

Supporting each other during Strong Reactions



**A buddy's guide to support during panic attacks,
dissociations, rage and altered perceptions of reality.**

by the Support & Recovery Team

What's in this zine.

One of the most amazing things about activists is that we often expose ourselves deliberately to danger, violence or repression if we think it's necessary.

We should be prepared to support each other when dealing with mental and emotional consequences of these high-stress experiences. This zine offers some starters tools for us to do that. We will cover:

- Common reactions after an intense experience
- Tips for recovery
- Support during dissociation
- Support during panic attacks
- Support during rage attacks
- Support during altered perceptions
- Making a support plan

In this zine there will be mentions of police repression and violence in the psychiatric system, without going in graphic detail. We avoid using terms from psychiatry wherever possible, because they are based on assumptions about 'normality' that we reject and because the framework associated with these terms is often pathologizing, stigmatizing and hierarchical.

This zine was developed by members of the Support & Recovery teams in the Netherlands and Belgium. We are activists that do mutual aid work focused on the impact activism has on our mental well being. We offer information and support for individual activists and groups before, during and after high stress experiences. The content of this zine comes from our experience in support and recovery work and skill shares with other activists in similar work, but we are also just people that sometimes have the kind of strong reactions that we are talking about here, so part of this zine comes from our own personal experiences.

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Common reactions after an intense experience

When you experience violence, danger, or when people you care about are in danger, it triggers a range of self protection processes.

Your adrenaline spikes, your senses get sharper, you get ready to run or fight. Whatever sensations and emotions are not necessary for survival are suppressed and you might feel yourself freezing in place. Your memory works a little different too.

One memory may be extra sharp in every detail, while another may be fragmented.

As this experience passes, these reactions linger. Your adrenaline remains elevated and other parts of your self-protection systems hang around too, while your brain works to process memories of the experience. All of this can create a spectrum of reactions, which can be grouped into 3 categories:



1. Re-experiencing

- re-occurring images and memories, when you're awake or in nightmares
- the feeling that you cannot let go of the experience
- flashbacks: the feeling of re-living the situation

2. Avoidance or suppression

- withdrawing or isolating yourself, letting go of social activities
- avoiding people, places or things that could recall memories
- loss of memory
- feeling a strong resistance / not being able to talk about it
- suppression through in drugs, alcohol, etc.
- overloading yourself with tasks or work so that you don't have to think about it
- numbness, dissociation

3. Amplified emotions

- problems with sleep or concentration
- agitation, being easily startled, panic attacks
- irritation, anger, rage attacks,
- emotional outbursts, feelings of shame or guilt
- depression, suicidal thoughts, re-appearance of earlier trauma's
- feeling cynical, suspicious, pessimistic or powerless
- problems with functioning in daily life or taking ordinary decision

You might notice all of these reactions, a few or just one. It could happen after a personal experiences, after witnessing other people's experiences, or by exposure through media or conversations. Sometimes you may notice these reactions during or right after the events, sometimes it might take a while before they appear.

These are all **normal** reactions to extreme experiences. They are all important mechanisms of the mind to process the experience or to protect you against harmful stimulus. So they have a healthy function:

- Re-experiencing is the process through which your brain normalized an abnormal experience and integrates it into your memories.
- Avoidance or suppression protects you from feeling everything at once, so you can process your experience in bite-sized chunks.
- Amplified emotions are part of your heightened state of self-protection, working to try to keep you safe.

Many people have gone through this and have recovered. For most people these reactions will come in waves that will gradually fade away in about six weeks. Be patient and allow yourself the time for recovery!

If it doesn't seem to pass, for example because reactions stay the same or even get worse, you should take it seriously. You may seek out community healing, a support group, or therapy. You can also contact the Support & Recovery team so that we can find out together what kind of extra support suits you. It is normal to be impacted by these kinds of experiences and there is no shame in asking for a little help in the healing process.

You might feel bad because you think that other people deal with this in a better way, but we all have different reactions and there is no 'better way'. If your reactions are stronger or your recovery doesn't go as smoothly, that can just be bad luck, or it may mean that your emotional battery was already low before you started this healing process. Recovery is also more difficult if you have had violence experiences before.

If you think 'I don't have the right to feel bad because what happened to person X was much worse', be aware that you have all the right to feel how you feel. A physical injury doesn't go away by comparing it to someone else, and neither does the emotional hangover from a violence event. Finally, perhaps you feel guilty about what happened, but remember: it is not your fault, the ones to blame are the oppressors.

Tips for recovery

The fact that you are having reactions is a sign that your self-protective systems have already started the process of healing, but there is much you can do to give those mechanisms a little help. You'll help yourself, now and in the future, by taking your recovery seriously. Here are some things that will help:

Stabilize the basics

- get yourself medical care if you need it, make sure you get enough sleep and healthy food, get physical exercise,
- spend some time in a safe place with people you trust
- routine activities and a daily rhythm are really beneficial. Routine tells your brain that you are back in a safe situation.

Take some time for yourself

- protect yourself from over-stimulation and get some quiet time if you need it
- be patient, mild and kind with yourself

Take some time for each other

- find the company of people you trust and who energize you
- use the buddy system or affinity groups (even after the events) and regularly check in with each other
- take the time to talk with each other, but also to do fun stuff: give massages, celebrate what has been accomplished, play games, throw a party!

Connect to your environment

- get yourself in touch with nature, for example by going for a walk, working in a garden or spending time with animals/pets

Be creative when processing the experience

- it helps to write down what you've experienced and how you're doing, but you could also process it by drawing, painting, writing poetry, dancing, sculpting...
- making music (or listening to music) is really beneficial

Put your brains to work

- provide yourself with meaningful (and attainable) tasks: the best way to feel like you are back in control is to use your problem solving skills
- learn something new

Remember the good reasons you have to do all this

- reflect on your inner motivation and why it is so important for you to engage in social action, express why action is meaningful for you
- try mindfulness or meditation exercises, find hope and trust through a form of spirituality that suits you

Supporting each other in recovery.

As buddies, affinity groups and organizations, there are a number of things we can do to make recovery easier:

- Use buddy systems and affinity groups and take the time to discuss each others boundaries before going to an action.
- In addition to a legal team and medics, it is a good idea to invite a Support & Recovery team to support your action. They can also facilitate trainings before an action and support after an action.
- Support each other materially: Raise the money for fines together, wait for the people that have been arrested. Where possible, make sure everyone has access to food and a warm safe environment after an action.
- It's better NOT to do a group debriefing in the first days after the event. This might worsen reactions and cause feelings of guilt or shame. If people feel the need to talk about the event, it's better to do this in personal conversations.
- Don't contribute to macho group cultures where having reactions is taboo. It really doesn't help to tell someone they should 'get over it'.
- Don't wait for someone to ask for help. Be there for each other after an intense event. Do so without forcing or patronizing. Do not force someone to talk about the experience if this person is not willing to or not capable of talking about it. Just hanging out together is fine.
- Irrational behavior, ingratitude, distancing and emotional outbursts are all possible reactions. Don't take it personally and keep supporting.
- Caring and supporting can be exhausting for you as well. Make sure to take care of yourself and do things that make you happy. Finding support for yourself will help you when supporting others.

These things are not only helpful, they are essential because a lack of support can harm us as much as the violent experience itself. We know that we can expect violence from the aggressors, but if we experience that our community does not support us when we need it the most, it might feel as though the whole world falls apart.



Support during strong reactions.

Some reactions can temporarily overwhelm us. This may impact our ability to communicate, to observe our surroundings and to take action to protect ourselves. It is at times like this that we might need some support from our fellow activists. The rest of this zine will be focused on how to offer such support. Before we start, a few important disclaimers:

- **There's no one size fits all.** The way our brain works is infinitely diverse. As a result, we can never describe all experiences. Everything in this zine has some element of generalization. If your experience is different, that's okay.
- **If they can communicate, always listen to the person having the reaction.** We are the experts of our own experiences and our own needs. As such, if a person communicates their needs, that is always what you should act on and it should never be overridden by something you read in a zine. If the person says they do not want your help at all, stop.
- **Prepared is better.** The advice below offers some starting points, but you can always support someone better if you have talked about it beforehand. Ideally, make a support plan so you know exactly what the person having a strong reaction does and doesn't want you to do.
- **Do not involve emergency services without consent.** Our ableist society and the state stigmatize experiences that differ from the norm. As such, 'weird' behavior is often perceived as a threat and emergency services often respond to such behavior with repression. If a person is experiencing a strong emotional reaction or altered state, calling medical services or a social worker without their consent may result in the incarceration of that person. Make it your priority to protect the person against authoritarian impulses from health care providers.

Dissociation

Dissociation is a form of suppression that can last between several minutes and several hours. Common parts of it are:

- Numbness or a complete lack of emotions
- An absence or numbing of sensory input (hearing less, seeing less)
- Reduced ability to process language, to understand and to talk
- Reduced ability to understand your environment, to know where you are and what is happening
- Disconnection, such as feeling like you are outside of your body, feeling like your body is living on autopilot, feeling like you are watching a movie of yourself

Dissociated people may look glassy eyed or expressionless, they may slump their shoulders and loosen their muscles. They may stand motionless or stroll around aimlessly.

Dissociation is a self protection mechanism. It is harmless, serves a function of protection/distancing danger and is usually not painful (though the unfamiliarity of the reaction or the lack of control may be unpleasant). If you encounter a dissociated person, it is best to let the dissociation run its course without intervention. Forcing the person out of it may trigger a panic attack, which is a great deal more unpleasant. Do keep an eye on the person experiencing dissociation as they may not be able to recognize dangers in their environment and may not notice their own injuries.

Sometimes it is necessary to force someone out of a dissociated state, for example because they need to be moved to a safer area or because they are injured and needs to be able to answer the questions of a medic. In such a case, try to speak to the dissociated person in short simple sentences and to apply non-dangerous, non-intimate sensory stimuli such as:

- Hand them something very cold. An ice-cube is perfect but cold water in a paper cup will also do. Do not hand them anything they could injure



themselves on like a glass that can break if they clench it too firmly. A dissociated person often doesn't realize what they are holding.

- Alternatively, hand them something warm but not hot. Do not hand them a hot beverage as they may spill it and injure themselves.
- If you know the person well, you might take their hand and squeeze softly while speaking to them. This depends on context and on how this person normally feels about being touched. A person who is dissociating often can not assert their boundaries so it is your responsibility to make sure you do not cross theirs. When in doubt: do not touch.
- If consent has been established prior to the event, some people may prefer stronger physical stimuli such as squeezing an arm or leg more firmly.

Once someone shows some signs of returning to the present (eyes moving, hands moving), ask simple yes/no questions that address their senses. *"Can you hear me? Can you see me? Can you see this red jacket? Can you feel the wooden floor?"* etc. After a few questions have resulted in clear yes/no answers, ask them to move their hands and arms. Keep it simple again. *"Can you raise your arm? Can you squeeze my hand?"* etc.

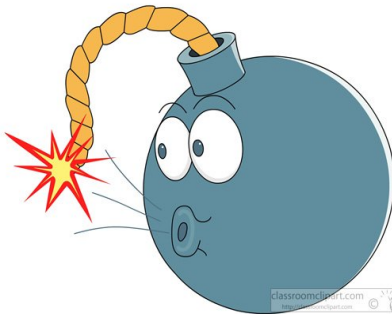
If all goes well, you can continue with the thing you wanted to accomplish, like asking simple questions about their injuries for the medic, or asking the person to get up. Be ready to catch them if they get up, as they might not immediately stand firmly. Guide them to a safe location.

In some cases, a dissociation may end suddenly in a cathartic outpouring of emotion. There may be laughing, crying, shaking, or other kinds of emotions as everything that was suppressed during the dissociation bursts to the surface. After dissociation, a person may be exhausted and in need of some food. If a person came out of their dissociation gradually, they may be dazed for a while. Keep an eye on them if they're recovering near traffic.

Panic attacks

A panic attack is an amplified emotion of fear, or anger, or both. Survival mode kicks in, resulting in increasing stress, which can reach an overwhelming state. Panic attacks can take between minutes and hours and often happen in 3 stages:

Build-up: A state of increased stress and anxiety, which can feel like a physical pressure on the chest. Anxious thoughts may form thought loops or may spiral into ever scarier and more intrusive thoughts about worse case scenarios. People in this state may freeze or start looking for a safer space or moving parts of their body restlessly out of a desire to leave. They may look tense and wide-eyed.



At the start, a panic attack may be prevented or lessened by offering a calm place where the person can rest and by calmly removing stimuli such as noise, bright lights and strong smells. Simple exercises like focusing on the feeling of your feet touching the ground and calm breathing may also help. If someone prefers to be alone. let them. Offer to check in every 10 minutes or so.

The panic attack: An overwhelmed, out of control state of fear. A full blown panic attack may manifest as the overwhelming conviction that they are going to die in this moment. People in this state may lose the ability to process language and to talk. People who were looking for a safe space before may 'collapse', sitting in one place unable to move. They may try to make themselves small or cover their head with their arms. Alternatively, people in this state may sometimes run, scream, cry or hyperventilate.

Once the attack has started, very little can be done to stop it. Removing stimuli, being a calm presence is the best thing you can do. Do not push the person to talk. Assurances like *'It is going to be okay'* are generally NOT helpful. The person in the panic attack will not believe them and may feel misunderstood and disconnected. Stick to the facts instead. For example, say in simple short sentences: *"I am here. I am staying with you."* Seat yourself next to the person (not opposite, as facing them can feel like a pressure to interact) and be prepared to sit with the person in silence for a long time. 20 minutes or more is not uncommon. Do not smoke, as the smell can increase the panic attack.

Cool down: slowly the most overwhelming part will be over, but the body is still full of adrenaline and anxiety. At this point the person is often very exhausted but restless. Once the person starts cooling down, they may sigh, stretch tense limbs, look around, or otherwise signal a return to the here and now.

Be aware that they are probably still very tense. You can ask something simple like: *"Do you want to go for a walk? Do you want a glass of water?"* Be prepared to walk or sit in silence with the person for at least another 10-20 minutes more before initiating a conversation. Once you start a conversation, ask light, simple questions. It might be better to avoid questions on their feelings to avoid re-triggering the panic.

If the person continues to feel restless, they may want to do exercises that reduce adrenaline levels, like running, jumping and shaking.

A simple exercise: shake out your left arm 6 times as if shaking off water after a shower. Then your right arm. Then your left leg. Then your right leg. Repeat this process but this time shake 5 times. Then 4. Then 3, 2, and 1. You will notice yourself shaking faster each time, let it happen.

Panic attacks are very exhausting, so a person may not have energy and may only want to rest afterwards. That is okay.

Flashbacks

A flashback is a very immersive form of re-experiencing. A person suddenly finds themselves seeing, hearing, smelling or completely experiencing a part of the high stress event. Flashbacks may be dissociative ('like a movie') or full of intense emotions. A flashback may also be the start of a panic attack.

A person experiencing a flashback may look 'zoned out', similar to dissociation, or may tense up. From the outside, you generally can not see whether someone is having flashback or a panic attack. It is often best to treat a flashback similarly to a panic attack. If the person who has just had the flashback is neither dissociated nor in a panic attack, you can simply create a supportive space if they want to talk about their experience.



Rage attacks

Rage attacks are a form of heightened emotions during which stress builds and eventually bursts out. Rage attacks are stigmatized and often associated with abuse. It is important to understand that many people who experience rage attacks are not abusive and are far more likely to harm themselves or become victims of harm than to harm others. Like panic attacks, rage attacks can take between minutes and hours tend to come in 3 stages:



Build-up: A state of increased stress and anger, which can feel like a physical pressure building up in the chest. People in this state may be irritable with a short fuse. They may be rude or quiet and non-communicative. People in this state will often put a lot of energy into trying to suppress their anger until it bursts out, which may look like being non-communicative for a while and then suddenly very loud when pressured to speak. A person suppressing a rage attack may also handle objects too roughly or slam doors. This is often seen as being an asshole, and not recognized as an effort to try to stay in control.

In the early stages a rage attack may be diverted through distraction and/or a controlled outlet. A person who knows that they experience rage attacks may use coping mechanisms such as hitting a punching bag or going for a run. Asking the person to help with an energetic chore can also help. If your kitchen has a bunch of old cardboard boxes that need to be turned into small trash, that is the perfect chore because destruction is a great outlet. Once the person has had time to cool down, you can check in with the person in a nonjudgmental way and together try to work out what would be the best coping mechanisms and de-stress methods for them.

The rage attack: An overwhelmed, out of control state of rage. People in this state may literally 'see red' or see spots and may lose the ability to process language and to talk. A person in this state may scream, self harm, damage objects or take reckless action.

There isn't much you can do for someone during a rage attack apart from trying to keep people away from them. When given the freedom to make their own choices, most people will look for the least harmful outlet available, such as punching a wall or something else that can't break. Harm to others is most likely to occur if people try to physically stop them or start a fight during the attack.

If the person has chosen a non-harmful outlet for their rage, let it happen and don't intervene in a way that might redirect their rage towards you. If the outlet they choose is harmful but not dangerous (for example, they're damaging an object that isn't their own), it may be best not to intervene and to save the accountability for later.

Most rage attacks are not dangerous, but if there is danger (for example if there is serious physical harm), there comes a difficult point where you have to choose between stepping in or keeping yourself safe. The right choice in such a situation depends entirely on context so unfortunately we can offer no manual for this.

Cool down: After the anger has been released, the body is still full of adrenaline. At this point the person is often very exhausted but restless. They may experience guilt or shame. The person may want to isolate themselves as a result of feeling ashamed. They may still be very agitated and may storm out of the room. It is best to give them that time alone. If they return, you can check in with a calm, nonjudgmental question. Give them space to express what they have just experienced and confirm that you are still their friend.

Once the person is cooled down enough to hold a casual conversation, you may suggest exercises that help reduce adrenaline, like the shaking exercise that we suggested after a panic attack. But rage attacks are also very exhausting, so a person may not have energy and may only want to rest afterwards. That is okay.



In most cases, rage attacks are harmless. But if something has happened, it is okay to address it after someone has fully recovered. A person doesn't choose to have rage attacks, but we are all still responsible for the harm we do even if it is part of a strong reaction. In such a conversation it is important to be accepting and nonjudgmental about the rage attack itself, even if the actions that resulted from it were harmful. Clearly differentiate between the rage and the harm.

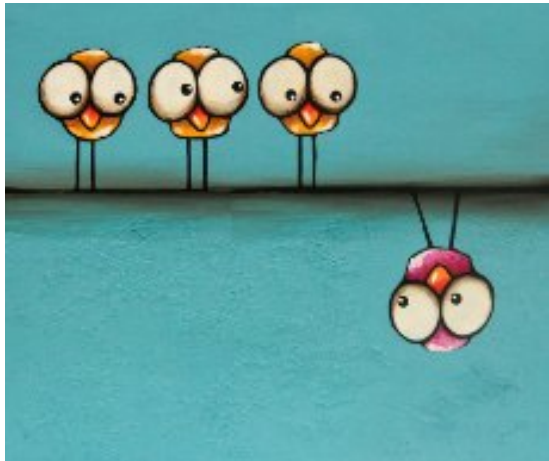
Altered perceptions

There are strong reactions during which our experiences may differ from those around us. We may have altered experiences of:

- The world: seeing, hearing, smelling and feeling things that others do not. Having ideas about the nature of the world that others do not.
- Our selves: experiencing a temporary change in our character or in our sense of identity.
- Our relationships: temporarily relating differently to those around us.
- Risk: perceiving far more or far less risk than we usually do. A heightened sense of risk may involve feeling like we are being followed or surveilled, or that people close to us are plotting against us.

These experiences can last between hours and weeks and often have a build-up, a peak and a cool-down.

The buildup can take hours or days and may involve trouble concentrating, insomnia, neglecting basic needs like drink, food and warmth and withdrawing from social connections. There may also be lighter altered perceptions such as increased or depleted empathy or subtle experiences of hearing, seeing, smelling or feeling things that others don't.



The peak can take minutes or days and can involve: strong altered perceptions, disorganized thoughts, mood swings and personality shifts, inner fights and an inflated ego (feeling as if one can do anything). During the peak most people are not able to sleep and forget to drink, eat and keep themselves warm.

The cool down can be a distinct moment during which the altered perceptions end and the person realizes that they have been having altered perceptions. It can also come and go in waves for a number of days. The person is often exhausted, hungry and dehydrated. It is common to feel shame and guilt during the cool down and to want to withdraw from social contact.

Most people who have these experiences, have had them before and can decide for themselves what they need. They may not need any help at all. For example, if your housemate tells you that they just met Freddie Mercury on the roof, you can hang out and have conversation about Bohemian Rhapsody, or you can leave and go do your own thing.

Support is only needed if the person having altered perceptions is asking for help, is very distressed or if they are in public and run the risk of being arrested. Of all strong reactions, these are the most stigmatized and so it is extra important to try to keep them away from cops and to never involve emergency medical services without the consent of the person having these perceptions.

Supporting a person during an altered perception starts by accepting that for the moment this is their reality. Generally, attempts to convince the person that their experience isn't real are counterproductive and may be met with hostility. Accepting your experiences as different but equal, opens the roads for support.

Example:

If a person says *"Help me! I am turning into a monster! There's fur growing on my hands!"* it is no good to reply by saying *"That's ridiculous, there's no such thing as monsters."*

It is equally unhelpful to treat them like a child and play along by going *"Luckily I am a sorcerer and I have a magical anti-monster antidote! Let's go to my castle to get it."* Doing this can increase their reactions or they will realize that you are lying to them and will not trust you.

Treating their and your experiences as equal may look like saying *"I can't see anything growing on your hands but I understand that it feels real for you and that must be scary. Do you want to go somewhere safe?"*

Since there are many different experiences that a person can have, this is always going to require a bit of improvising as well as some unlearning of the societal idea that 'normal' perceptions are superior and therefore should be the ones that matter. Over time and with practice, it will get easier to respond to a variety of altered perceptions as different but equal experiences.

Support for a person in an altered state consists of establishing communication based on an acceptance of their reality and from there, establishing enough trust to be able to suggest an action that will make the person safer or less distressed, such as moving to a safe location, preferably their own home. If you are a stranger or not a close friend, your role often ends there.

If you are a housemate or partner, you're going to be around for more of their experience. Try to give this person their space but occasionally check in with them. You may want to hang around during potentially risky activities such as cooking, or offer to do the cooking for a bit.

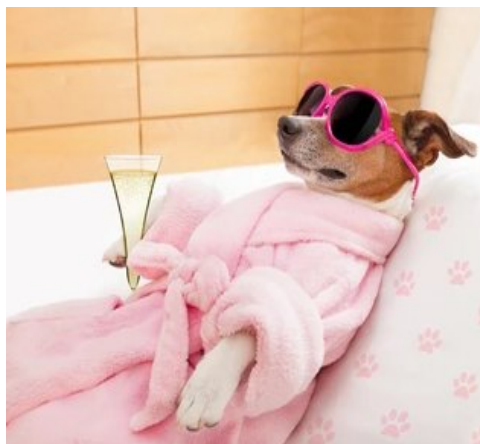
A note on interventions:

Altered perceptions are usually not dangerous. People in this state still have a survival instinct and are unlikely to seriously hurt themselves or others. If you perceive the behavior of a person in an altered state as threatening, start by questioning your own assumptions from the knowledge that you were raised in a society that treats different as dangerous.

If a rare situation does arise in which you see no choice but to physically stop them from doing a harmful thing, understand that you are violating their autonomy and this is a genuinely violent act. You probably will not gain their trust again and may not be able to be part of their support system for the duration of this altered state. If the person is willing to do so, spend time on restorative justice together after the altered state has passed.

Once a person enters the cool down, it is important to create a welcoming environment to make them feel that your relationship hasn't changed. Do not rush conversations about what just happened, but do make it clear that you do not view them any differently or love them any less. Offer food and drink and give them plenty of time to rest and recover.

A person who has altered perceptions once, is likely to have them again at some point in the future. This can be in the aftermath of the same event, or much later in life, maybe in response to another stressful thing. After the person has fully rested and recovered, you can suggest making a support plan for the future.



Making a support plan

This zine may offer some starting points for support, but it's much better to be prepared. Knowing a person's reactions, needs and boundaries will be a great help. When making a support plan, it is important that the person who the support plan is for is in the drivers seat. The task of the supporters is to create a nonjudgmental space, ask questions to clarify what the person needs, and very importantly: to keep an eye on their own boundaries.

Below, we will list some things that you could include. It's best to take the time to talk broadly about what reactions someone has, what has helped in the past, what might help in the future. Don't go straight to the checklist.

Basics

- Name and pronouns of the person the plan is for
- Name and pronouns of the people in the support system
- These are the strong reactions I have:
- Things that could increase the chance that I will have a reaction:
- Things that are normal for me and not a sign that things are bad:
- Early signs that I am not doing do well (don't start the support plan yet):
- Start the support plan if:

Practical things to do for me

- Call in sick to work or school:
- Take care of pets or children:
- Keep this medication on hand:
- Inform these people:

Good things that can help me during a reaction:

- Activities I can do:
- Activities people can do for me:
- Surroundings that are good for me:
- Therapies or medications that help me:
- Places that I want to do to:
- People that I want help from:
- People that can/should be informed about my reactions:

Bad things that do not help me during a reaction or that may make it worse:

- Activities I should try to avoid:
- Activities people shouldn't do for me:
- Surroundings that are bad for me:
- Allergies:
- Medications or therapies that I do not want:
- Places I do not want to go:
- People I do not want help from:
- People that should not know about my reactions:

Recovery

- This is how I will communicate that I no longer need the support plan:
- This will help me recover after a reaction:
- Avoid the following things when I am still recovering:
- A good moment for us to evaluate the support plan after a reaction is:
- If we do not use the support plan, we will update it on this date:

It's a good idea to update the plan regularly, especially if you frequently have new friends, partners and housemates in your life.

Autonomy (optional)

If your reactions are very long, involve strong altered perceptions, or are potentially dangerous, be sure to discuss whether specific people can ever limit your autonomy during strong reactions for your protection?

If the answer is NO (and that is a perfectly valid answer), put that in writing. If the answer is YES, specify very clearly what they can do.

Can they:

- Call for medical help?
- Monitor your medication use?
- Restrict your access to weapons/drugs/money/etc?
- Physically prevent you from taking a harmful action?

Specify clearly when this can happen, what can they decide, what should they not decide, what they can do, what they should not do, etc.

If you include restrictions of autonomy in your support plan and it becomes necessary to use these restrictions, take extra time for evaluation. These actions can feel like violations even if you consented to them beforehand, and these feelings are valid. Take time together to process this, to re-establish trust and to consider if the plan should be altered.

Planning for the possibility of repression

If you run the risk of incarceration - either in jail or in a psychiatric institution - because of your strong reactions or altered perceptions, it can help to prepare for that possibility. Here are a few things that can help:

Make a plan of what must be done if you are incarcerated. This is similar to what you would plan for in the event of any other arrest (calling in sick to work, finding care for your pets etc). It is important that this plan includes notifying your lawyer.

If you are held in a psychiatric institution for days or weeks, it is highly recommended that your support team sets up a solid support network of visits, phone calls, letters, etc. Such an experience is often scary and isolating, so every sign of solidarity from the outside world matters.

Provide your support team with a signed letter in which you specify what medication you do not want to take, where you do not want to go, etc. In some cases medical systems that do not recognize your autonomy during an altered perception, will recognize such a letter as an expression of your autonomy. It is unlikely to completely prevent institutionalization or forced medication, but can influence where you go and what you are given. In some countries, there is a document that you can sign in the presence of a medical professional who acts as a legal witness. In the Netherlands this is the Crisiskaart (www.crisiskaart.nl).

Learn your rights together with your support team and make sure all of you have the phone number of a lawyer that knows your rights and has experience with cases like this. A standard 'activist lawyer' doesn't always know how to support you in this situation, but may be able to refer you to a lawyer who does.

A short summary of the legal situation in the Netherlands

The police can arrest someone in an altered state if they perceive them to be a risk to themselves or others. The definition of this is very broad and can include simple things like 'someone expressed concern about the person'. When someone in an altered state is arrested, they can be held for up to 18 hours in a psychiatric ward. They can be held in a police station if they are also suspected of a crime. Medical personnel can force them to take medication but police do not have this right.

Within those first 18 hours the person must be seen by a psychiatrist who can then recommend a 'crisis measure' consisting of 3 days in a psychiatric institution. This measure must be approved by the mayor. Before approval,

the mayor must speak to the arrested person, but he can (and often does) send a representative instead. The law about this does not stipulate that the mayor must also hear the lawyer of the arrested person, but if you can it is a good idea to urge that the mayor also does this (and your support team can urge your lawyer to try to speak to the mayor).

Once the crisis measure has been issued, you are assigned a lawyer if you do not have one. Your lawyer can appeal the decision but since the appeal will not be heard within 3 days, this does not impact the duration of the incarceration. If the 3 days end on a weekend or national holiday, release can take place on the next working day.

To extend the 'crisis measure' after 3 days, the case must be heard by a judge. The judge will hear the psychiatrist and the lawyer and often the incarcerated person themselves. The judge can decide to extend institutionalization for a maximum of 3 weeks. This decision can not be appealed through conventional channels but can be taken to the court of cassation.

After 3 weeks, the 'crisis measure' ends. Institutionalization can be extended for up to 6 months through a 'zorgmachtiging', which can again be extended. This process is too lengthy and complicated to cover here.

During institutionalization (be it 3 days, 3 weeks or longer) measures such as forced medication, restraints and isolation are often legal. Institutionalization through a crisis maatregel or zorgmachtiging can also occur without an arrest, for example if you are in an altered state in a hospital.

Create space to process the emotional impact of repression. Incarceration during an altered state is scary. It is a violation of your basic autonomy at a time when you are already dealing with difficult things. The framing of this violence as 'protection' can function as a kind of gaslighting. It is important for your support team to affirm your experience and your right to autonomy. You are not to blame for what is happening to you, the ableist system that vilifies your experiences is. Even if some of your actions were 'dangerous', you deserve help in the forms you want, not repression.

A support plan for the possibility of repression should account for recovering from its impact. Look back at the paragraphs 'Tips for recovery' and 'Supporting each other in recovery' for some starting points on what you and your support team can do to make recovery a little easier.

A final word for those offering support:

It is normal to feel not particularly successful when you offer support. The impact of your support may not always be visible to you. Strong reactions can suck and often there just isn't all that much you can do beyond just being there for someone and trying your best.

Try to accept the limits of what you can do and realize that you are not always going to get it right, and that's okay. Most importantly: keep an eye on your own well being and don't be afraid to ask others for support. Mutual aid means we all give and we all receive. That includes you.

A final word for those who have strong reactions:

What you are experiencing is normal and is part of healing. You are not failing. You are experiencing recovery in action. Shame and guilt are not your allies in this process. Stigmatization and victim-blaming are not your allies in this process. You deserve support and you deserve to have your boundaries and your autonomy respected while you receive support.

On top of all that, your experiences give you a strength: the ability to share your experiences and help others understand that their reactions are allowed to exist and that they are not alone. How cool is that?



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