5. Congress of the European Network of (ex-)Users and Survivors of Psychiatry
(A joined congress of ENUSP and the World Network of Users and Survivors of Psychiatry - WNUSP):

"Networking for our Human Rights and Dignity"
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Workshop 4
The Medical Model

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The workshop discussed the three questions that were announced in the programme and come to some conclusions and recommendations.

What is wrong with the medical model

The medical model is the paradigm that governs almost all psychiatrists today. There is no scientific proof that this model is true. It is just a belief of the psychiatrists.

What everybody can agree on is that those phenomena that psychiatry calls "symptoms" do really exist. No one can deny that. Phenomena like 'hearing voices' or 'mood swings' do exist. We may have different opinions about their origin and nature – and how to handle them – but we cannot deny their existence.

The medical model says that these phenomena are "symptoms" of an underlying "illness". But that is just a hypothesis. There is no scientific proof that these "illnesses" do really exist. On the contrary, there are lot of evidences that shows that the idea of "mental illness" is completely wrong.

What psychiatry calls "diagnoses" are in fact not at all diagnoses in the medical sense. There are for example no tests of any biological tissues when a diagnosis is made. The diagnosis is made simply by observation of behaviours – which has nothing to do with medicine. Human behaviour is not the subject of medicine but of such disciplines as sociology, psychology and the humanities. What psychiatry calls "diagnoses" are in fact nothing else than what sociology calls 'typology', which is a method for studying human behaviours by bringing them together in groups (categories, types). This is a generalization that doesn't say much about the individual case, but can give an overview at the group level.

According to the medical model an "illness" must have a source, and the source can only be either an infection (a virus) or an injury (either an injury you are

born with, like a genetic defect, or an injury you have got later in life by an accident). This is what is called "the biological basis" of the "mental illness". But just as there is no scientific proof of the "mental illnesses" themselves, there is no scientific proof of their "biological bases". All is just hypotheses and theories. It is just psychiatric articles of faith.

Psychiatrists often say that also social and psychological circumstances – like emotional stress, insomnia, bad habits of life etcetera – influence the "mental illness". But in the medical model these are only secondary causes. They are not the source of the "illness", but secondary causes that make the "illness" more active. According to the medical model the "illness" is there all the time. If the symptoms and the secondary causes are suppressed (by drugs and better habits), the "illness" might be pushed back and then almost invisible (only "latent"), but it isn't "cured". As there is still no technique to "cure" the "biological basis", the "mental illnesses" are seen as fundamentally "incurable".

To believe in the medical model or not isn't just a philosophical question. It is framework that directs psychiatric praxis and therefore is something extremely important – also for the user/survivor movement.

The medical model is the paradigm – or theoretical framework – that directs current psychiatric praxis and research. If you believe in the medical model, of course you put all efforts and money in developing new medical treatment methods and in investigating the "biological basis" of the "mental illnesses". If you follow another model you steer efforts and money in other directions.

The medical model is not just a theoretical construction, which is of only philosophical and academic interest. Instead it is the real key issue if we want to change psychiatry. We cannot bring forth a radical change of the psychiatric system if we just discuss and criticize single matters as ECT, compulsory treatment, neuroleptics etcetera. These are not arbitrary elements in psychiatry, but logical consequences of the belief in the medical model. There is much power in the medical model and the user/survivor movement should put much more effort in criticizing this model. We should reveal the falseness of the medical model and replace this model with another, more human model. What we really should go for is a paradigm shift – within and beside psychiatry.

How can we counteract the globalisation of the medical model

The medical model not only dominates psychiatry. It also more and more dominates the care of children, old people, criminals, drug addicts and so on. And it is expanding its influence not only in western materialized societies but also in rural areas in developing countries all around the world.

The way to counteract the medical model is to develop and promote other models. There exist already other models – not only in theory but also in praxis.

We should gather information about these models and investigate them. But we should also develop our own models – out of our own experiences and insights as psychiatric users and survivors.

To be effective we should seek allies among critical psychiatrists, psychologists and others who also work in criticizing the medical model and in developing alternative models, which are more human and more in accordance with our experiences as psychiatric users/survivors. We should found alliances with all who works for a radical paradigm shift within and beside psychiatry.

In the workshop Maths first presented an alternative to the medical model, which he calls ***the human model***. The core in the medical model is the belief in "mental illnesses" as the explanation of that kind of experience and deviating behaviour which people call "madness". The core in the human model is to replace that which psychiatry calls "illness" with 'strategy' or 'copying strategy'.

In the human model the primary cause is not a "biological defect" (an injury), but something that has happened in the person's life - a traumatic incident or some other problem. This has caused an inner conflict – an emotional wound – which is still not solved, but continues to trouble the person.

That which is generally called "madness" is actually a strategy, which the person has developed – consciously or unconsciously – in trying to cope with his ongoing inner conflict. If a person develops a copying strategy that doesn't work very well, he can be so entangled in the daily fight with his inner conflicts that this occupies almost all of his time. If this happens it can of course strongly interrupt and disturb his ordinary daily life and become very disabling. When a person becomes that entangled in his inner conflicts and copying strategies it might end with someone putting him into a mental hospital. Anyway, that person needs help – but preferably something else than the kind of "help" offered by psychiatry and the medical model.

In the human model the help offered is not "treatment" but to support the person to come over his obstacles and develop his life in a new direction. In the short term perspective the support could be to help the person to change his bad functioning copying strategy into a strategy that functions better and doesn't occupy so much of his time and energy. In the long term perspective the support could be to help the person to understand his life story and to help him to break through the obstacles that hinders him from fulfilling the life he wants to live.

In the workshop Maths presented various graphic sketches of the human model compared with the medical model. He has developed the human model through many years of conversation and brain storming with critical psychiatrists as Loren Mosher, Marius Romme and Sashi Sashidharan. One of his way to bring out the differences between the two models – or paradigms – was the following

dichotomy with opposing keywords:

THE MEDICAL MODEL	THE HUMAN MODEL
Illness	Strategy
Symptoms	Signs
Irrationality	Meaning
Person as object	Person as subject
Causes	Intentions
Biological deficiencies	Inner conflicts
Determinism	Choices
Treatment	Development
Diagnostic concepts	Unique experiences

Maths also presented two models he has developed himself, ***The Jungle Model*** and ***The Outer Space Model***.

In 'the Jungle Model' the jungle is seen as a metaphor for madness. The jungle is a wild place with no paths and therefore also no maps of how to get out of it. It is also a dangerous place with lots of traps and dangerous animals. Psychiatry is trying to protect the person from the jungle by building a wall (through incarceration, neuroleptics etcetera) around the person, in the middle of the jungle. It is not a very effective method, because the wall keeps falling down all the time. It becomes an endless and very tiresome effort to try to build up the wall over and over again. The psychologists, on the other hand, tries to help the person by mapping his way into the jungle. This might give him some insights in what obstacles he has to combat – but the psychologists usually have not much to say about the most important thing: how to get out of the jungle again. An alternative then is a 'companion'. This can be a former psychiatric survivor or a wise man with deep insights in human conditions. This companion should not try to draw the person out of the jungle. Instead – and this is the core point of the jungle model – he should himself enter into the jungle, to the place where the "mad" person is, although this may be the planet of Mars or some combat with the secret police or what ever. From there the two together should try to find the way out of the jungle. The companion is not an expert who knows the right way out of the jungle, but four eyes see more than two - and it's good to have a companion with who you can share your thoughts and experiences when trying to find the way out of the jungle.

In 'the Outer Space Model' being on the planet of Mars is seen as a metaphor for madness. The companion is here on Earth. He cannot come to the foreign planet, but it's important to keep the communication going between the foreign planet and Earth. Psychiatry usually cuts the communication, which might lead to that the person on the foreign planet might get lost for ever. What the companion on Earth also should do is to make Earth – or a little part of it – better and nicer, so that the person on the foreign planet some day chooses to come back to Earth again.

Maths illustrated these two models with his little Norwegian friend Erik. Erik had been in an old mental hospital for five years – without any break – when Maths found him. Erik was almost completely living at another planet. He had visions and voices continuously, all the time, and spoke almost entirely in a symbolic language, which was extremely hard to understand. Erik then lived one year in Maths' apartment and after that some years in the user-run Hotel Magnus Stenbock. Then he got a very deep and personal support by the Personal Ombudsman (PO) Sonja – a real companion – who made him a member of her family (his parents were both death) and helped him to get a little house and garden of his own (a little peace of Earth made better and nicer) and talked with him about the abuses he had experienced in his childhood. Then Erik just walked straight out of his so called "schizophrenia" (chose to come down from the planet of Mars to Earth again).

The alternative models that Maths presented was discussed in the workshop and applied to the participants' own experiences.

Another model was briefly presented by Hedinn. He has written a thesis about this model. The central part is that "madness" isn't seen as something "either-or", but something at a continuum between balance and unbalance. The person tries to move along this continuum – preferably from unbalance to balance. There is much more in Heidunn's model, but there was no more time to get deeper into it.

It is important for the user/survivor movement to focus more on developing alternative models to the medical model – on our own or together with allies. If we want a radical change of the psychiatric system, this is one of the most important tasks for our movement.

How do you get off psychiatric drugs

The last half-hour the participants in the workshop discussed their experiences of coming off psychiatric drugs and which strategies to follow for this purpose. References were made to Peter Lehmann's book 'Coming off Psychiatric Drugs'.