



INTRODUCTION

I

The Chamberlin Project is an initiative of the Work Rehabilitation Centre “Nueva Vida”, managed by The Association “Psiquiatría y Vida” and dependent on The Plan of Social Support to People with Serious and Chronic Mental Illness of The Ministry of Family and Social Issues of The Community of Madrid.

The Chamberlin Project is a programme of awareness and information on mental illnesses. The stigmatization of the people affected is a great barrier still in the process of integration in our society. It is therefore necessary to plan and set up programmes of awareness and information; increasing the knowledge of mental disorders could lead to significant achievements in the important fight against this stigma.

The Work Rehabilitation Centre “Nueva Vida” (CRL) (www.sie.es/crl) has been developing its work of work rehabilitation and integration since 1991. We consider that the incorporation of the affected people into the workplace is in itself a significant contribution to social awareness and the elimination of stigma. Since 2002, our centre has set up The Project “REdES” (www.proyectoredes.org), an initiative of creation of jobs in New Technologies for people with psychiatric problems. This relation between mental illness and carrying out work in New Technologies not only avoids the dark fringe drawn by the *digital divide*, but also contains a significant *destigmatizing* factor: relating people affected by these disorders with carrying out cutting-edge work.

In this line of work, the professional team of CRL “Nueva Vida” has wanted to develop the Chamberlin Project as a specific strategy of awareness. The Project takes its name in recognition of the work and the role played by Judi Chamberlin, psychiatrist of Psychiatric Hospital of Boston, who writes: *“It is clear that all over the world organisations representing people with mental health problems want their voice to be heard and to be taken into account when decisions affecting their lives are made. (...) Behind the labels and diagnoses there are people of flesh and bone who, regardless of what others think, have ideas, criteria, opinions*





and ambitions. These people are no different to everyone else, and they want the same basic thing in life: a sufficient income; a decent place to live; educational opportunities; work training that leads to a real and valuable job; participation in the life of their community, friends and social relationships, and personal relationships based on affection”.

The Chamberlin Project is directed towards the general public, although it aims to put special emphasis on the social group composed of young students and their teachers. The information provided by the Chamberlin Project will not be static or merely theoretical; but will draw together a group of actions that will carry on in time, and will envisage different points of view and communicative media which will continually be brought up to date. The Chamberlin Project envisages many and varied methods of diffusion, transmission of experiences and good practice, promoting multiplying effects through different media. The reader has in their hands a comic of awareness, with information about mental illness. This information, in an expanded version, is included on the web page of the project: www.proyecto-chamberlin.org

II

“A story about Luis” tells the personal story of any young person. Not their whole story, but just one story within the great story of any man or woman. Luis, at an early age, suffers from something we call a mental illness: schizophrenia. The story of Luis is also, in a certain way, a titanic struggle to distinguish himself from the illness, for the person to rise above the diagnosis, to free himself from the fear that some words provoke. From the start, Luis fights, he faces up to himself, he sometimes wins, and other times loses; he possesses no special characteristics which make him stand out, except maybe his old tendency to hide in a corner, his habit of living as if neglected, or his solitude, which is on occasions overwhelming. His body never possessed the magical gravitylessness of Vaslav Nijinsky nor did his eyes perceive the glory of the colour in sunsets and sunflowers. He never set words, like links, to create the most beautiful verse in the world, nor does Luis have a gift for the spoken word. He never uttered a phrase which, with its meaning opened up greater knowledge of the dark side of the facts of life, for posterity. Luis is not mad, nor does he lead his life on a stage; nor does he live on a cinema screen or on the pages of a book. Luis lives here, by our side; turn your head and look, there's Luis; look at yourself in the mirror and you'll see Luis or someone very similar.

We currently have access to an array of new theories relating to brain function, which in many cases is tantamount to saying theories *about what we are*. We are all seized by fascination when we think of the brain as a metaphor for the unattainable universe, and even more so when, at the same time, we identify ourselves in that “*useless, watery, structureless substance*” (as described by the philosopher Henry More) that all of us carry inside our head. I am consoled by the fact that this useless substance has contributed to the creation of, for example, *Hamlet*, or has actively participated in the construction of

something like The Taj Mahal or The Alhambra de Granada, or has acted as the spark for love between different people. But to attain such achievements the brain has not acted alone; it has at least needed the pre-existence of other brains and the communication with other, shall we say contemporary brains. Intuitively I tend to think that we are highly complex workings of chemicals, blinking lights and electricity which has the peculiarity of interacting with the environment and with other people's brain matter. It would seem that the brain can be both influencing and influenced; an extremely curious and potent machine of thought, feelings and emotions. In short: a machine of communication, insufficient on its own, but projected outwards. Since the appearance of antipsychotics, treatment has contributed to an improvement in the lives of those affected. Chemistry alleviates the symptoms and returns the person to the stage of real life. This has permitted the individual to rise above the effects of the illness. However, a medicated subject does not reach a natural state natural state of normalised psychosocial function until they manage to train themselves and *engage* as an individual living among other individuals. If the person manages to develop their own social ability, increase their perception of their own efficiency (a short road, in my opinion, towards self esteem), feed their desires and motivations, etcetera, all that will indicate a degree of protection and a favourable predictor of the course of the illness. Again here I sense that a brain can influence and be influenced by the totality of what we are.

Others, the rest of us, are the objective for the individual; an expectation, a project. There is no life without projects. That is why recovery and re-establishment necessarily come through action. I use the term "re-establishment" in the sense defined by the American psychiatrists Anthony, Farkas, and others, when they talk of *"the development of a new sense and proposal in the measure that the person grows away from the catastrophic effects of mental illness"*. This definition could bring to our attention the existence of people who have managed to face up to their illness a word which we should not think of now as a noun, but as an adjective to describe the condition of people in the world. Now we do not talk of *schizophrenics*, but rather of people who live and develop despite their illness; we talk of re-establishment, re-locating the person in the community; in the words of the psychiatrist Antonio Colodrón, promoting in the individual what was at the margin of what they have been. As the psychiatrist Carmen Carrascosa writes in her text "What is schizophrenia?" (*"A story about Luis"*, www.proyecto-chamberlin.org), *"The model of recovery from schizophrenia starts out from the same base that all people start from: we all try to face up to and improve our initial situation to develop our life with dignity. Nobody is going to be able to develop all their capabilities if the environment in which they find themselves is adverse. (...) If the surroundings (society, family, specialists, inadequate resources of attention) offer no opportunity for recuperation and you see no possibility of change, it is impossible for anyone to be able to get better"*.

Beyond ideologies and theoretical speculation we find the individual, further still is Luis, demanding from us a space in the community, a place to live, and people beside whom



he can build himself up, he too, just like any other person. Among the enormous existent bibliography on the search for human happiness, the importance of the personal idea of "future", of "project" is an ever present theme; the determinant influence of tomorrow above what we are today. Perhaps without an ambitious plan for happiness, Luis needs to free himself from the story that condemns him to despondency, to marginalisation, to the chronic nature of his illness. He needs to fill himself with hope and a future. The road will be hard, but hope, a project and the company of others will give Luis that "get-out clause", that private potential which will allow other people to participate in his tomorrow, in the satisfaction of his future. To protect ourselves, because of the faint-hearted aim of not raising *false hopes*, we make little reference to stories of recovery, which would be useful in instilling the hope necessary in those affected for their own recuperation. Information is a tool against stigma, though it is insufficient on its own. As Carmelo Vázquez, Professor of Psychopathology at The Complutense University of Madrid, writes in an article for the Chamberlin Project, *"an efficient method of destigmatization would be to provide ourselves with a more benign vocabulary and, by the way, one that is more scientific than that which we currently use. For example, there are diverse studies which indicate that the prevailing model of illness in itself is more stigmatizing than the psychosocial models."* To this respect, says Chamberlin herself: *"(...) it is advisable not to use diagnostic terminology, although many people with years of experience in the mental health system have learnt to use labels to describe their behaviour and the behaviour of others. Instead of this terminology, we encourage members of these groups to use the terminology of common sense, for example, "Today I'm not good," instead of, "I have a crisis." We try to get members to view their thoughts, feelings and actions this way, and also those of their companions: as normal reactions to the tensions of real life and not as mysterious "symptoms" over which we have no control"*.

We need the young population to acquire greater knowledge of these disorders, and through this, greater sensitivity and a new outlook. We're talking about a topic that concerns all of us, a human problem. Ignoring this is, as always, not only a lack of solidarity but also reckless. A light-hearted opinion expressed, a condemning judgement, the erroneous idea maintained against all evidence, all of this could come back to haunt us. During the course of his story Luis aspires to recovery, for himself and for others; to get back to the arduous task of being a person in the world. In this daily struggle we recognise Luis as a hero, and in his aim, the task of a hero. Get to know Luis. To me he seems like a great guy.

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