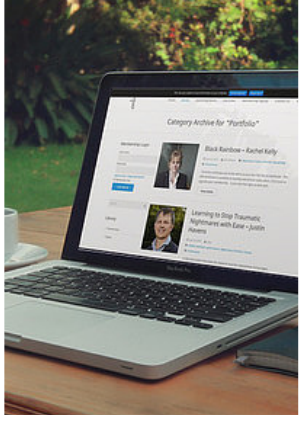


#BAPCA2015

Demedicalising Diversity: Celebrating, not Pathologising, People with Different Lives – Pete Sanders

Resource Guide

online events
www.onlinevents.co.uk

About Pete Sanders

Pete Sanders has worked as a counsellor, trainer, supervisor, and author since the early 70s. He was the course founder leader on three BACP recognised courses, was centrally involved in establishing and running the BACP Trainers Accreditations Scheme, has written numerous books, and founded PCCS Books with his wife Maggie. His continuing interests include development of theory and practice in person-centred therapy, politics and therapy and the demedicalisation of distress. Pete is just as likely to be found at a Hearing Voices Network event as BACP event. He is a trustee of the Soteria Network, UK. Dr. Eleanor Longden and Pete Sanders.

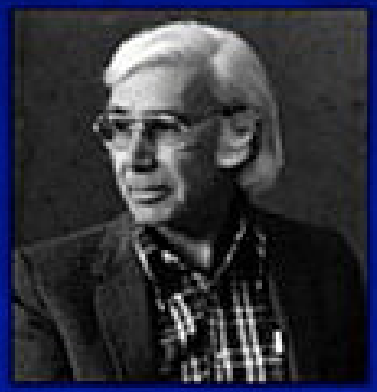
Demedicalising Diversity:

celebrating, not pathologising, people with different lives

What did Carl Rogers say?

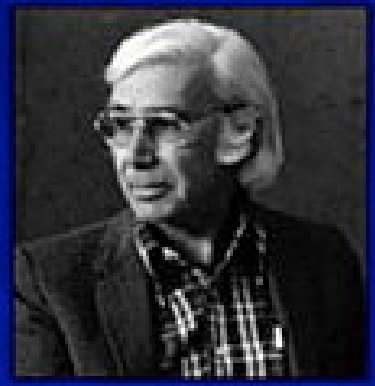
'We regard the medical model as an extremely inappropriate model for dealing with psychological disturbances. The model that makes more sense is a growth model or a developmental model. In other words we see people as having a potential for growth and development, and that that can be released under the right psychological climate. We don't see them as sick and needing a diagnosis, prescription and a cure. And that is a very fundamental difference with a good many implications.'

The PCA and diagnosis – John Shlien



Diagnosis is not good, not even neutral, but bad. Let's be straightforward and flat out about it, it is not only that its predictions are flawed, faulty, and detrimental to the relationship and the client's self-determination, it is simply a form of evil. It labels and subjugates people in ways that are difficult to contradict or escape.

The PCA and diagnosis – John Shlien



There is no value in being ‘reasonable’, in wanting to participate in reformulation of the psychodiagnostic endeavor that will generate a universally agreed-upon answer. Why petition to be a partner to reformulation when it is wrong from the beginning? It does not pay to make even temporary concessions to logic you believe to be false, or professional conventions you believe unworthy. They haunt one forever. [1989]

Relax, we're person-centred

What's wrong with the medicalisation of psychological health and wellbeing?

- Scientific medicine has helped us make progress in understanding and treating physical disease and 'the human-body-gone-wrong'
- Medicine as a way of understanding distress or 'human-psychology-gone-wrong', has been at least unhelpful and at worst positively harmful

human behaviour

What's wrong with the medicalisation of human behaviour?

The nature of explanations

- A medical framework for understanding distress is a metaphor. In scientific terms a 'theory'. In everyday language an 'idea'
- There are many other possible frameworks and metaphors, spiritual, social and scientific

What's wrong with the medicalisation of human behaviour?

'Progress', scientism, reductionism and hubris

- Human knowledge is always advancing
- The scientific method is universally applicable
- More complex explanations (theories) can be reduced to single, simple causes (theories)
- Excessive confidence in the above

Ideology and metaphors

Language – different and equal

- Immigrants are swarming and invading
- Women inseparable from weakness and non-maleness … original sin
- Black people inseparable from slavery, colonialism and non-whiteness … evil
- LGBTIQ = simply not straight … sinners
- 'People with a disability': sub-human. Special needs, different needs or just needs?

Ideology and metaphors

Different and equal means diversity

- Language evolves
- Don't get defensive
- Do get ready to be challenged
- Challenge medicalisation of diversity with political argument, not evidence
- Get ready to challenge scientism and reductionism with holism and complexity

Ideology and metaphors

Whose life is it anyway?

- Distress is personal. There might be themes to experiences, but the narratives and meanings are personal and unique
- An illness metaphor separates the person from their experiences and takes control of the narrative of their experiences at a time when thery are most vulnerable and need more not less control over their experiences of overwhelm and confusion

Ideology and metaphors

A dominant, totalising metaphor

- Provides a structure of certainty and safety
- Provides employment for therapists, psychologists, psychiatrists & associated trades
- Provides professional hierarchies where reputations are made
- Insinuates itself into our social constructs and personal psychologies
- Defeats opposition on many fronts at once

Ideology and metaphors

The dominant metaphor

- Becomes the 'natural' way of understanding – taken for granted. We are unable to think *about* the medicalisation of human behaviour because we are always thinking *from* it
- Sets the limits of our imagination of what is possible
- Dictates how we think about ourselves
- Installs itself as unchallengeable & undefeatable
- Makes opposition to it feel pointless

Experiences and distress

A *totally* idiosyncratic relationship

- Medical/diagnostic category nonsense: many symptoms, little distress/few symptoms/much distress
- *There is no theory* that will help us understand the relationship between experiences and distress
- *There is practice* which will help understand the relationship between experience and distress, one person at a time – empathy and UPR, helping person create their own theory/narrative

Frameworks for experiences?

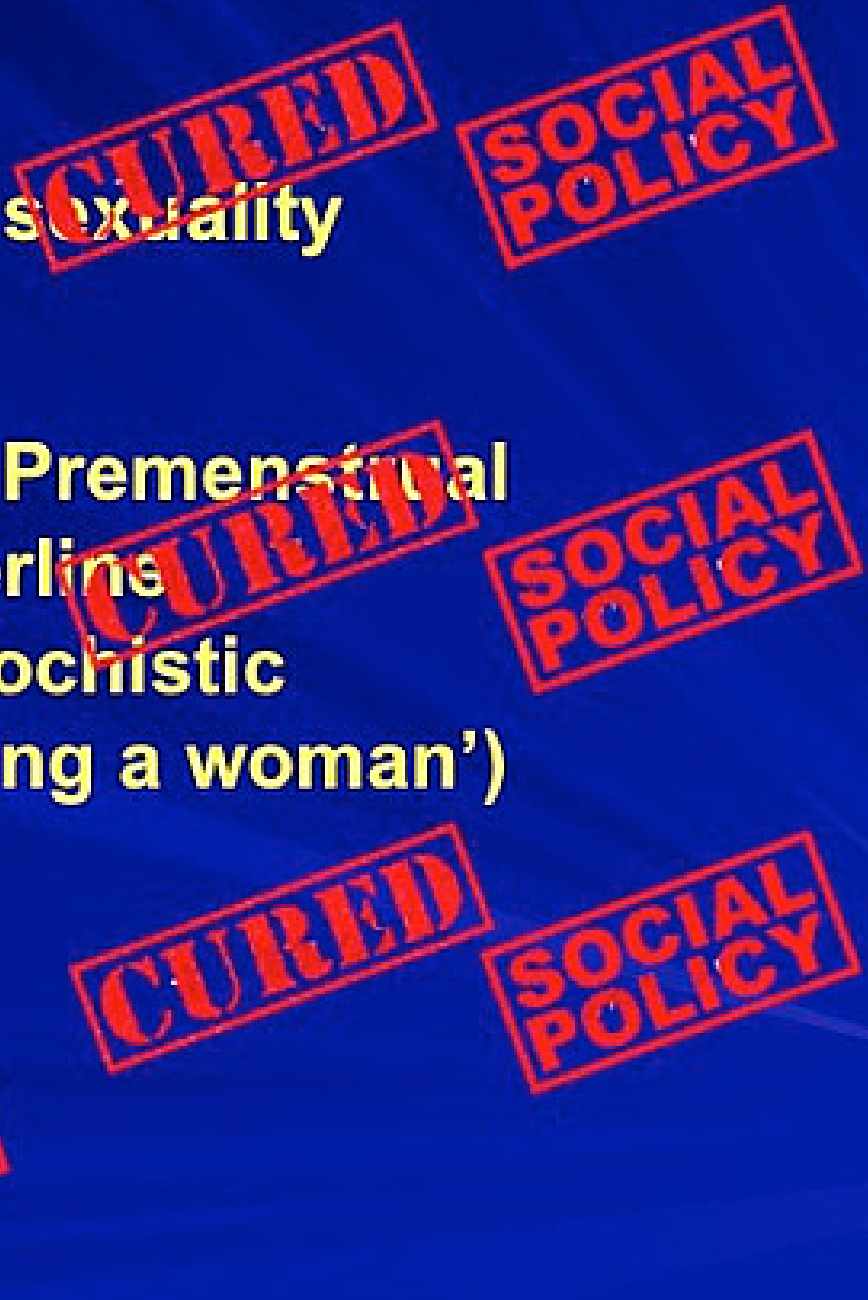
Medicalisation contributes *nothing*

- We can all build theories regarding why medicalisation is taking over our lives
- Wherever you look medicine and its model is annexing everyday experience and turning it into a treatable diagnostic category
- Don't get too smug …

  We are in danger of becoming footsoldiers of the 'psy-complex' (Foucault): social & 'psy' professions which regulate family life, child behaviour, mind, consumer behaviour, sexuality, relationships, rationality, rites of passage, grief,

Control of diversity through medicalisation

- ‘Homosexuality’
  All aspects of gender and sexuality
- Being a woman:
  Menstruation, Pregnancy, Premenstrual Dysphoric Disorder Borderline Personality Disorder, Masochistic personality Disorder. (‘Being a woman’)
- ‘Disability’:
  Being differently-abled
- Being black



The Medicalisation of Life

Who benefits?

- Drug companies
- The psychological helping industry
  - Psychologists
  - Counsellors
  - Coaches
  - Self-help/lifestyle gurus
  - Me and you

And their professional bodies, structures, apparatus and supporting trades

Is metaphor reassignment possible?

Carl Rogers on the medical model

'These schools of thought will not be abolished by wishful thinking.'

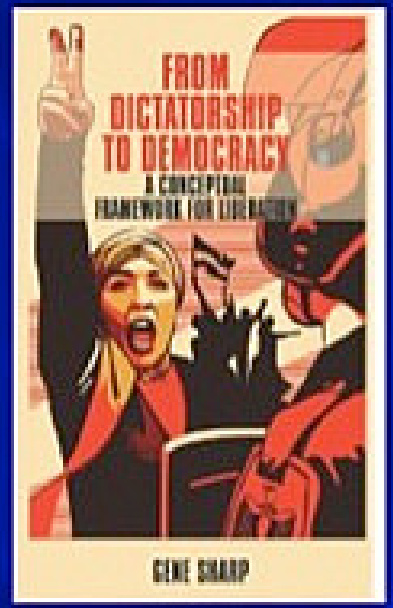
Gene Sharp on political change

'Dictators are never as strong as they tell you they are.

People are never as weak as they think they are'

Is metaphor reassignment possible?

- Gene Sharp: Political theorist of non-violent resistance to totalitarian dictatorships, Emeritus Prof political science, Univ Massacheusetts, Nobel Peace Prize nominee, 2009, 2012/13/15
- Common problem for resistance movements is dependence on one or two campaigning methods
- Possible to adapt for other contexts: ecopolitics, rights for oppressed groups, incl. mad politics



198 Methods of Nonviolent Action

- **Formal Statements**
  1. Public Speeches
  2. Letters of opposition or support
  3. Declarations by organizations and institutions
  4. Signed public statements
  5. Declarations of indictment and intention
  6. Group or mass petitions

- **Communications with a Wider Audience**
  7. Slogans, caricatures, and symbols
  8. Banners, posters, and displayed communications
  9. Leaflets, pamphlets, and books
  10. Newspapers and journals
  11. Records, radio, and television
  12. Skywriting and earthwriting

- **Group Representations**
  13. Deputations
  14. Mock awards
  15. Group lobbying
  16. Picketing
  17. Mock elections

198 Methods of Nonviolent Action

- **Symbolic Public Acts**
  18. Displays of flags and symbolic colours
  19. Wearing of symbols
  20. Prayer and worship
  21. Delivering symbolic objects
  22. Protest disrobings
  23. Destruction of own property
  24. Symbolic lights
  25. Displays of portraits
  26. Paint as protest
  27. New signs and names
  28. Symbolic sounds
  29. Symbolic reclamations
  30. Rude gestures

- **Pressures on Individuals**
  31. "Haunting" officials
  32. Taunting officials
  33. Fraternization
  34. Vigils

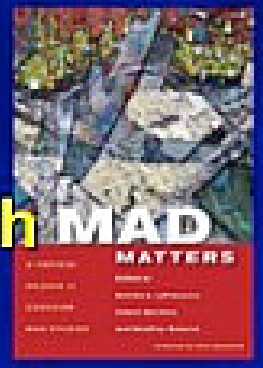
- **Drama and Music**
  35. Humorous skits and pranks
  36. Performances of plays and music
  37. Singing

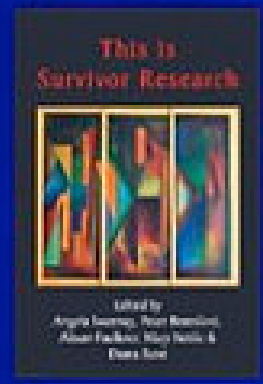
Other Change Methods

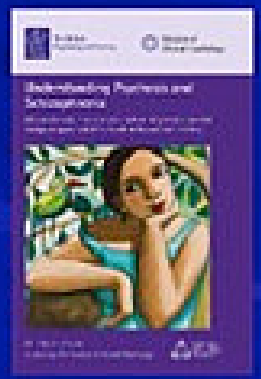
- Identifying cause as a human rights issue
  - Hearing Voices Network
- Reclaim language (see above & below!)
  - Mad Pride, mad culture
- 'Coming out' both individually and identifying in groups
  - Psychologists, celebrities, politicians … BUT
- Support groups
  - HVN, Paranoia Network, etc

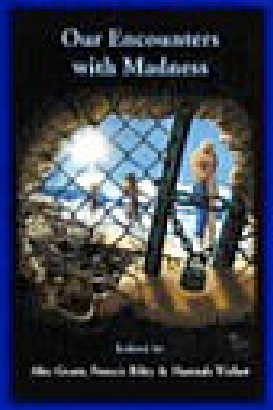
Other Change Methods

- Make cause an academic subject
  - Mad studies, *Mad Matters*, survivor research
- Use economic power
  - e.g. MyTime, Mad Economy
- Statements by organisations and institutions
  - NIMH and BPS rejection of DSM5,
  - BPS report 'Understanding Psychosis'
  - But, whither BACP, UKCP?
- Personal narratives (with or without political analysis)









Personal and political

What kind of therapist would you want?

- Racist? Homophobic? Sexist? Disablist?
- Race/sexuality/gender/disabled-aware?
- A medicaliser/categoriser of your experience?
- A celebrater of diversity of experience and expression – *your experience*?

Note: Ethical and moral dilemmas, but not here, today – I am not talking about preferences and choices, but must debate the degree we can choose our experiences.

Do not

- Stay silent
- Forget that when making decisions, it's not a question of
  - what is right or wrong
  - what is effective
  - what is efficient or a good use of public money
  - academic argument and what is evidence based (what the fuck is evidence anyway?) And remember there are professional reputations to be made

Another struggle for emancipation and freedom has started

There will a result

There is only one thing to do …

Decide

Which side are you on?

BAPCA

The British Association
for the
Person-Centred Approach

What is the Person-Centred Approach?

The person-centred approach is based on the theory and philosophy of Dr Carl Rogers.
It is a non-directive approach to being with another; that believes in the others potential and ability to make the right choices for him or her self, regardless of the therapist's own values, beliefs and ideas.

Who are BAPCA?

The British Association for the Person-Centred Approach (BAPCA) is an organisation that embraces and promotes the person-centred way-of-being: the striving to create relatonships based in genuine acceptance and empathic understanding.

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