for those in need.

The Starting Point: Israel's Mental Anarchy

Perhaps a decent beginning for our journey will be the Israeli present. One of the tools that the anarchist has in her toolbox is almost passive in its nature: Simply observing closely the myriad ways in which libertarian ideology is manifested in the actuality of life, whether this manifestation is a result of a unified intent or not (a completely different tool, which I intend to use in just a few paragraphs down below, is the tool of Imagination).

Today in Israel there exist seven "Stabilizing Homes." These are institutes, houses really, where one can go through a so-called acute mental breakdown/breakthrough of the kind which will, in most cases and without one of these houses in sight, be handled in a psychiatric hospital. In contrast to traditional hospitals, there is barely any coercion of any kind in these homes — and most importantly, none of the brutal, physical kind. Because of that, the resident (a word given to the person in the Stabilizing Home instead of "Mental Patient") can also leave the stabilizing home if he chooses to. Also, because admitting oneself to stabilizing homes is done on a voluntary basis, and is sometimes also free of charge — if health insurance covers it — it has allowed non-violent practices to develop (this has been discovered and discussed in detail by Social Worker Sivan Bar-on in her ground-breaking research on Stabilizing Homes).

These non-violent practices create linguistic bridges that connect supposedly far-removed worlds (e.g. the world of "psychotic" cognitive states and the worlds of other, more socially-accepted cognitive states). Stabilizing Homes have gained great success, both in the past — in Loren Mosher's Soteria, which is the prototype of the Stabilizing Homes — and in recent years, with the number of Stabilizing Homes in Israel growing from one house in 2017 to seven in 2019.

Can these Stabilizing Homes be understood as anarchist, or semi-anarchist, endeavors? Perhaps if we asked Colin Ward, the answer would be yes. Ward (1924–2010) is a well-known British anarchist who has written numerous eye-opening articles and books about welfare, health, education and housing policies, as seen through modern-day socialist-libertarian lenses. Ward's general stance on public policy is that when facing a social problem, there are really two ways to go: Either we choose the authoritarian route, in which people are told what to do, or the libertarian way, in which people are allowed to freely create their own communal solutions.

One of Ward's most excellent examples for this principle is "The Free playground": A specially allocated space in the midst of the urban jungle in which kids, with only a minimal amount of supervision, are given basic tools and are allowed to play with them in a plethora of ways. Ward presents research that shows that a libertarian environment like this, very much unlike the more structured experience of the common playground, sparks creativity in kids, builds important life skills, fosters cooperation instead of competitive and violent behavior, and has many other positive effects on children.

Now we can return to the question which we have only briefly discussed before and inspect it thoroughly. The Stabilizing Homes have a manager, they have professional and non-professional staff and obviously, there are "residents," who are informally — patients. At first glance, these properties do not constitute a libertarian institute and the whole thing seems incomparable to Ward's free playground. But I believe that on an even closer inspection, this is a relatively egalitarian, free and even anarchist project. We can better think of these houses as a dot placed on a line, one which starts with coercive and violent treatment inside a closed psychiatric ward, and ends somewhere far, far away in our imagination.

It is worth mentioning, in this context, a treatment method called Open Dialogue (Disclosure: together with social worker Sivan Bar On, I am organizing workshops and lectures about this approach). The Open Dialogue approach attributes great importance to undoing the hierarchies existing between the Treating System and the Treated System, for lack of better terms. In a typical "Open Dialogue" meeting, all sit together for discourse in a circle, and ideas and suggestions brought up by any participant (even those of a qualified psychiatrist) are open to discussion and examination so that others can give their opinion. Despite the fear and contempt that these treatment models of Stabilizing Homes and Open Dialogue sometimes spark among experienced mental health practitioners, it's these models that symbolize for me a ray of light within the mainly dark world of psychiatry.

Surprisingly perhaps, research upon research shows that the anti-authoritarian elements these methods have introduced to mental health treatment actually promote a stronger, fuller recovery in patients; and that they allow the patient's voice to be heard far more than ever before, enabling patients to verbalize their personal suffering in an environment that listens to them. In other words, these institutional treatment solutions also confirm Colin Ward's life-long argument — that the libertarian solution is not only the most moral then the authoritarian solution, but it is also the most efficient one of the two.

Ending Our Anarchist Trip in the Realms of Imagination and Doubt

As a playful exercise for practicing our imagination and as a method for building a good theoretical foundation to contemporary mental health services, I would like to propose a discussion on the following question: *What would a completely anarchist treatment look like?*

First of all, one option is that it won't be a "treatment" at all.

Treatment in itself is a power structure, and as such can rot the very roots of mutuality (similar criticism has already been proposed decades ago by the thinkers of the post-modern school of psychology and notably also in Jeffrey Moussaieff Masson's *Against Therapy*). As an alternative to the power structure dynamic of the patient-therapist relationship, a structure that is reproduced in almost all forms of therapy, I propose the idea of mutual alliance: an agreement, which is not legally binding, serving as a framework for mutual psychological aid inside a certain group of people. An alliance like this can be established in any place where it is needed, with no preconditions except one: that all its participants are freely willing to partake in a community formally intent on mutual guarantee and solidarity. In our society, where individualistic fragmentation generates loneliness and depression, a mutual alliance such as this might be just the right solution for us. Such an agreement could also strengthen communities whose members are already under attack from "normality" and so must act in mutual solidarity.

The obvious downside of a free alliance of this sort is that it doesn't necessarily have a certain person or group of people whose official role is to accumulate information about psychological healing. Is this just a negative quality? Could it also be a positive one? For me personally, it is quite hard to decide what is preferable. Perhaps in this way, the decentralized therapeutic knowledge will be accumulated and then sustained collectively. Valuable information will not then concentrate in the sole mind of a single person, a single lineage or a single tradition, and it will be less prone to abuse.

But, I think, there is another vision which we can hold in our imagination: one in which different therapeutic communities, like the aforementioned Stabilizing Homes, will cancel the hierarchical relationship between patient and therapist, but will conserve a great deal of the knowledge they've acquired. A movement towards cancellation of inner hierarchies will be a sort of return to the roots of the Stabilizing Homes — most importantly, to the Kingsley Hall experiment of R.D. Laing and the Philadelphia Association. Different therapeutic communities could then work in different ways — e.i. some could be mobile and while others could remain immobile. Really, one can think of it as another piece, a therapeutic one, of the cooperativist vision.

How far can we proceed in imagining an anarchist future in Mental Health? When do we hit a wall?

Ursula Le Guinn (1929–2018) was one of the most influential science-fiction writers of our times, and in one of her books, *The Dispossessed*, she tells the story of a planet populated solely by anarchists. It is an anarchist planet — Anarres is its name. In Anarres there is no work and no government, no laws, no marriage and seemingly, no psychiatric hospitals. In Anarres we witness the growth of our hero, the brilliant physicist Shevek. Shevek comes in close contact with many interesting characters in the book and one of his closest friends is the playwright and satirist Tirin, who, as we learn towards the book's ending (I'm terribly sorry for the spoiler, but

this regards a very minor plotline!), has exiled himself in his mid-thirties to a remote location. There, for his own good — or at least so we are told — he is given psychoactive substances.

Ursula Le Guinn does a very good job describing how, in her opinion, some human institutes will continue to exist even in a society that doesn't make use of hierarchic authority. In her anarchist utopia, society still continues to spontaneously generate "madness" and "mad" people. Le Guinn raises the idea that Mental health institutes can solidify the meaning of "madness", but that normative oppression ("The Courage to be Normal," as the slogan of a famous Israeli homophobic campaign went) is an inherent part of being human. This is the pessimism presented in *The Dispossessed*: Even when there are no actual physical closed wards, human beings nonetheless continue to create invisible wards with invisible bars.

The Homecoming

By and large, the mental health system is a highly hierarchical one and it uses authoritative measures generously. Forced institutionalization and coercive "medical treatment" are located on the far end of a long spectrum, and they are the most extreme use of a multi-faced power, brought upon those who come to seek help from the system.

In these days, with the deaths of Oren Shalom, who died due to criminal neglect in Abarbanel Psychiatric Hospital, and Israel Biadaga, who was shot by a sanist and racist cop; in these days, when the Israeli public is reconsidering the legitimacy of mechanically constraining patients in psychiatric wards — Anarchism has much to offer the debate. Anarchism can present a clear voice saying: *Liberty is not an obstacle for quality treatment, it is rather the very basis of it.* And even if we do not yet know the final limits of this freedom, both in terms of our capacities as a society and in terms of the maximum good we can grant the "patient," the libertarian direction seems rather promising, and at any point along the way we could stop and reconsider our compounded benefits in comparison to our aggregated losses. Quite simply, we could experiment in different types of reciprocal responsibility and emotional assistance, and do so promptly, with no further delay, in our daily lives.

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