

WNUSP, Conference on Human rights and dignity, Vejle, Denmark, 20th July 2004

Workshop No. 5

Alternatives: What can we learn from traditional healing practices? Which alternative treatments exist and which do we support? How do we promote user run alternatives like the "run-away-houses" etc.? To what extent should we promote alternatives within the system?

Facilitators: Bhargavi Davar, India / Daniel Iga Mwesigwa (Uganda)

The motto / principle adopted by the workshop was:

“An alternative to modern way is to return to the traditional way”.

Around 20 people participated in the workshop, conducted in two sessions of two hours each. Participants were from Netherlands, Austria, Wales, Denmark, Slovenia, Romania, Sweden, Canada, India and Africa.

The group discussed what we mean by an “alternative”. An alternative supposes something *prior or mainstream*, which we want to replace. What do we expect from an “alternative”?

The characteristics of “alternatives” were described by the group as follows:

1. By an alternative, we mean, as a group of psychiatric users, ex-users and survivors, alternatives to *DRUGS, SHOCK AND INSTITUTIONALISATION*.
2. An “alternative” would give individual solutions to a person’s problems, instead of assuming that a universal “pill” exists.
3. An “alternative” would not be habit forming / addictive.
4. An “alternative” would give informed choice to a person, and will give agency to the person in his / her own care.
5. Alternatives aid the self help process.
6. An “alternative” would be available to everyone. It would not be in the domain of “expert” knowledge.
7. An “alternative” would give the energies required to help in the healing and recovery process. It would build up stamina and resilience, and create a body environment for this.
8. In an alternative, people would be allowed to “tell their stories”, which is an important part of the recovery process.
9. An alternative lets us have respect for ourselves and takes into account what we like to be and what we would like to do. It makes space for our dreams, fantasies and aspirations.
10. An alternative emphasizes “listening” and aims at improving the quality of life overall.
11. An alternative allows you to explore the “real” reasons for the problem, including life situations, relationships, etc. An alternative does not assume universal causation.
12. An alternative enables creative self-expression (theatre, play, etc.)
13. In an alternative, the doctor and the user are on the same level, as equal partners. It is non-hierarchical.
14. An alternative does not aim at mere symptom relief. It would give sustainable opportunities for healing and recovery. It would help in prevention of relapse. It would be life affirming and promoting wellness.
15. In an alternative healing service, it would be okay, and necessary, to discuss personal “traumas”.

16. In an alternative, there would be creative communication between practitioner and user.
17. An alternative would not cause health hazards, disability or withdrawal effects.
18. An alternative is based on the principle that there are many solutions to solving a problem.
19. An alternative does not stigmatise.
20. The principle on which an alternative works is, INCLUSION, and not EXCLUSION.
21. An alternative provides an empathetic environment of love, care and affection.
22. An alternative would not cause social or other disability.
23. An alternative would allow one to remain within one's own CIRCLE OF SPIRITUALITY (saving life and caring for one another, without extreme fanaticism).

II

These are some of the alternatives that people in the group have used and have found useful.

1. Bio-energy based approaches (Reiki, Magnet therapy, Psycho-metrie, psycho-kinesthetics)
2. Touch based approaches (massage, reflexology, acupressure, acupuncture)
3. Breathing based approaches (meditation, yoga, bio-feedback and relaxation)
4. Herb and mineral based approaches (homeopathy, ayurveda, vitamin therapies, orthomolecular medicine, natural herbal medicine)
5. Life style based approaches (sleep regulation, sports, exercises, gymnasium)
6. Art-based approaches (music, dance, play, story telling, journal keeping, theatre, colour therapies)
7. Psycho-therapies (Transpersonal psychology, psycho-synthesis, psycho-drama, narrative and client-centered therapies, peer counseling)
8. Flower therapies (Bach flower remedies, aroma therapies)
9. Other useful approaches (enhancing intuition / telepathy (Europe); possession, trancing, ritual chanting of mantras (India, Africa); healing circles (native American); spirituality)

III

The risks of alternative approaches were discussed. They are as follows:

1. Everything in MODERATION. Too much of a good thing is not so good.
2. Cost is high, especially in the developed world.
3. There is lack of information and awareness about the philosophy and practice of alternatives.
4. Some shared belief of value and philosophy may be necessary before following any practice. If the cultural origins of the practice is very different from the user's own culture, there may be difficulties.
5. Some European countries make it very difficult for users to choose an alternative practice, because it is not covered by insurance.

Karl Bach Jansen displayed several books and samples of alternative medicines used in many parts of the world. Iga Daniel presented samples and a report of herbal medicines used for mental health problems in Uganda.

Advocacy:

WNUSP must promote the use of alternatives and enable cultural exchange on this vital topic. Secondly, we must advocate that all governments (especially in the European context) should value the place of alternatives in healing and recovery.