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Review of: *Agnes's Jacket: A Psychologist's Search for the Meanings of Madness*

By: Gail A. Hornstein, New York, NY: Rodale, 2009. 310 pp. ISBN 978-1-59486-544-2. \$25.95

Consumer/survivor/ex-patient (c/s/x) movements are burgeoning among former psychiatric patients who have felt injured by the mental health system. Most people participating in these movements have felt like they have experienced human rights abuses (e.g., involuntary hospitalizations, electroshock treatments, drugging, rape, and assault) within traditional mental health settings (Adame & Leitner, 2008). Most mental health professionals have some familiarity with the consumer movement, probably because, in contrast with the survivor and ex-patient movements, consumers accept traditional notions of mental illness, such as the medical model and traditional service delivery options. Consumers advocate for reforming the current mental health system.

In contrast, those who think of themselves as survivors and ex-patients (rather than "consumers") reject the medical model and traditional mental health service delivery vehicles. The s/x movements often connect psychological suffering (not mental illness) to "social, political, economic, and environmental conditions of oppression and injustice" (Adame & Leitner, 2008, p. 148). Being further outside the mainstream, s/x people often are not well known, understood, or tolerated by traditional mental health professionals, despite the fact that many survivors have written very moving documentaries of their journeys toward recovery (e.g., Bassman, 2007). Gail Hornstein's volume, *Agnes's Jacket: A Psychologist's Search for the Meanings of Madness*, is an attempt to educate both professionals and the lay public about these alternate understandings of psychological distress. Hornstein begins by describing Agnes Richter's jacket, from which she also takes the title of her book. We know very little about Agnes Richter other than that she was hospitalized in Europe toward the end of the 19th century. Richter was so determined to tell her story that she literally sewed it into her jacket. Sadly, much of the sewing is currently unreadable as Agnes used a version of German that is now "unintelligible even to highly literate German speakers" (p. ix). Further, much of the story was sewn on the inside of her jacket, where it rubbed off as she wore the garment.

From this beginning, Hornstein takes the reader on a fascinating tour of survivors and ex-patients on both sides of the Atlantic. Just as Britain currently leads in exploring nonbiological treatments for schizophrenia (Boyle, 2002), the s/x movements in the United Kingdom are far ahead of those in the United States. For example, the Hearing Voices Network (HVN) in the United Kingdom actively sponsors peer support groups for voice hearers, while the U.S.-based MindFreedom International (www.mindfreedom.org) serves more as a resource.

Interestingly, hearing voices is far more common than most professionals realize (Boyle, 2002; Romme & Escher, 1989). Population surveys estimate that as many as 10 percent of the population are voice hearers (Boyle, 2002), many more than the 1 percent estimate for people diagnosable as schizophrenic. It seems that those people who attribute their voice hearing to religious or spiritual causes wind up

leading relatively normal lives, unaffected by the mental health system. It is no wonder that HVN takes a nonpathological view of voice hearing, encouraging its members to listen to, learn from, and negotiate with their voices in order to minimize disruptions in their lives. Hornstein weaves a tale that includes HVN people in the United Kingdom; Marius Romme (a psychiatrist in the Netherlands who researches voice hearing); Freedom Center, a survivor center in Northampton, Massachusetts; and poetic descriptions of her personal experiences as she researched this work. Along the way, we learn that the British Psychological Society embraces the HVN movement in the United Kingdom while the American Psychological Association continues to ignore and minimize the survivor movement in the United States.

Hornstein acquaints the reader with many first-person narrative accounts of madness from among the extensive writings by individuals about their own experiences. Much of this writing is very critical of traditional mental health care as demeaning and dehumanizing. (Vincent, 2008, describes her experiences seeking treatment at three institutions, in a story eerily reminiscent of David Rosenhan's 1973 study.) Hornstein does skirt, however, the most interesting controversy within the c/s/x movements. This issue is whether phenomena such as voice hearing are indicative of psychopathology. She neatly glosses over the fact that many s/x people view voice hearing as just another human experience while others believe it is pathological, although they deny the biological explanations so dominant in American mental health. On the one hand, there is an extensive literature showing that at least some people who are voice hearers are not troubled by psychological problems, and it would be a mistake to diagnose them as mentally ill (e.g., Hunt, 2000; Lukoff, 2005). On the other hand, one can explain phenomena such as voice hearing as a reaction to social and political injustices or to trauma. If so, while not biologically or genetically caused, they may indeed be a symptom of psychopathology (literally understood as psyche + pathos or the tragic suffering of the human soul). In this regard, some estimates suggest that as many as 90 percent of voice hearers link the experience to some sort of psychological trauma in early life (Whitfield, Dube, Felitti, & Anda, 2005). Further, there are provocative data (see De Bellis, 2001) suggesting that childhood trauma such as abuse or severe bullying can change brain structure and neurotransmitter functioning (including increasing the production of dopamine).

This is more than merely an interesting theoretical debate. When the data relating experiences such as voice hearing to trauma are combined with data suggesting that psychosocial interventions such as reducing homelessness and poverty have a profoundly positive effect on the experiences labeled "schizophrenic" (Warner, 2008), we have a powerful public health case for alternatives to the traditional mental health system. It may very well be that experiences such as voice-hearing are neither a symptom of a biological abnormality nor just an alternate human experience. Rather, such experiences may reflect an aspect of the tragedy inherent in modern societies and should be addressed at both a social and a personal level.

This minor critique notwithstanding, Gail Hornstein's volume does a superb job of introducing the reader to a plethora of nontraditional literature on phenomena all too readily excused as biological in origin today. In so doing, it serves an invaluable purpose. In addition to mental health professionals and the lay public, I wish that people concerned about health care reform would read this volume. It could,

for example, open up all sorts of options to improve care and save money for people who are diagnosed as schizophrenic in our society.

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