Keira Pratt-Boyden

# Re-configuring distress and healing among 'Service Evader' Activists: notes for the ASA panel on 'Hermeneutic Injustice and the Clinical Imagination'

*"Imagination is a constituent element in the process of how we produce our social and material realities" (David Graeber 2009; 526)*

## *Introduction and context*

My research explores the ethics and practices of care among former psychiatric patient and other ex-service user support and activist groups who call themselves 'The Service Evaders'. Drawing from Henrietta Moore's notion of the ethical imagination (2011; 2013) I take 'imagination' as an emic category, looking at how individuals strive to live a good life. If, as suggested in the panel call-out, it is gaps in the social imaginary that create barriers to service reform, then this approach takes seriously activists' desires, intentions and fantasies and examines the ways in which they talk about possible and imagined future(s), as well as how these are expressed in the present.

Service Evaders experience mental distress and, challenging the conception of mental illness as an individual pathology and rejecting the biomedical model, they opt out entirely from the pharmacological world. They avoid all medical or clinical treatments or indeed any form of statutory or third-sector mental health services. They choose instead to support each other, maintaining that wellbeing is secured through collective, non-clinical methods and mutual support. These include living communally, discussion groups, experimenting with therapeutic rituals, and 'being alongside' each other in a crisis.

The 'Service Evaders' met and formed at 'Occupy London', an anti-capitalist protest camp which espoused 'horizontal' democratic politics and set up in the heart of the capital as part of a global campaign against financial and social inequality in 2011. I conducted 5 months' ethnographic fieldwork there until the camp was evicted in 2012. I'm currently beginning PhD fieldwork with some of those individuals who have recently set up an intentional community and regular meet up groups to support each other through distress.

Influenced by ways of living at the Occupy protest camp, Service Evaders are constantly experimenting with ways of approaching mental health and distress. There is constant debate among the them about how to create a 'better', healthier society and one of the key questions

they constantly ask themselves, is, if they reject all models, services, approaches and treatments, then what should be in their place?

One of their arguments is that mental health professionals increasingly work within market value frameworks, replete with targets and efficiency measures, which affect the ways they conduct treatments (see for example Neil's thesis on 'routinised intimacy' 2017). In this environment, Mental health activists (including the Service Evaders) argue that services cannot offer the diversity, consistency and complexity of support they seek. They also go further, to say that the therapeutic relationships and paradigms common in mental health treatments are harmful and damaging

For example, Service Evaders critique one-to-one therapy for emphasising an individual's 'problems', or inability to cope with situations, rather than looking at wider social factors such as lack of employment or financial circumstances. Rather than attach causality to individuals, ill-health is blamed on the market-driven values of capitalism, which "make people feel disconnected from those around them". Considered a tool of oppression, one-to-one therapies are criticised by the Service Evaders for generating ill-being. One of their catchphrases, 'We are being colonised…. we must Occupy our minds', is both a historical reference as well as an allusion to their general ideology. Associated in their minds with a desire for power, wealth and social control, therapy is compared to colonialism[1]. For example, Ben as proclaimed, "The fact that people do it behind closed doors… you don't know what's going on in there. It's parasitic and dangerous!"[2] And as another reported, "Therapy encourages you to adapt to society instead of critique it".

I have been told that, "When money is involved, care goes out the window", with numerous accusations that therapy—as a paid professional activity—is an instrument for financial gain that reinforces individualism, privatisation and elitism. One informant claimed that "paying people to care" undermines the 'human' aspect of communication; she longed for people to have the *desire* to listen to her, instead of being *paid* to. In therapy, I was told, humans are ascribed the status of objects and become nothing more than "a governable, transactional commodity for commercial exploitation", this undermining their humanity.

[1] Not all involved hold such strong views. A few, for example those with relatives who have benefitted from treatment, are more sympathetic to clinical therapy.
[2] Ben's comment highlights the anti-individualist views prevalent in Occupy and among Service Evaders.

One therapist who volunteered to support the Service Evaders at the Occupy camp in 2011 commented that activists were "trying to believe in *possibilities*…but not facing up to *realities* and living an illusion". he continued, the human psyche requires "facilitation and encouragement", which therapy enables. Another speaker summarised the issue more precisely, "… therapists are trained to look below the surface… therapy can add to the level of ideas in a person's mind… things such as inequality sink into our unconsciousness's and we can help someone to understand their unconscious which makes up 90% of us". Finally, occupiers were warned against "a common pitfall of Occupy", that some occupiers' 'utopian aims' are "fantasy… which contrasts with reality"; the concern being that the resulting disappointment is psychologically harmful. However, unsurprisingly, efforts to disseminate the potential of therapy to the wider group at Occupy were not well received and many were angered by the assumptions made. For example, one informant complained to me about the allusion to the unconscious, declaring, "if they [therapists] are the only ones to understand 90% of my unconscious, then…. That means I can hardly understand myself!" Thus therapists experienced quite a bit of opposition among the protest camp community.

***Re-configuring epistemologies***

In conscious rejection of the perceived values in practices such as therapy, service evader activists seek alternatives. This next section focuses on some perceptions and strategies they use to reformulate diagnoses and healing according to their own specific values and objectives.

Service Evaders hold a distinctive understanding of madness. Though they generally use the term 'distress', other terms, such as 'madness' (as a way of reclaiming the word) or 'imagination', are often used instead, on the grounds that they are less judgmental. The use of imagination in this context is particularly significant, for in Western thinking 'imagination' and 'reality' are often set in opposition to one another. Imagination is generally understood as an element of fantasy; something which exists metaphysically. In this regard, Graeber (2009) suggests that the definition and classification of imagination is a political practice. He describes how it is often conceived as an *unproductive* mode of thought, one that has *no real meaning* and goes as far as to say that, "capitalist society warps and shatters the imagination" (2009: 526). In contrast to this conceptualisation, Graeber maintains that imagination is a "constituent element in … our social and material realities" (*ibid*: 526).

A similar ontology was at play at Occupy. For example, a mental health leaflet prepared by the movement described madness as containing, "seeds of expertise, imagination, and change" which can inspire "hope and transformation in a repressed damaged world" (Altman et al. 2012: 6). This view suggests that imagination can help to construct utopias, and also that madness is interchangeable with imagination. A conversation with members of the breakaway group, all of whom had clinical diagnoses[3], poignantly revealed this sentiment. One man described how he was visiting an ex-girlfriend and that the visit went well until the girl's dead mother turned up and told him to get out of the house. "It was going really well until then… I was pissed off her mother had to interfere. I know my ex. couldn't see her, but it bothered me". He went on to describe how he had been sectioned three times for 'seeing things', explaining that he understands that others cannot see what he does. "When I tell the doctors things I can see, they tell me it's not real, it's not true. But it *is* to me. *My reality is mine, and they cannot take that away from me"*. Another interlocutor agreed, saying, "you have to have *your own understanding of the world* in order to feel comfortable within it". Thus, according to the breakaway group, reality does not have to be universal or consensual; instead, it can be 'made', adapted or interpreted by individuals on their own terms; therefore, in their view, the conventional duality between imagination and reality is meaningless. In other words, imagination *is* reality and what might be called 'hallucinations' or 'visions' by psychologists or psychiatrists are not abnormal, but just another (albeit exceptional) dimension of everyday experience. To counteract mental health approaches that were perceived to be fixed within a rigid, oppressive, structure, the group endorsed fluid discursive definitions and emphasis is placed on group discussions in which multiple versions of reality and truth are accepted. Conventional epistemological distinctions between 'reality' and 'fantasy', and 'illness' and 'health' are de-constructed so that both reality and identity was perceived as fluid and contextual; unique in the eye of the beholder, in the understanding that individuals can and should live according to their own realities. Tolerating individual autonomy, uniqueness and diversity, whilst at the same time reinforcing a sense of collective belonging is a compelling combination that other mental health support groups (such as the hearing voices network) have found harder to achieve.

***Re-configuring therapeutic relationships: healing with community***

[3] In this instance, the diagnoses were schizophrenia and paranoia with multiple personality disorder.

This section focusses on the practical implications of the Service Evader's approaches to distress. Opposition to conventional therapies entails developing their own forms of healing, including ones which can be adapted to increasing levels of distress and crises. Service Evaders emphasise informal methods such as 'encircling', talking and group discussion with the aim of generating a therapeutic community in which everyone participates.
The high levels of tension and anxiety among activists often leads to outbursts and arguments, and members react extremely quickly to calm things down. For example, one evening I was talking to a group of people at one activist gathering, when it was disrupted by a man outside who had begun to shout loudly. He sounded so furious that I looked at the others to see what they would do. They continued as if nothing was happening, leaving me feeling uneasy because he seemed so loud and aggressive. Eventually, I got up to see what was going on and saw a circle of people standing calmly and quietly round the man. He was still ranting, but appeared calmer. They had formed what they called 'a containing circle'. It was explained to me that this is how the movement deals with someone who is having a 'tantrum' or 'psychotic episode'. Familiar people and friends stand around and 'hold' (contain) the person (*without* physical contact) to make sure he/she does not hurt him/herself or others. The person may then be taken aside and encouraged to talk about their feelings and problems. As someone explained to me, "there's no knowing who might go off on one… instead of fighting and condemning a person we try to support them and deal with it together."

I suggest there are a number of things at play in the act of 'encircling'. Symbolically, it represents a mode of healing in which power/hierarchy is de-centralised because all of those standing in the circle play an equal part in the healing process. However, even though the circle is supposed to be a supportive mechanism, it is not clear whether the person inside it may feel calmed or oppressed. Encircling, I was told, relies on the voluntary actions of people who happen to be present at the time, this being in stark contrast to the formal patient/ professional relationship; as Landzelius points out, actors switching between the roles of patient/professional are 'multiply positioned' (2006: 530). Though the organisational architecture of encircling resonates strongly with network theory, network sociality relies on connections which surpass physical presence. By holding someone in a circle, remaining physically close to one another and sharing a space, occupiers expressed solidarity and collective identity. As Bell explains, 'bodily actions' can constitute "performances of identity… and exhortations of ideology" (1999: 35).

In addition to encircling, several people learn counselling skills themselves. Co-counselling workshops were set up by people with prior 'experience', and these entailed guidance on 'listening skills' and 'how to be alongside someone in a crisis'. Co-counselling is favoured because it ensures that no one person has responsibility for another, the duty of care being shared among community members. The workshops were available to everyone, on the grounds that anyone can *'do* counselling' and extensive training is not necessary. People who attended such a workshop were encouraged to 'pass on' their knowledge to others. I witnessed many instances of what could be called 'co-counselling', in which actors took on the dual role of carer and cared-for, taking turns to ask each other questions and to discuss problems and feelings. One informant explained the process as follows, "I care for free, it's my life, not a job or occupation".

In another example of the appreciation given to personal testimony, informants frequently relate their experiences of healthcare systems[4]. These testimonies can often be public and confrontational. One such testament came from a woman who said she had sought treatment for depression and alcohol addiction. She was put in a rehabilitation clinic for six weeks then left to her own devices. She recalled feeling abandoned and said that she had become addicted to the rehabilitation medicine. She felt that the lack of support led to her remain addicted. Similarly, we heard how another woman who had gone to hospital, feeling suicidal. She waited for five hours before being seen, by which time she had worked herself up into a state. She was told by a doctor that she should return home and await a social worker. However, it was a week and-a-half before one arrived. At this point, she started crying. But she said defiantly, "I'm not going to stop my emotions for anybody", explaining how that week was one of the worst in her life. She felt unworthy of a visit, "I had to have treatment for what they did to me[5]… and then more treatment" ... "I've been on a journey to help myself be an individual".

These kind of speech acts can be understood as 'speaking out', this being recognised among mental health activist groups as a way of expressing affiliation with others, whilst also

[4] 'Care services' and the 'Care system' were terms often used by occupiers to refer to both private and NHS treatment. Occasionally, 'the care system' was used to describe the approach to mental healthcare as a whole, the intention being to emphasise the word 'care', which they deemed to be lacking within these systems.
[5]Her statement is similar to other mental health activists in that they often feel victims of particular treatments (such as electro-shock therapy, psychiatry or medication) and claim that they have not been curative, but instead have increased the negative effects of mental illness.

allowing individual stories to be heard (Crossley 1999). Brown et al. call this the "transformation of personal experience into collective action" (2004: 60). Speaking out resonates with holistic approaches to healing and helps to consolidate relationships, as one informant exclaimed, "Our myriad of stories makes one narrative, like a patchwork quilt". 'Speaking out' allowed individuals to express their agency and also served to integrate them within a broad 'myriad of stories', in turn re-enforcing the sense of collective identity.

Finally, other approaches to managing distress in the community are much more informal and spontaneous. When someone is in immediate distress, for example, others will drop everything to attend to that person and will try to ensure there is always someone with that person, 24/7. I have watched people care for someone during a mental health crisis, who could not move, speak or eat, for three days and three nights, sitting with them, talking, staring into their eyes and trying to smile at them.

***Implications***

So, in various ways, Service Evaders have forged a collective form of sociality orientated toward a general state of well-being, in which the 'care' of people experiencing distress becomes a by-product of daily life rather than an institutionalised practice. They are rejecting what they perceive to be '*capitalist'* – market driven values (such as individualisation, selfishness, efficiency) in favour of the more unstructured and experimental aspects of care; doing so through the ethos of their practices.

Care, in this context, is not simply a response to human suffering, but something which becomes consciously embedded in daily social life– in an effort to move away from care work which could is perceived as primarily for the purpose of preventing, stopping or patching up problems. It is part of a broader project – to re think care and healing as larger, relational processes, taking it into account that they do not necessarily take place at a specific time, location, or between patients and healers.

Anthropological work on care highlights how it can "enhance personal status and power" including giving people meaning and purpose (Mittermaier 2006; 26). I want to suggest that the embodied, ethical and affective dynamics of caring are significant for the Service Evaders, particularly as most of them do not engage in formal employment as well as being

distressed, and are thus subject to moralised norms which can render them to feel and to potentially be treated as 'undesirable', 'unproductive' or 'irrational' persons.

In these ways, the Service evader group have managed, to an extent, to 'distance themselves from existing models/services', embodying the changes they seek by living as a blueprint of their ideal society. However, it is important to note, that, despite conscious efforts, there are of course hierarchies among them, which are complicated by the dynamics of exchange, need and deservingness and they do of course replicate some methods and structures they are trying to reject– for example, the concept of holding and containing (which was embedded within the act of 'encircling') which is prevalent in western psychotherapeutic discourse and practice. Finally, something that merits further exploration during my fieldwork is how the Service Evader members negotiate multiple ontologies both as individuals and collectively---and whether this is a potential cause of conflict, distress or empowerment.

**References:**

**Altman, S., Bossewitch, J., Stiends, E., Glaser, B., Harper, S., Imai, A., Liebert., R., Osborn, M.** (2012). *Mindful Occupation; Rising Up without Burning Out*. Occupy America: Published under the Creative Commons Licence. <http://mindfuloccupation.org/files/booklet/mindful_occupation_singles_latest.pdf>. Accessed November 18th 2011.

**Armstrong, N.** (2016). "Information, Self-Management and Common Sense: an Ethnography of NHS Mental Healthcare as an Accountable Bureaucracy". PhD thesis, University of Oxford.

**Bell, V.** (1999). *Performativity and Belonging*. London: Sage Publications Ltd.

**Brown, P., Gasior, R., Mayer, B., McCormick, S., Morello-Frosch, R. and Zavestoski, S.** (2004). "Embodied Health Movements: New approaches to Social Movements in Health"**.** *Sociology of Health and Illness*. 26[1]: 50-80**.**

**Crossley, N.** (1999). "Working Utopias and Social Movements: An Investigation from Radical Mental Health Movements in Britain". *Sociology*. 33[4]: 809-830.

---- (2004). Not being mentally ill: Social movements, system survivors and the oppositional habitus. *Anthropology and Medicine*, *11*(2), 161-180.

--- (2005). "The Field of Psychiatric Contention in the UK: 1960-2000". *Social Science and Medicine.* 62[3]: 552-63.

**Graeber, D.** (2009). *Direct Action: An Ethnography*. AK Press: Oakland, CA.

**Landzelius, K.** (2006). 'Introduction: Patient Organisation Movements and New Metamorphoses in Patienthood'. *Social Science and Medicine*. 62[3]: 529-537.

**Mittermaier, A.** (2006). "Bread, Freedom, Social Justice; The Egyptian Uprising and a Sufi Khidma," *Cultural Anthropology*, no. 1, 29;54-79.

**Moore, H.** (2011). *Still Life; Hopes, Desires and Satisfactions*. Cambridge; Polity Press.

---(2013). "Protest Politics and the Ethical Imagination." *Open Democracy*.

**Pratt-Boyden, K and Howard, N**. "Occupy London as Prefigurative Political Action". *Development in Practice*. Special Issue: Civil Society at a Crossroads. 23 [6]:729-741.