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Experience - Affliction - Emancipation[1]

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Abstract
This article considers the emancipatory impact of including the perspectives and experiences of afflicted or affected (ex-) users of psychiatry in the design of psychosocial support structures. I argue for the importance of securing the right to shape one's own care through support structures that do not reinforce violence, heteronomy, exclusion, or cause additional suffering. Instead, each individual's autonomous approach to self-understanding would need to inform facilitation techniques. To this end, I wish to describe two initiatives in Germany that incorporate the perspectives of those who have been afflicted or affected by psychiatry. I place special emphasis on the anti-psychiatric Berlin Runaway House. To further explore contemporary participatory models of psychiatric care and by way of a counterexample, I will then shift to examine the "peer counselling" model (also called *Ex-In* or *Experienced Involvement*), in order to problematize some of the reform efforts within the field of (social) psychiatry. I will conclude with some thoughts on the concepts *experience* and *social self-understanding* from the perspective of critical psychology, which I believe offers a useful framework and language to discuss the role and place of the experiences of afflicted or affected (ex-) users of psychiatry.

Keywords
Antipsychiatry, to be afflicted or affected by psychiatry, user control, mad/madness, critical psychology, criticism of profession, experience, affliction, emancipation, (social) psychiatry, social self-understanding

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Introduction

The nascent science and practice of psychiatry in Germany had little regard for the experiences and hard-won insights of its initial victims. From the nineteenth century onward, research and clinical structures and practices demanded the strict separation between professionals and those who seek help or services, thereby also subordinating and disempowering the latter. All participants in the psychiatric field had their assigned parts: the subordinates – named alternatively sick, insane, or damaged, thereby rendering them socially disposable and fit for exclusion – and the dominant actors, empowered to determine whose and which kinds of knowledge were valid and applicable. They – the professionals – were the only actual agents within the psychiatric field's hierarchy. Traditionally, and often still today though perhaps in different ways, power has been exerted from the top down. The professional psychiatrist researches, documents, observes, theorizes, interprets, develops technologies, and thereby generates knowledge. To diagnose, to treat, and indeed to cripple and imprison, all reiterate and confirm the power of the knowledge-generating subject, and simultaneously disempower the individual who uses psychiatric services. To come into contact with the field of psychiatry and its coarsely comparative diagnostic model – voluntarily or involuntarily – is at some level to be essentialized and dehumanized: such individuals *are* mentally ill or disturbed, their experiences *are* abnormal, defective and not infrequently resulting from perceivable somatic causes. Further: they will be controlled, pathologized, straight-jacketed, while forced into rolls and spaces of containment. They become, at last, the *object* of psychiatric technologies and treatments. And as an object, they can never participate in a dialogic practice; conversations can only transpire between two or more self-determining individuals.

Of course, the state of psychiatry in Germany today cannot be captured in such a limited (and unflattering) sketch of its emergence and historical practices. At least since the commission and publication of the 1975 *Report on the Condition of Psychiatry in the BRD* (called the *Psychiatrie-Enquête),* the field of psychiatric care in Germany – now called "social psychiatry" or "community psychiatry"– has distanced itself from asylum-based psychiatric practices of old. Among other changes in the theory and practice of psychiatry, the language used in the field of (social) psychiatry[2] and by its

[2] With the term "(social) psychiatry," I am referencing Castel's observations about psychiatry as a field in Germany today. According to Castel, there are five constitutive elements that insure psychiatry's independence as a (theoretical and practical) scientific field: its theoretical precepts, its procedural technologies, its institutional authority, its

practitioners to describe themselves and their orientation has certainly evolved. In recent years, terms like *participation*, *trialogue*, *inclusion*, *empowerment*, *life-world orientation*, *recovery*, and *autonomy* have proliferated, with an implicit understanding that this terminology de facto humanizes psychiatric care and elevates the status of *users* (as opposed to patients, or consumers) and individuals afflicted and / or affected by psychiatry (in German, *Psychiatriebetroffener*)[3] in ways that would have been unimaginable to earlier reformers. But in light of these epistemological shifts, we might also ask what initiatives *structurally* incorporate individuals who have had (especially negative) experiences with psychiatry in Germany today, and how language conventions relate to, support, or obscure questions of praxis.

This article considers the emancipatory impact of including the perspectives and experiences of afflicted or affected (ex-) users of psychiatry in the design of psychosocial support structures. I argue for the importance of

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body of professionals, and its users (cf. Castel, 1983, p. 12f). Since the 1970's reform movement, different practices, procedures and theories have indeed evolved, and the term "(social) psychiatry" seeks to lexically differentiate between the older model of asylum-bound psychiatry and newer, socially-minded facilities and concepts of care. This contemporary field is however not wholly distinguishable from the older order insofar as it is similarly constituted (qua Castel). The socially-dynamic aspect of psychiatry is more like a different side to the same coin, and therefore it is important to lexically mark that ambivalence with the parenthetical construction.

[3] The question of naming, and especially self-naming, is of central importance within the anti-psychiatric and psychiatric-critical movements, and especially key in the struggle of and for those affected and afflicted by psychiatry (cf. Hölling, 2001). Within that context, such individuals are named (and name themselves) *Psychiatriebetroffene* (those who have been afflicted or affected by psychiatry) and also *Psychiatrieerfahrene* (those who have had experience with psychiatry). These two terms are used in German-speaking contexts in contrast to designations like "patient" and "client" that are normative within the field of (social) psychiatry. This is of no small consequence within the framework of this essay that both terms are difficult to render in English, as this essay is in part discourse-critical, and seeks to investigate / interrogate the terms *Betroffenheit* (affliction/affection) and *Psychiatriebetroffene* and privilege the latter designations over and above *Psychiatrieerfahrene*. The currently mainstream English-language designation for those afflicted or affected by psychiatry is "survivor of psychiatry," which is in German contexts at least infelicitous, if not dangerously misleading. To my mind, the designation "survivor of psychiatry" cannot adequately differentiate between the literally murderous psychiatric practices of the Nazi regime, and the modern (social) psychiatric practices in the post-war and reform era. To claim that contemporary practices are not identical to National Socialist ones is not to ignore, however, that modern forms of treatment are often physically and emotionally painful to the people they purport to serve and are not able to adequately account for the pain caused to individuals. In other words, modern methods can indeed still be tremendously afflicting, even to the extent of decreased life expectancies.

securing the right to shape one's own care through support structures that do not reinforce violence, heteronomy, exclusion, or cause additional suffering. Instead, each individual's autonomous approach to self-understanding would need to inform facilitation techniques. To this end, I wish to describe two initiatives in Germany that incorporate the perspectives of those who have been afflicted or affected by psychiatry. I place special emphasis on the Berlin Runaway House, whose anti-psychiatric orientation and conception of care I am not only more familiar with, but also actively participate in as a staff member. To further explore contemporary participatory models of psychiatric care and by way of a counterexample, I will then shift to examine the "peer counselling" model (also called *Ex-In* or *Experienced Involvement*), in order to problematize some of the reform efforts within the field of (social) psychiatry. I will conclude with some thoughts on the concepts *experience* and *social self-understanding* from the perspective of critical psychology, which I believe offers a useful framework and language to discuss the role and place of the experiences of afflicted or affected (ex-) users of psychiatry.

Runaway House Villa Stöckle

Established in 1996 in Berlin, Germany, and emerging from and within the new anti-psychiatry movement, the Runaway House "Villa Stöckle" provides 24-hour staff assistance for up to 13 residents. In contrast to anti-psychiatry reforms of the 1960's and 1970's, the contemporary anti-psychiatry movement is led largely by those who have been afflicted or affected by psychiatry themselves, and who have fought for the implementation of user-led alternatives to existing (social) psychiatric facilities and practices. In 1980, individuals who had been afflicted or affected by psychiatry formed a self-help group named Lunatics Offensive Association (*Irren-Offensive e.V.*) and two years later, in cooperation with supporters, they formed a planning collective that developed two different visions for housing projects. One faction prioritized a self-help approach and preferred an exclusively self-run "Mad House" (*Verrücktenhaus*) concept, while the second group sought to connect the self-help movement and the afflicted / affected (ex-) user movement (*Betroffenenbewegung)* with professional service providers (and financiers). Their goal was to offer continuous support for people in need, while relying on the cooperation of non-user staff members who nonetheless shared an anti-psychiatric orientation. While the development of these two impulses is rather beyond the scope of this article, suffice it to say that they could not be synthesized. The latter group split from the Lunatics Offensive Association

and in 1989 consolidated to form the Association for the Protection from Psychiatric Violence (*Verein zum Schutz vor psychiatrischer Gewalt e.V.*), the official organization that sponsors the Runaway House today. At this time, the Runaway House is the only explicitly anti-psychiatric living facility in Germany.

Association members and co-workers at the Runaway House are tasked to improve the day-to-day lived reality of high-needs individuals who have been affected – often painfully – by psychiatry. To that end, they provide safety and support that do not rely on psychiatric interventions. Instead, the experiences collected through (self-help) projects, collectively generated forms of knowledge, and psychiatric-critical concepts inform methods at the Runaway House. With a commitment to direct-democratic and autonomous administration, a principle of transparency, and the urgent eschewal of diagnostics and coercion, the Runaway House seeks to create a non-hierarchically organized refuge for individuals who decline (social) psychiatric services. These individuals are accompanied and supported through their crises and encouraged to develop their own ways of approaching and understanding their crisis situations without psychiatric intervention.

Staff and association members at the Runaway House incorporate the experiences generated in and through the afflicted / affected (ex-) user movement to strengthen the residents' influence within the house, at the administrative level within the association, and in terms of project design, through the implementation of a user-led approach (*betroffenenkontrollierten Ansatz*).[4] In practice, this means that at least 50 percent of the staff members at the Runaway House are individuals who have been afflicted or affected by psychiatry, which generally means they have received inpatient psychiatric treatment at a clinic at least one time.[5] There is complete equity between staff members in regard to their wages, responsibilities and working arrangements. Furthermore, they are at no point required to actively incorporate their experiences into their work, to say nothing of being forced to divulge their stories. It is up to them to decide if,

[4] As has already been noted, the German term connotes a specific "user" who is also assumed to have been afflicted or affected by psychiatry. In all cases, the term "user-led" will refer to methods that over which those afflicted or affected by psychiatry (to some degree) control. *Betroffenenkontrollierten Ansätze* are also called "Consumer-Delivered Services" (or CDS) in US contexts, but the German term does not have a consumerist inflection.

[5] There are two organizations for which the user-led approach is foundational in developing and executing projects for victims of violence. Wildwasser e.V. is a counselling and self-help space for women and girls who had been the victims of sexual violence as young people, and Tauwasser e.V. is a similar center for men who were likewise as boys sexually victimized. There organizations are however 100% user-led, in contrast to Runaway House.

when, and with whom they wish to share what they have undergone. Their experiences are presumed to inform their worldview, whether they wish to use their experiences as material on the job. Here it is worth noting that within the anti-psychiatry framework, clinical psychiatric experiences are de facto understood to have entailed some form of violence, though not necessarily direct bodily or psychological harm. Violence is also understood as a social and structural phenomenon, and structural and social violence, as perpetuated in and through (social) psychiatric institutions and practices, must be critically analyzed. For this reason, staff members and members of the association refer to residents' "affliction / affection" rather than as neutral "experiences." Also, in order to qualify to work at the Runaway House, one must be willing, whether or not one had been subject to the coercion and control of clinical psychiatry, to approach psychiatry critically. That is, one is expected to develop an awareness for interconnected forms of violence within (social) psychiatry and society at large, while also reflecting on one's positionality relative to these forms of violence. As a Runaway House staff member, being committed to the residents in their struggles supersedes traditional formal qualifications, and the idea of "professionalism" is simultaneously revaluated.

User-led methods at the Runaway House create conditions for interacting with people who have structurally similar experiences,[6] especially for those who have suffered from (social) psychiatric treatment or lived through "mad" (*ver-rückte*)[7] crisis situations. Such shared experiences not only build trust, but also encourage individuals to proactively re-claim their own negative experiences of dislocation and psychological suffering, as well as of the condescending pronouncements of the (social) psychiatric establishment. Ideas of proactive self-empowerment can be put into practice to resist the normative / normalizing

[6] Structural similarities of experience are frequently refracted by social or biographic differences.

[7] A hyphenated version of the German noun *Verrücktheit* (insanity, madness) and the adjective *verrückt* (crazy, insane, etc.) are often used in anti-psychiatric or psychiatric-critical discourses as a way of reclaiming terms that have been traditionally stigmatizing. It is understood that the unselfconscious labelling of individuals as "insane" or "mad" is stigmatizing, and results in discrediting subjective experiences from some point outside of the subject. Using the hyphenated terms "Ver-rücktheit" or "ver-rückt" intends recuperate a once-stigmatizing terminology by centering the experience of the subject, while referencing the related verbal root at play: *verrücken*, which simply means "to dislocate." There are no equivalent nouns or adjectives related to historical categories of mental illness that can function in this way in English, although the terms "mad" and "madness" are similarly used in English-speaking contexts to bring the traditionally stigmatizing nature of these labels into relief, while at the same time reclaiming them for the sake of movement building and critique. In this paper the terms "mad" or "madness" will be used in the place of "ver-rückt" or "Ver-rückheit" and set off by quotation marks to mark the terminological ambivalence.

power of (social) psychiatry, for example, by successfully going off psychopharmacological treatment. Where applicable, such experiences help individuals discover resources within themselves, thereby disrupting enduring notions of helplessness attached to those who had been subject to clinical-psychiatric control.

As described above, a concept of "user-control" (*Nutzer_Innenkontrolle*) closely informs the practices developed at the Runaway House, where the residents also enjoy decision-making power and have opportunities to influence how they will be supported. This stands in stark contrast to the hierarchical structures of coercion and control in clinical settings. To my mind this is most apparent in attempts to reverse the paradigm of surveillance, through a commitment to transparency. At the Runaway House, the residents monitor the staff, and residents are consulted on all work-related decisions. Residents are also generally guaranteed the right to shape their interactions with external contacts. Staff members may not send out reports about the residents without inviting the residents to read over and, if requested, co-edit these communications. Residents have limitless access to their own files, and they are always allowed to attend team meetings and be present when tasks are assigned, insofar as these pertain to them personally.

All of these practices help staff members become sensitive to the ways in which support and facilitation processes are traditionally limiting. Whenever a practice is felt to be coercive or limit autonomy, residents are encouraged to interrupt these practices and collectively subject them to critique. This helps reveal implicit power dynamics between residents and staff members. At the same time, certain entrenched power discrepancies do remain intact, in addition to the fact that some individuals earn money and go home at the end of the day. For example, the bureaucratic-managerial responsibilities fall almost exclusively to staff, even when it would be in the best interest to incorporate residents in these processes. It is also difficult for residents to themselves become staff members, who in many cases, according to the rigid guidelines set by the Berlin Senate, must be certified as a social worker to be eligible for employment.

Some structural conditions that limit the Runaway House's outreach simultaneously free it from certain constraints. The Runaway House fought a protracted legal battle to secure public financing, which to this day remains insecure. Since 1996, it receives federal support insofar as it is recognized under the social welfare law as a homeless shelter (German Code of Social Law §§ 67ff Book 12). Because of the strict criteria that govern provisions for homelessness under federal law, it is difficult for many people who seek services to get help. At the same time, however, because of its (legal) status,

the Runaway House is able to bypass hegemonic psychological and psychiatric diagnostic guidelines, which has long been the goal of the anti-psychiatric movement. There is also no demand that the Runaway house operate within any particular therapeutic paradigm. Within support and facilitation processes, staff members avoid employing traditional diagnostic techniques that psychologize and pathologize subjective experience and behaviors, techniques which people who seek services often associate with painful experiences of paternalism and discrimination. Staff members at the Runaway House consider diagnostic methods to be of little help, if not injurious, also insofar as they often misidentify and misname socially embedded experiences and actions and reinforce hegemonic power relations (cf. Markard & Kaindl, 2014).

While normative psychiatric practices and ideologies are de-emphasized in facilitating support, the (socially embedded) subjective experiences of residents are centered. As such, the residents are not classified as sick or helpless, but considered to be wholly responsible for their own affairs. They retain the right to interpret their own experiences of crisis, to set their own goals, to identify what they need and want for themselves. They also largely design their daily routines and their interactions and relationships with staff. The residencies, each unique unto itself, last from one day to as long as six months, depending on funding. Though each individual creates their own support plan, there are also some themes that are consistently incorporated. It is far too often the case that residents have had humiliating experiences in their lives, as well as in diverse social-psychiatric settings, and so it becomes important for many residents to empower themselves and to regain self-determination in respect of their everyday life and the development of a new sustainable lifestyles und living arrangements. It is centrally important for nearly every resident to be supported in organizing their finances and future living arrangements. Residents also work on examining and organizing experiences of crisis, dislocation, and pain. Some seek to go off medication or reduce their dosages. Others still try to build hope and trust, find peace of mind and safety, and uncover their needs.[8]

Through the support and facilitation practices that I briefly outline above, residents and staff members at the Runaway House – myself included, as I am currently employed as a staff member – try to problematize knowledge-power structures and normative expectations, to counteract the

[8] Many who suffer from the effects of (forcibly) prescribed psychopharmacological medications want to go off them, or at least reduce their dosages. There are specific difficulties associated with going off medication. Those experiences in and of themselves would need to be discussed in another context, as well as questions concerning the (material) conditions within which these experiences transpire.

social exclusion of individuals who have been afflicted or affected by psychiatry. Together, we endeavor to interrupt the ideals of social work, psychology and psychiatry that are held to be self-evident, and de-pathologize and de-personalize the problems individuals face. It is doubtless that contradictions arise, and we are confronted on a daily basis with obstacles that undermine our own anti-psychiatric standards. These include the financial instability, neo-liberal and capitalist-administrative logics, legal obstacles and the pressure to institutionally legitimate work-related decisions. Added to that, the dominance of (social) psychiatric surveillance mechanisms and a tight Berlin housing market are extremely limiting. Many residents are living precariously, sometimes for years, and are at risk of perpetual poverty, homelessness, social isolation, and being committed to psychiatric facilities. Our relative powerlessness in the face of these conditions and limitations mirrors back the limits of the kind of support structures established in the Runaway House. Encumbered by these problematic socio-political conditions, and having an awareness of relative political marginalization, the Runaway House cannot, unfortunately, provide an ideal alternative to (social) psychiatry as such, but it does offer numerous people who wish to escape from these difficulties a place to go.

Participation

On might interpret the history of the Runaway House and its sponsor, the Association for the Protection from Psychiatric Violence, as an ongoing process of self-understanding, whereby together, staff and residents – those afflicted or affected by psychiatry and those who are not – have learned about the pathologizing, exclusionary mechanisms of (social) psychiatric practices, as well about "madness" and mental illness. One might say it is a grassroots attempt to create a real alternative to (social) psychiatry as it is otherwise practiced today. However, this is not the case with all new, seemingly progressive developments in the field. Other modes of integrating the experiences of individuals afflicted or affected by psychiatry to modernize the practice of (social) psychiatry fall under the rubric of what is called *participation*. However, the "participation" movement is not steered from below, but instituted from the top down, and frequently in the face of internal resistance. One might notice that while certain critical positions – for example, against the objectification of individuals who have been afflicted or affected by psychiatry – are absorbed by the field of (social) psychiatry, criticisms are ultimately defanged. (Social) psychiatry has proven its

flexibility and malleability in the face of changing societal norms, without relinquishing its fundamentally hierarchical structuring principles.[9] Radical vocabularies can simply be adopted and co-opted by those in power, regardless of the intention of the reformer who wields them. Indeed, the co-option of language norms threatens to obscure actual structures of domination and power relations.

The Experienced-Involvement (abbreviated in German usage as *Ex-In*) training program exemplifies the way in which the reform movement leaves hegemony undisturbed. Ex-In is a European initiative that seeks to train individuals with experiences of psychiatry (*Psychiatrie-Erfahrene*) to work within the (social) psychiatric health care system as "recovery companions" (*Genesungsbegleiter*). An important element of the training program is the collective development of so-called "experiential knowledge" (*Erfahrungswissen*), by way of reflecting upon and structuring personal experience together in a cohort of vocational students. This, to me, suggests that the Ex-In courses themselves have a kind of therapeutic function (cf. Achberger, 2016).[10] While it is not possible to fully describe the content of the program or its theoretical orientation here, I would like to offer some ideas as to how the normative hierarchies within the field of social psychiatry are evident in Ex-In, and mark the differences between Ex-In and its understanding the idea of "user-control" operative at the Runaway House.

Most obviously, the employment of "recovery-companions" does nothing to interrupt the normative regulatory practices within the field of

[9] It is beyond the scope of this paper to fully explore the ways in which capitalism conditions the contemporary practice of (social) psychiatry, although one point is worth noting here. The ideological drive for a "balanced budget" and (nationalist) concerns about Germany's global standing affect the delivery of social services in important ways. For example, "alternative" approaches to care management are often introduced and financially supported insofar as they might help sink costs. All other concerns are subordinated to this particular idea of financial sustainability, and the "good" of new approaches to psychiatric care is thus only measured according to how well cost-saving goals are met. The "integrated care" pilot program, the employment of "recovery-companions" and "peer-counsellors" as well as the financial support for "self-help" programs and the rise of volunteer-positions are indicative of the neoliberal preoccupation with cost-efficiency.

[10] There are interesting parallels to be seen between Ex-In and the therapeutic models that analyze and thematize personal experience, for example within psychoanalytic training and behavioral-therapeutic training. Personal experience and self-reflection are certainly important components of psycho-social praxis of these sorts, if to differing degrees. One can see in contrast how personal experience and self-reflection play only a minor role in university courses which would qualify students to work in different care fields later. In medical school or psychological training, for example, one might even say that personal experience and self-reflection are thought to hinder appropriately professional praxis, guided by a so-called scientific objectivity.

(social) psychiatry. The former and current users of (institutional) psychiatry are still subject to restrictions and have fundamentally limited opportunities for influencing policy and decision-making. Participation in the training program also doesn't necessarily improve employment opportunities, except then in the case of these specific, low-paid assistantships. Additionally, unequal expectations regarding privacy, personal experience and professionalism persist. Professionals within institutional settings are generally expected to keep their personal stories to themselves and maintain "professional distance." On the other hand, it is necessary for "recovery companions" to integrate even very intimate experiences into their work: these are, indeed, what qualifies them for positions in the first place. As these two meanings of "expertise" are left un-synthesized, the scientific understanding and professional practice of "expertise" still dominates over the experiential knowledge of affliction. Structural hierarchies remain untroubled. The re-inscription of dominance and subordination not infrequently affects the worldview (and self-image) of the professionals as well as the Ex-In trainees, threatening to cement traditional notions of pathology and undermine the subject status of those afflicted or affected by psychiatry. The word "experience" itself as it is employed by the Ex-In program reflects this. In contrast to the term *Psychiatriebetroffenheit* preferred in critical discourses, Ex-In speaks of *Psychiatrie-Erfahrung,* or an "experience with psychiatry" (cf. footnote 2). In light of the history of structural and physical violence within the field of (social) psychiatry – violence that manifests within conceptual and linguistic norms – the affected neutrality of the term *Erfahrung* is jarring.[11]

It is clear that many people experience (social) psychiatric care as supportive and rewarding, and I stand in solidarity with "recovery companions" for whom Ex-In creates opportunities for social reproduction

[11] These reflections prompt several more related questions that could be analyzed. It might be asked, for example, if the use of "recovery companions" can in fact lead to more sensitivity about language use and behavior on the part of (professional) staff members, whether (professional) staff are in fact more open in cooperation with "recovery companions," and finally how this in turn affects service-users. It would also be important to determine whether or not the use of "recovery companion" is instrumentalized to enforce compliance and the solidify normative understandings of disease, as is sometimes alleged. There is also the question about whether "recovery companions" serve a more mediating or "legalistic" function, and what that says about the relationship between professionals and those who have been afflicted / affected by psychiatry. Some sort of solution must be found to deal with feelings of resentment by which afflicted / affected individuals are thought to be generally more vulnerable and as helpers unable to distance themselves from other people's crises (cf. Achberger & Utschakowski, 2015; Lacroix & Scmitz, 2013).

that are otherwise foreclosed to them. Furthermore, I do not wish to suggest that professionals in the practice of psychiatry do not constantly struggle to assert themselves against the overarching structures in the field of psychiatry that undermine their perspective and agency. I do however want to emphasize that thorough-going emancipatory changes within the field of (social) psychiatry – to say nothing of the abolition of the traditional concept of pathology – are not possible within the field's framework. Radical change can only happen outside of (social) psychiatric structures, and in tandem with political attention to the societal conditions that inform the field of (social) psychiatry.

German Critical Psychology

The Runaway House and the Ex-In program provide two examples of how to integrate afflicted / affected (ex-) users of psychiatry back into psycho-social support-networks, and how these systems might be structured. I evaluate each according to their respective theoretical frameworks, which in turn have varying practical implications. While my affinity to and endorsement of the Runaway House is clear, I would like now to take a step back and develop a theory of experience (*Erfahrung*), society (*Gesellschaft*) and self-understanding (*Selbstverständigung*) from the perspective of critical psychology. I wish to show how critical psychology as a discipline might help us better understand what exactly the experiential knowledge of afflicted / affected (ex-) users of psychiatry means for emancipatory (peer) support-systems. This "step-back" is not a disembodied reflection; it is rooted in my own self-understanding and social positioning, and the text I write is itself part of a process of self-understanding.

The protagonists of German critical psychology have attempted to work out the psychological implications of Marx's recognition that individuals are not just the products of their social conditions, but that they also produce them. One might say that this culminates in a critical theory of human life as it is lived. One of the major goals of critical psychology – in theory and in practice – is to stand in solidarity with individuals as they make practical changes in their lives. Support is crucial in the development of social self-understanding (*Selbstverständigungsprozesse*), insofar as the material world in which individuals are situated is organized along intersecting axes (e.g., race, class, and gender) of power.

Any process of self-understanding – including my own – begins with the world as it is directly experienced. Direct experience of the world, in

feeling, thinking, wanting, acting, does not posit an irreducible, impenetrable inner self. Even wholly subjective, intimate experiences of destructive intensity do not transpire in a vacuum. Like human beings, experiences (of the world, which access the world) are still socially and historically situated and constituted. Critical psychology's conceptual apparatus helps to reconnect subjective experience and the world. More than just the complex condition of experience, the world is a network of socio-historical relationships and an ensemble of meanings that need to be deciphered. In psychological terms, this means that individuals, who only ever encounter the world in its parts and never as a whole, experience "the world" subjectively – according to their socio-biographical and material situatedness – as a specific ordering of individual and collective opportunities and impediments. This encounter (with the world) is subjective, according to the socio-biographical and material situatedness of the individual – but it is not passive. On the one hand, the world precedes the individual, but it also serves as a referent, alongside of which an individual engages in acts of world- and self-creation simultaneously. The continual and altogether ordinary processes of self-realization, i.e. the coming-to-awareness of one's interests and needs (and limitations) leave its mark on one's emotional state and feelings. The personal and collective opportunities for autonomy that enable individuals to realize/actualize their needs and wants, are dependent upon the specific and concrete social conditions within which we all move. In critical-psychological terms, autonomy is not merely being able to decide things for one's self. It is much more a relational concept, one that shows the degree to which I for example either alone or collectively might influence or control my living conditions, and therewith gain mastery over feelings of anxiety, vulnerability and distrust.

An implicit provision of my argument is that self-understanding is (existentially) necessary, insofar as individual existence is mediated by the social, and individual experiences are structured by social relations. These social relations are not immediately recognizable, just as experiences, and the world itself, are not directly observable (cf. Markard, 2007). It is not immediately obvious how to live in the world; one must learn how to do it. Individuals must make sense of their experience and of the world while simultaneously failing to make sense, trying again, correcting, repeating their failures, and letting go. This is the existentially necessary process of self-understanding, by which individuals participate in social reproduction while meeting their existential needs and vital interests. The familiar scenario of wishing to sate one's hunger helps illustrates the process of self-understanding. In order to fulfill that wish, the following questions must be

answered: what do I want to eat? Do I have enough money to get it? Where should I buy it? How will my eating now effect the rest of my day? In conditions of privilege, these questions are banal, but it is important to stress too that self-understanding is mundane process. There is also always something new for individuals to understand, even if one has had past experiences through which they gained knowledge, making an explicit process of self-understanding moot. Self-understanding will also be differently valued when individuals experience aspects of their lives as painful, violent, disorienting, inhibiting, contradictory, or inaccessible. In those cases, they will focus on other connections, which may have far-reaching consequences for how one lives and acts in the future. Social power dynamics and forms of exclusion add a further dimension to the process of self-understanding, especially in those moments when individuals look for ways to come into contact with the world and its inhabitants that don't just reproduce the conditions that exclude and inhibit self-understanding and self-actualization. A process of self-understanding that seeks to extend possibilities for oneself and the collective would ask, returning to the hunger-example: why must people pay for food in the first place? How is this food produced? Why do some people not have enough to eat, while others enjoy incredible bounty?

Up to this point I have not described how exactly individuals understand themselves as "selves," or in other words, how they penetrate their personal experiences and from these draw conclusions. Critical psychology theorizes that an individual's experience is mediated through socio-historical modes of thought and communicative-symbolic forms (including musical or visual-artistic forms). In referring back to these forms – those through which experience is mediated – the individual can reflect on, organize and express their experiences. This becomes necessary whenever individuals need to clarify, understand or change anything. The socio-historical and communicative-symbolic forms are the context for experience and always precede it, while also serving as an interpretative template for one's experiences of, and in, the world. The purpose of working toward self-understanding, either alone, together with others, or in reference to societal cumulative knowledge and its bearers, is to make new forms of action and experience possible and realizable. This is true in general, independently of whether any specific content is actually realizable. Whether a process of self-understanding is emancipatory, on the other hand, can only be judged according to the process's content.

Looking at the experiences of psychological pain and disorientation will help illustrate my point above. What qualifies a specific experience as "mad"

is controversial. The hegemonic / normative position is that "mad" experience is the expression of a disorder, disturbance, psychosis or schizophrenia. A host of well-known and oft-criticized assumptions about the emergence, progression and treatment of illness accompanies this view. I would argue however that this interpretation - this socio-historical mode of thought, this communicative-symbolic form - fails to recognize the connections between human experiences and actions in their specificity, psychological pain and its expression, and socio-biographic context. Instead, this view depends on ideological frameworks that pathologize, biologize and essentialize "mad" phenomena. Rather, with critical-analytic tools we might better access "mad" experience. Although it is a matter of disagreement within the field of critical psychology how clarifying and concrete its interventions can be, critical psychology can account for unique attributes of human experience and brings with it other ideas about how to design (peer-) support processes. I wish to stress that experiences are never neutral and can never be immediately grasped. The thought- and communicative forms, the interpretative models, within which experiences are had and reflected upon, within which the experiences of others are understood and organized, are important in themselves and theoretically charged. It is a question of concrete life practices and societal exchanges, through which individuals examine their own experiences, which possibilities for self-understanding are opened and made accessible, which conclusions one might draw from experience, what knowledge can be processed, and if interpretations are fitting and necessary for an individual. Concrete life practices and societal exchanges also determine the subjective functionality of certain interpretations, and whether possibly contradictory interpretations are even possible. Thinking about this from an emancipatory perspective, it is clear that not all interpretations are equal. Some are applicable, and some must be contested or even negated. In our example, this means that the individual might find (or might be forced to find) the interpretation "mentally illness schizophrenia" as subjective-functional, fitting, helpful for the organization of support. However, developing connections between dis-orientating, painful experience, lived conditions and questions about adjusting or changing those lived conditions are thereby foreclosed.

An important aspect of the process of social self-understanding concerns the communicability of experience. Insofar as experiences are gained in and through language and socio-historical modes of thought, communicability is in turn ensured through these. At the same time, communication is a shared act, and communicating (through language and other forms) mediates not only the experience of self, but also of the other. In other words, insofar as

the meanings of words and signs always exceed the intentions of any utterance, an addressee is also indirectly indicated through communication. This is not to downplay communicative difficulties, but to stress that possibilities for understanding are rooted principally in human sociality and in communicating itself. Common problems that arise with intersubjective understanding – feeling misunderstood, or as if one is not able to say what they mean – would have to be addressed in the specific moment they arise by all involved. For example, the special sensible character of certain "maddening" experiences (their content notwithstanding) makes them difficult to organize with our usual language-symbolic order and communicate with others. This could potentially explain the struggle to find an adequate or satisfying language to describe such experiences, evidenced in idiomatic formulations like "being on a different wavelength" or "to be tripping." It is possible that many words that have been used to describe "out of mind / body" experiences – hyperrealism, trance-like, madness, psychosis, etc. – are only crude metaphors or approximations for otherwise indescribable experiences.[12]

Discussion

As I have tried to show, how best to analyze variously embedded experiences, and what conclusions might be drawn from them, remain open questions.[13] Whether one develops a (political) standpoint, in relation to concrete interpersonal, social or political matters and debates remains likewise uncertain. It is generally considered to be difficult to know whether I, for example, can or want to learn from the experiences of others, or if others can make sense of my own experiences. What is worth learning in the first place would depend on (an understanding of) experiences themselves

[12] Involving afflicted or affected (ex-) users of psychiatry in the psycho-social treatment process is often justified in cases of "madness" with the argument that treatment helps understand mad experiences, exactly because these experiences affect intersubjective communicability. The theoretical and practical foundations of this understanding of "successful" treatment need to be investigated, and the danger of mistaking "feeling understood" for "actually being understood" seriously considered (cf. Merz 2012, p. 92f).

[13] When structural (in this case dominate) social conditions / relations are not taken into account, experiences are often analyzed infelicitously. From an emancipatory perspective, it must also be asked whether there is a "correct" way to reconstruct these conditions and relations at all (cf. Markard 2007). On the other hand, there is no known imperative to attend to social conditions when participating in social re-productive processes while considering one's own needs and interests.

and the standards by which they are judged and analyzed (cf. Markard, 2007). In concrete interpersonal, social and/or political engagement, it also up to all of the participants, according to their interests, to determine which experiences and what kinds of knowledge they will notice, and which conclusions they will reach in those cases.

What I have described here, in terms of the importance of the integration of those afflicted or affected (ex-) users of psychiatry in the creation of psycho-social support systems, implies a further question: how can and should something be learned in the differently situated experiences of affliction, dis-ordering psychic pain and crisis, and by whom? Conversely, should not processionals in their research and praxis acknowledge that the experiences and know-how of those who have used psychiatry and those who psychiatry has harmed would be of seminal importance and interest?

Before I discuss these questions, I would like to return to the concept of *Betroffenheit*, which is understood as the condition of having been afflicted or affected by psychiatry and has to do with a specific constellation of experiences. Through an exploration of the user-led methods I have described, I suggest that the condition of *Betroffenheit* arises from paternalism and violence, as well as from the denial of agency, the curtailment of autonomous self-determination, and the violation of physical and psychic integrity in psycho-social support structures. Of course, not all of the dimensions of pain in concrete experiences of psychiatric affliction are captured here. The experience of being committed, of being repeatedly passed along from one psychiatrist to another in the search for a cure for psychic pain, the medicalization of care, legally enforced involuntary guardianship, therapeutic settings and rules, the condescension and decision-making authority of professionals, pedagogical interventions and psychologizing interpretations, pathologizing, psychological-psychiatric diagnoses, in-patient psychiatric or psychosomatic treatment, contact with social-psychiatric services and therapy-based assisted living might also constitute *Betroffenheit*. Some more pervasive than others, experiences of violence or of diminished opportunities for self-expression take manifestly diverse forms within psycho-social institutions. The most notable (in the negative sense) is still the psychiatric clinic, with the intrinsic threat of serious coercive measures. As an outsider, it is not possible to generalize if and how individuals experience themselves as afflicted, or who is in danger of being afflicted, and when in such settings they do experience pain and violence. A notable tension arises between the what I as an observer, even one equipped with the tools of social-, psychiatric-, or psychological-criticism, might consider afflicting, in judgment or condemnation of

particular (hierarchically organized) support and treatment forms, and the perspective of users, who under the same conditions do not experience themselves as afflicted / affected. We learn from critical psychology on the one hand that how individuals understand and analyze their own experiences, and which conclusions they draw, isn't irrelevant. From an emancipatory perspective and beyond, however, it is also the case that one cannot force someone to understand their own experiences as afflicting. Furthermore, even a dynamic concept of affliction / affection must contend with a social sphere riddled with all manners of power structures, leading us to a further question: how can for example pathologizing psychiatric processes afflict or affect along intersecting axes of race, class and gender?

The discussion regarding the integration of afflicted / affected (ex-) users of psychiatry in the creation of psychosocial support structures is part of a critical confrontation with the field of (social) psychiatry and its different institutions, practices, methods and forms of knowledge. For an emancipatory perspective – manifesting as anti-psychiatry or rooted in critical psychology – the status of those afflicted or affected by psychiatry is of central importance. To counteract what has been described at the beginning of this essay as the de-subjectification of victims, as well as the (internally) contradictory conception of newer social-psychiatric models in which traditional power dynamics are left untroubled, emancipatory efforts aid those afflicted or affected by psychiatry in realizing and affirming their subject status, their subjective experiences, and their basic needs for life and happiness. This has far reaching consequences in the creation of emancipatory support and facilitation processes, which, as I hope I have made clear, not only account for the differently situated experiences of affliction, "madness," psychic pain and suffering, but also aim to not increase affliction. Such processes must also serve as a point of departure for intersectional and global-political processes of social self-understanding, between the afflicted and the non-afflicted, between professionals and non-professionals. Such processes of self-understanding that incorporate the specific perspective of those afflicted by psychiatry should not be satisfied with these kinds of binary (afflicted / non-afflicted) identity categories at all. As I have tried to show, one's experiences and one's political position and interests are not necessarily related. Political positions and interests instead depend upon and grow out of disagreements and coming to understanding about one's own and other peoples' experiences and social forms of knowledge in specific sites of sociality. Structural hierarchies and power relations do exist, but I nonetheless advocate collectively creating processes of self-understanding in acknowledgement of these conditions. It remains to

be seen how an emancipatory (political) process might overcome its inherent limitations and confront and redress existing disparities of power and control to successfully create individual and collective opportunities for self-determination.

Within the conceptual-disciplinary framework of critical psychology, I have shown that experiences – of affliction, of self-help, of "madness," crisis or pain – are simultaneously experiences of/within specific conditions of (im)possibility for action. I think it is crucial for us to learn from these specific kinds of experiences, to question our favorite orthodoxies within the profession, and collectively create a praxis in consideration of the experiences and perspectives of those afflicted or affected by psychiatry. Such a praxis should at once respond to the character of human experience and activity, and work against the hegemonic ideas that govern theory and praxis, while also not reifying new oppressive hierarchies or transforming existing dynamics of power. Such an emancipatory praxis must be developed collectively and seek to create conditions in which the individual can, through processes of social self-understanding and facilitation, fashion new opportunities for action and experience. These in turn can help overcome and override previous experiences of suffering, crisis, disability, dis-ordering, etc., so as to enable individuals to have control over and determine their own lives. It is therefore necessary to bring existing societal conditions into the analytic framework, while fighting for social and political change. Individuals must have the opportunity to participate and design their own concrete support and facilitation processes, as is promoted through user-led methods. In other words, establishing individual and collective opportunities for self-determination in one's personal life and in personally relevant social and communal contexts are the very conditions of possibility for overcoming anxiety, vulnerability, limitation and suffering. User-led methods give individuals opportunities for self-determination within support structures themselves, which in today's world are indeed very rare.

Translation by Lisa Cerami

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