

How Temenos Differs from the Mental Health Industry: A Practical Vision for Genuine “Mental Health” Reform

We're all part of the Temenos web when we own our pain by accepting - as Buddhists do - that suffering is unavoidable and that it's part and parcel of what makes us human. We can go further by recognizing that gifts lie hidden in the psyche's wounds, that wounds are boulders lumped into the river of life, stopping the flow of energy one way so that it may re-route itself elsewhere. Thus depression (literally 'lowering') can bring refuge and descent and open doors to the exploration of our creative depths. Schizophrenia cuts soul's energy off from the outside world so that it is free to explore the terrible and wondrous realms of vision and know an egoless sense of empathic oneness with all. Acute anxiety can thin our shells so that we become triply sensitive to the possibility of wounding others.

If, in other words, you're a kind, open-hearted individual who is comfortable with (at least the idea of) nurturing, honouring and celebrating the life of 'soul' - through all its darks and dawns and labyrinthine wanderings - you're automatically part of the boundless 'variety performance' that takes place in the Temenos sphere, so there's no need to fill in a membership form or send money to join.

In contrast to the rubber-stamping, often abusive and coldly clinical 'mental health industry', the beauty of Temenos lies in its simplicity, naturalness, accessibility, spontaneity, creativity, affordability, compassion, good old common sense and life-affirming embrace of the full spectrum of 'being human'. A Temenos gathering and communal 'support and re-education' network can be readily set up on any scale in any home, community centre, farm, school or scout hall. The aim is to provide safe homely spaces - preferably accessible to nature - where folk with wounded psyches (I guess that's most of us) can share stories and artwork, offer listening ears and shoulders to cry on, exchange useful info (e.g. on self-help and healing therapies), roast and toast edibles in fires and do anything else that warms hearts, eases pain and heartache, explores practical visions for helping 'folk in crisis', validates the uniqueness of each person and helps forge bonds of empathy and friendship.

For severely traumatized and non-violent psychotic folk, 24 hour 'residential crisis care programs' (along the lines of Prof. Loren Mosher's former Soteria Project) can be set up, based on trusting one-to-one relationships, non-interventional support, natural therapies and group teamwork. Since Temenos is an organic, fluid network, no rigid dogma or structures, red tape, institutionalized clutter, professional rivalry and inefficiency clog its pores. It's a 'one and many' whole being - many equal individuals forming one breathing, growing organism. The good news for money-strapped Governments - and bad news for drug companies and mainstream biopsychiatry - is that Temenos 'de-professionalizes' crisis care, given that no training in psychology, psychiatry or social work (that I know of) is based on understanding and helping the psyche in crisis, so 'professionals' are not needed (aside from ordinary GPs to monitor physical well-being). Besides, as Jung said, what we haven't experienced psychologically, we don't understand; the corollary is that we can't guide others where we haven't been ourselves. No huge salaries are therefore involved in running Temenos centres and a lot of the work - such as providing friendship, time, helpful information and safe 'drop-in' spaces - is voluntary.

Soulless 'Mental Health' Industry

The mental health edifice, in contrast, works like a pyramid 'top down' business cone. Power (and money) flow from the bottom rung of powerless, often poor 'consumers' - folk labelled as 'mentally ill' - up through the ranks of (increasingly powerful and wealthy) mental health staff to the all-powerful 'CEO' psychiatrists and drug companies running the farce from the top. It works like any other business that must both sustain and create new demand to survive and grow. One simply

markets 'mental illness' instead of, say, cars or toothpaste. To do this, psychiatrists firstly invent 'mental illnesses' by attempting to medicalize normal human experiences and crises such as grief, anxiety, suicidal urges, coffee addiction, difficulties with maths, nervous breakdowns, mania, neuroses, children's naughty behaviour, spiritual emergencies, worry and depression. (Bear in mind that so-called 'mental illnesses' don't exist as objective medical facts, but more as delusional attempts to limit the socially acceptable range of human beingness, until what is left is a 'normal' bland greyness resembling a compliant zombie).

The 'many-hued facets of pathologizing soul' are redefined as 'brain chemical imbalances', then voted into psychiatric manuals through a show of hands at psychiatric conventions. It's then a matter of enlisting Government, legal, community, medical and media aid to put around the belief (lyingly presented as fact) that '1 in 5' (or is it now 4?) people have a 'mental illness' and need professional help. Market growth is achieved by simply creating more mental illnesses - such as ADHD - in order to target an increasingly broader range of the population (such as the two year old children now being given the cocaine-like drug Ritalin to curb their fidgety and unruly antics.)

From a related angle, would we consider a plumber who couldn't fix the plumbing as 'qualified' - even if they had the piece of paper to prove they were? In the same vein, most of those regarded as 'qualified' psychiatrists are nothing of the sort when it comes to the desired result: the healing of the psyche in crisis. Through psychiatry's forced drugging, at worst wounded psyches end up dead, chronically ill, or incarcerated as victims of biopsychiatric 'polite terrorism', that is, social control masquerading as medicine. (At best, psychiatry is a means of tranquilizing violently psychotic folk through the use of its 'medications'). Instead of midwifing the psyche through crises, 'psych-iatry', ironically - since the word means 'doctor of soul' - is one of soul's chief destroyers and oppressors. With similar irony, many 'mental health' patients who experience, or want to talk about 'soul' are accused of having some of the 'symptoms' of schizophrenia, such as 'delusional beliefs', 'unusual ideas', or 'magical thinking'.

The dilemma is that no other approach to psychiatry - especially a soul-centred approach - is recognized as legally valid. Biopsychiatry - the belief system which all 'qualified' psychiatrists are trained in (in Australia) - is more about the correcting of hypothetical brain defects. Sufferers and relatives thus - more often than not - end up jumping from the frying pan into the fire when seeking 'second psychiatric opinions' which will almost always back up the first view: that schizophrenia, for example, is a 'medical problem', or 'chemical imbalance' requiring 'treatment', blah blah. (Even if the 'second opinion' differs from the first, it still comes from a biopsychiatrist). Meanwhile, the actual crisis - which may well be personal, relational, physical, psychosocial, psychospiritual, or, more likely, a combination of all - is left unresolved.

To suggest that biopsychiatry = psychiatry *per se* is a bit like claiming that religion (in general) = Islam. In other words, just as there are other equally valid religions, so there are other equally valid approaches to psychiatry. Biopsychiatrists, like militant Islam fundamentalists, arrogantly insist - and have convinced the Government - that they're the only ones 'qualified' to help people in crisis to the extent that, like terrorists, they're prepared to force their beliefs onto already fragile and wounded folk. It's only biopsychiatry which is coercive and intolerant of other psychiatric models. To counteract this bigotry and human rights abuse, we need to insist that the Government honour its pledge that all citizens have the right to their choice of medical (including non-biomedical and Temenos-like) care.

The human rights abuse of folk in acute personal and spiritual crises will not cease until we succeed in exposing the fraudulent and harmful nature of biopsychiatric practices and until we insist that sufferers have the right to a 'second opinion' from folk equally qualified in other approaches to psychiatry - approaches such as Jungian psychiatry, psychoshamanic therapy, or residential crisis care - none of which rely on drugs, hospitals or coercion. Instead, these empowering therapies recognize

that it's natural for some folk to go through acute crises, furthermore that such crises can be breakdowns which lead to progressive outcomes - breakthroughs in consciousness.

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