

A psychiatric utopia Adam Douglass

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A new wave of psychedelic research has been gaining momentum in recent years. By facilitating what researcher Joseph Bicknell describes as 'deep systemic transformations of fundamental assumptions', or psychedelic experiences, psychiatrists, psychotherapists and psychologists can potentially support greater autonomy for an individual recovering from mental illness. New considerations of mental health treatment - as well as an openness towards, and the potential use of, psychedelic treatments - highlight a shift away from the institutional power structures that have been characteristic of psychiatry towards an approach that enables autonomy, indicating a desire in the profession to support evidence-based, holistic wellbeing.

I have worked in the non-clinical mental health sector for thirteen years and have observed the impacts of institutionalisation and what happens when one does not have power and control in life. I have worked one-to-one with people recovering from an experience of mental illness as a support worker and facilitated groups exploring how wellbeing can be enhanced through the development of skills and strategies aligned with individual values.

Over the past ten years I have also drawn influence from psychedelic culture to develop a system of collaborative painting that is dependent upon diversity: a psychedelic aesthetic system. My research and practice have been exploring how aspects of psychedelic experience and culture can extend psychosocial principles. It is worth considering how the aesthetics associated with psychedelic experience, and how the systems related to psychedelic aesthetics, can stimulate feelings of connectedness, knowledge integration and indirect communication within a group and to a wider audience, and how these ideas could support mental wellbeing.

Arts-based therapies and processes are encouraged in the mental health sector to help participants explore subjectivity for creative release and to provide a space for communication. The projects I have been designing are not proposed to be specifically therapeutic - instead they are intended to be innovative artworks, which support and strengthen wellbeing. Many participants have accessed projects through NGOs and come from diverse cultural backgrounds in New Zealand, Australia and Tonga. Rather than one artist representing culture, or making judgments about social issues without direct experience or embodied knowledge, the projects are designed to support self-representation and communication, potentially destabilising dominant cultural hierarchies.

In David Hickey's famous essay on psychedelia, 'Freaks', he discusses the disregard for Western conventions that psychedelic culture spruiks.

So, in general, we might say that these anti-academic styles prioritise complexity over simplicity, pattern over form, repetition over composition, feminine over masculine, curvilinear over rectilinear, and the fractal, the differential, and the chaotic over Euclidean order. They celebrate the idea of space over the idea of volume, the space before the object over the volume within it. They elevate concepts of externalized consciousness over constructions of the alienated, interior self. They are literally and figuratively "outside" styles. Decorative and demotic, they resist institutional appropriation and always have. (Hickey 1997)

This extract highlights some of the institutional fears associated with psychedelic culture and methodologies (which were translated into drug policy) and presents a potential means to improve the mental health institution, which has historically engendered in patients feelings of indoctrination, fear of dependence, fear for safety in a psychiatric ward and lack of autonomy over one's life. Psychedelic ideology does not support a patriarchal neo-liberalist agenda. Psychedelic ideology supports the collective.

Psychedelic research in the 50s and 60s supported an eventual political and social revolution. Psychedelic experience supported connection through heightened awareness of one's surrounds and provoked self-reflection. It made many aware of injustices and prompted many white folk to support the fight against inequality: assertively through rallies and passively through dropping out of society and creating countercultures. The phenomenological encounter with the self stimulated major change for many individuals and supported a sense of autonomy that challenged the government.

Terrence McKenna, an advocate for the use of naturally occurring psychedelic plants, maintained that the illegal classifications of psychedelic drugs is politically motivated – that the capitalist system requires the use of alcohol, coffee and cigarettes to maintain manic social behaviour and a numbness to consumerist momentum. He often said that if people were to slow down and reflect on themselves and the broader environment (which he stated psychedelic drugs encourage) they would be forced not to participate in this non-sustainable materialist governing system. McKenna's ideas are partially supported by the suspicious placement of LSD, psilocybin, mescaline and other psychedelics into Schedule I of the US Controlled Substances Act of 1970. 'These substances were simply placed in Schedule I by Congress without an evidence based assessment to determine whether LSD and other psychedelics met criteria to be added to Schedule I' (Johansen, Pål-Ørjan and Krebs 2015). It is concerning to read an interview with US President Nixon's advisor John Ehrlichman who explains that the War on Drugs was





about damaging 'the antiwar left, and black people'. He says openly, 'Did we know we were lying about the drugs? Of course we did' (Baum 2012).

Concern about psychedelic-substance use seems to have been based on media sensationalism, lack of information and cultural biases, rather than evidence-based harm assessments. Herbert Kleber's 1967 study of five university students demonstrates considerable cultural bias. The study identified 'prolonged adverse reactions' to peyote. Examples of adverse reactions included a homosexual student who developed a relationship with another male, a student with pre-existing depression who went to India to study Eastern spirituality, and a student who quit school and became a 'beatnik' (Kleber 1997).

In a socially progressive atmosphere the steps taken by the identified case studies would be considered assertive, empowered and potentially inspiring. From a psychosocial perspective these steps could lead to improved mental health. A mental health practitioner might say that the participants in the study are living in a way that is aligned with their values, limiting internal psychological conflict.

The history of psychiatry, which has had a complex relationship with mental illness treatment, is important to psychosocial considerations. Misdiagnosis, human experimentation, an inability for staff to adopt contemporary practices, Ken Kesey's famous novel and subsequent film *One Flew Over the Cuckoo's Nest*, and shady relationships with pharmaceutical companies have all contributed to society's mixed feelings towards the profession. Of all the medical models, psychiatry depends most on subjective judgement in relation to treatment, and is therefore vulnerable under scrutiny. Michel Foucault's analysis of power structures in *Madness and Civilisation* sheds much light on the difficulties people with a history of mental illness can feel in terms of their autonomy. He explores the changing definition of madness in European culture and the history of psychiatric institutions. Foucault highlights a significant development in 1656 called 'the great confinement': the opening of the first psychiatric asylum, the *Hôpital Général* in Paris. This was established as a judicial structure as society believed that, like morals, reason was a choice. Since 'the great confinement' there has been a slow shift to community treatment for the mentally unwell, yet feelings of a lack of autonomy in one's life remain among those receiving treatment.

In many Western countries during the 1970s to the 1990s vast amounts of people were released from psychiatric institutions to community treatment programmes. But behavior established in these institutions still guides the lives of many – currently more people feel they are conditioned to be subservient guinea pigs through medication, environment and stigmatisation at the hands of the psychiatric institution. Medication can be of use to support someone to overcome the restrictions of acute distress in order to develop strategies to maintain and improve wellbeing, and evidence suggests that pharmacology is the most effective and/or the most efficient treatment for

acute psychological distress, particularly for psychotic disorders. However it is generally recognised that when psychosocial supports and strategies are not used to improve wellbeing, and medication is the only change an individual makes to improve their life, this medication can become obsolete in an individual's recovery from mental illness, particularly when experiencing depression and anxiety.

Since blanket bans on psychedelic studies began in 1970, renegade researchers have continued exploring the potential of psychedelic drugs as treatments for conditions like Post Traumatic Stress Disorder and Substance Use Disorder. Clinical trials are now taking place at many universities including NYU and Johns Hopkins. With the aid of a trained psychotherapist or psychologist, MDMA (methylenedioxymphetamine) has attracted attention because it has allowed many to explore trauma with less discomfort. Scientist Torsten Passie says that when the right environment is created MDMA can support 'selfhealing' (2006). LSD (lysergic acid diethylamide) and psilocybin have proven useful for people struggling with drug and alcohol dependence by supporting a sense of connectedness. Psychedelic researcher Robin Carhart Harris explains that people under the influence of LSD demonstrate a 'more unified brain' in brain scans (Sample 2015), and that brain networks linked to hearing, sight, motion and concentration become more connected, although 'other networks broke down'. Science editor for the Guardian, Ian Sample says 'The effect could underpin the altered state of consciousness long linked to LSD, and the sense of the self-disintegrating and being replaced with a sense of oneness with others and nature'.

I have been considering how this reinvigorated research will influence the perception of psychiatric treatment and mental health service delivery. Will psychiatry be appreciated more if it encourages this form of phenomenological exploration?

In terms of psychosocial supports, different cultures can relate to different mental illness interventions under different belief systems. Subjective interpretation through analysis and/or aided by psychedelic substances have supported traditional healers in many parts of the world to investigate psychic disturbances. Studies using a variety of research methods and methodologies have been conducted internationally assessing the efficacy of these treatments for mental illness. A recent review of the current evidence was published in the *Lancet Psychiatry Journal* (Feb 2015). It states that many traditional, culturally relevant approaches are beneficial in 'relieving distress and improving mild symptoms in common mental disorders such as depression and anxiety... However, little evidence exists to suggest that they change the course of severe mental illnesses such as bipolar and psychotic disorders.' (Nortje 154) The culturally held belief underlying the therapy contributes to its efficacy. Healers frequently share a common view to their clients, using knowledge, beliefs and practices indigenous to the local culture in treatment.



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Currently, in many Western countries a person recovering from an experience of mental illness has access to a broad wellbeing team through clinical and non-clinical services, complimentary medicines and can access alternative treatment methods like spiritual healers and shamans independently. Consumer advocates are available to help challenge treatment plans in clinical settings and to provide general advocacy services, supporting a relatively thorough level of accountability of clinical services and greater autonomy for consumers. Because mental wellbeing is closely related to belief systems and values, all of the aforementioned services can be useful as culturally appropriate interventions. This diversity in responses indicates a shift in approach in the mental health sector. (Not all clinicians will necessarily support treatment choices however).

My personal experiences with the mental health system validate for me a sense that there is a desire to support autonomy, which the developments of psychedelic research and therapy could further reinforce. In my experience mental health services and psychiatric institutions have provided me with a space for stimulating discussion and supporting potential dissensus, which is important in any democratic environment. But although structures are in place to support independence for mental health service users, these are restricted by government funding requirements and systemic failures.

The therapeutic encounters that are experienced with a qualified psychotherapist or psychologist support independence. An individual accessing these services experiences a facilitated transcendental state to encounter the self. This experience of self is vastly different to critical analysis from the individual or a trained professional. Information can be integrated in new and potentially meaningful ways to stimulate change and to make visible unhelpful conditioned behaviour.

Terrance McKenna discusses the psychedelic experience as a space of potentiality 'bring(ing) people to the potential and accessibility of a huge, unsuspecting dimension of authentic experience that is of ourselves'. I use this explanation to articulate the collaborative painting methodology I discussed at the beginning of this text, because the process supports connection with self and others, encouraging diversity within the collective. Improvised painting with communities not directly associated with the art world challenges notions of the elite allowing diverse populations an accessible space for play, communication, connection, self exploration, self representation and ultimately greater autonomy.

The institution of psychiatry and the psychiatric ward has a complex and scary history but the expansion of the mental health therapeutic team attempts to address these longstanding fears. Mental health services nowadays include consumer advocates who hold institutions liable; all those working in mental health are encouraged to hold the subjective nature of mental health treatment to account. The re-emergence of psychedelic research highlights the intention to support self-governance for mental health

service users. When and if appropriate, the inclusion of assisted psychedelic treatments may support psychiatrists and the mental health institution to enable greater autonomy with mental health treatment and newfound appreciation for the profession may develop. If one has not started to feel empathy for psychiatrists and the tough road psychiatry has travelled, and compassion in relation to the lack of appropriate governmental infrastructure and support for mental wellbeing, perhaps we need to consider the joy that psychiatry and the mental health sector may provide in the future. When we are at our lowest we could expect the cleanest, most effective LSD and MDMA experiences, supporting new insights and euphoric connectedness, creating associations of love with one's mental health specialists and maybe, just maybe making the world a more beautiful place even for an instant.

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