

Herbal Medicine: An Adult Education Response to Mental Health

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Abstract

Adult education is concerned with the redistribution of resources and the recognition of rights held by citizens and to have these rights respected (Honneth, 1995). Mental health is an important domain of rights that are disrespected and unprotected by the state. This article reflects on herbal medicine as a practice in adult education in response to the mental health needs of citizens. It argues that adult educators need to pay more attention to the limitation of biomedicine in the defining and treatment of mental health. Herbal medicine has potential to offer adult educators a critically reflexive space, to critique issues of power, medicine and wellbeing.

Keywords: Herbal Medicine, Adult Education, Biomedicine, Mental Health, Addiction

Introduction

I grew up on a small land commission 52-acre farm in Wicklow, surrounded by nature, plants and animals. My father produced milk for the co-op and we survived on his small farm income. He borrowed money from the bank to develop the farm and paid it off through the cycles of nature and its produce. In 1997 he died of a heart attack aged 62. His struggles were the same as many of small farmers all around the world, who face the same or worse, in trying to provide a sustainable living for their families (Patel, 2008). When he died, I remember the conversations after the funeral about health, heart attacks and sausages. However, it took me a few more years to realise that sausages while not the healthiest of foods, were not the singular cause of heart disease in Ireland. At the time of my father's sudden death, he was being treated by his doctor for heart disease. It was the failure of his medical treatment that sparked my inquiry into the limitations of medicine and led me to become an adult educator and herbalist.

A year before my father died I was involved with a group of local people and organisations from the north inner city of Dublin in setting up the Crinan Youth Project, in Sean McDermott Street. This was a biopsychosocial model of addiction treatment for teenagers using heroin and other substances that combined youth work with medicine, psychotherapy with art and personal development with community development. However, as time passed, I noticed that these discourses of treatment did not operate on a level playing pitch. It seemed to me that medicine was the dominant discourse of treatment that influenced how the service evolved. The rest of the discourses passively accepted their position in the hierarchy and did not challenge the status quo that maintained medicine. This became the focus of my PhD research and later as an adult educator, managing two drug treatment services, 'The Young Persons Programme' in Trinity Court and 'Sankalpa' in Finglas until 2016.

Developing these ideas in *Is there a way out of this clinic?* (O'Brien, 2007), I tried to show how a medical hegemony or medical domination without force (Gramsci *et al.*, 1971) existed in addiction treatment and this hegemony was supported by a reductionist model of scientific materialism that undermines and distorts the complex and profound way in which herbal medicine can facilitate the healing process (Flower, 2012). These models of medicine and research are underpinned and supported by the pharmaceutical industry and neoliberal models of political and economic governance (Brown, 2015). This set of political and economic relationships gave rise to a medicalised model of addiction treatment maintained and controlled by psychiatrists who continue to justify higher doses methadone, with additional prescriptions of anti-anxiety drugs, sleeping pills, anti-psychotic drugs, while many of the subjects of these treatments, were still self-medication on cannabis, heroin, cocaine and sometimes alcohol (O'Brien, 2007). As Richard Ashcroft from the Verve says, 'The drugs don't work, they just make you worse' (Ashcroft, 1997). Prescription drugs can make things worse for many as seen in the new epidemic of prescription addiction that has been linked to the medical model of treatment and to a much bigger problem in health known as the 'overuse of medicine' (Gibson and Singh, 2010).

In my practice as an herbalist and adult educator I work to uncover the diseasing model of addiction and mental health that tries to lay the blame for people's pain in flawed genes or personal circumstances (Heather *et al.*, 2018; Metzl and Kirkland, 2010; Courtwright, 2010). Adult educators need to challenge oppressive and reductionist forms of treatment that risk doing more harm than

good under the guise of evidence-based treatment. They also need to resist blind acceptance of medical assumptions about addiction treatment that exclude and ignore the socio-economic roots that influence drug choices, addiction patterns and wellbeing. Data from the US indicates that medical harm is now one of the leading causes of death (Myhill, 2015). It was against this backdrop that I decided to become an herbalist, believing that it would provide me with a different way of seeing health and illness and allow me to work with people in their suffering and challenge the dominance of biomedicine in people's lives.

My herbal medicine journey began in the Irish School of Herbal Medicine and after a four-year period and 450 hours of clinical practice I qualified as an herbalist in 2012. Herbal medicine is a form of traditional medicine using plants that have medicinal benefits. As a student herbalist in Sankalpa, I was able to introduce herbal teas to clients, in a morning ritual that involved an informal check-in and a meditation. I also introduced a nutrition programme to support recovery through food. However, by the time I had qualified as an herbalist, the economy had collapsed and austerity politics had started to impose funding cuts and stricter governance rules that shifted the power in favour of the funder (Health Service Executive) who now controlled what an addiction service could offer its service users (Cullen and Murphy, 2017). Herbal medicine was not on the menu, at least officially. Meanwhile prescribed drugs went unchallenged even though they continue to be linked with increased numbers of drug related deaths among drug users (O'Brien, 2013). Herbal medicine has a history of being misrepresented and undermined by powerful vested interests seeking to maintain the capitalist social and political order. The most successful marginalisation of herbal medicine came when the American Medical Association was formed in 1847 and it became illegal for doctors to practice herbal medicine (Baer, 2001). While herbal medicine did go into decline it was kept alive through social movements around the world for people who didn't have access to biomedicine.

The World Health Organisation estimate that 80% of the world's population still relies on traditional medicine as their primary source of health care, with the market in herbal medicine estimated to be worth \$60 billion annually (Tilburt and Kaptchuk, 2008). In Ireland, herbal medicines are controlled by the Health Products Regulatory Authority and the European Traditional Herbal Medicinal Products Directive. Herbalists are self-regulated like many other professions in Ireland. Herbal medicine has been critiqued for a lack of scientific evidence to support claims about various medical plants (Ernst, 2000). Despite this critique

there is a growing body of scientific evidence (Hung and Ernst, 2010) including systematic reviews demonstrating the efficacy of herbal medicine.

Becoming and being an herbalist is central to my practice as an adult educator and way of resisting neoliberal biomedical and pharmaceutical interventions that I believe risk harm to body, mind and spirit. Today I practice under the name of 'The Mental Health Herbalist' and work mainly with people who suffer from depression and anxiety. As part of my practice I have a YouTube channel that supports my goal of educating people around the world on the benefits of herbal medicine for better mental health. In my practice I meet people on a regular basis who suffer from depression. Some of them don't want to go on to antidepressants and others want to come off them. There are a wide range of evidence based herbal medicines that I use to treat depression and anxiety; Passion Flower, Lemon Balm, Valerian, Skull cap, Brahmi, Ashwaganda, St John's Wort, Linden Blossom, Hawthorn Berries, Hops, Wild Lettuce and Wood Betony (Mowrey, 1986; Mischoulon and Rosenbaum 2008; Tang *et al.*, 2017). These herbs offer a powerful way to support a person's nervous system while they take additional steps to improve their overall wellbeing. I also help people look at their diet as certain foods have been found to have a positive impact on people suffering from depression (Johannessen *et al.*, 2011). Food choices are also linked to socio economic inequalities, a theme within the wider goal of my work as an adult educator (van Lenthe *et al.*, 2015).

At the heart of my relationship with each suffering adult who comes to see me is a synergy between adult education and herbal medicine. Becoming an herbalist for me was a natural response as an adult educator to the oppressive practices I saw from biomedicine in the form of psychiatry. So, when I practice as an herbalist, adult education underpins my approach to understanding and critiquing concepts such as: 'disease', 'treatment', 'healing', 'medicine', 'patient' and 'power'. My practice as an herbalist is built on many of the concepts which underpin adult education today. The relationship between the herbalist and the person suffering is not a passive one of compliance like in biomedicine, where the good patient is treated as a passive object rather than empowered subject (Greenhalgh, 2001; Rowe, 1999). In herbal medicine the person suffering is understood as an embodied subject who exercises agency in the healing process (Tang and Anderson, 1999). Herbal medicine offers a person-centred and self-directed experience of wellness and recovery from illness. Herbal medicines are used as a catalyst in promoting homeostasis and natural recovery (Chopra, 1990). Herbal medicine offers a transformative learning experience of illness

and recovery as the person reflects on their life and learns to challenge some of the assumptions they held about disease and its treatment. This is an idea supported by Mezirow's transformational theory of adult education, where the central task is 'the critique of assumptions through critically reflective learning' (Wilson and Kiely, 2002, pp. 1). Adult education has a strong focus on emancipatory adult learning theory as a means to social transformation and the attainment of human freedom (Welton, 1995). For some people coming off medications like antidepressants after many years with the support of an herbalist can be emancipatory. A major review of anti-depressants found that 82% of the response to anti-depressant medication is as a result of the placebo effect (Kirsch, 2009). While some people find comfort from antidepressants, many find that they don't address the root causes of depression and in the end leave people dependent and with little choice but to stay on them. On a macro level herbal medicine provides a critique of neoliberalism in the form of industrial farming that is undermining local environments and economies around the world (Patel, 2008). Herbal medicine provides a micro model of health and medicine that is sustainable, that connects local food markets, with local economies and models of community that support stronger social cohesion and community wellness (Myhill, 2015). Herbal medicine can also be understood in the context of critical health literacy, as it has a strong commitment to ensuring that the person receiving the treatment understands the language used and their role in the healing process. The biomedical model on the other hand has been critiqued for its disempowering effect on the patient understanding of their condition and its treatment due to the over technical use of language and the clinical relationship between doctor and patient (Vilhelmsson, 2014).

Health systems based on biomedicine are failing on a massive scale around the world and yet the illusion that these systems are completely based on evidence remains virtually unchallenged within the field of adult education. Health is political and adult educators interested in the redistribution of health resources, need to pay more attention to the health needs of adults in their practice and challenge the assumptions of biomedicine. In Ireland we spend €0 billion or 10% of our GDP on health each year and despite this redistribution of our taxes, many citizens who can't afford private health insurance, must wait for prolonged periods of time to be treated. Currently there are over 600,000 people waiting for a medical procedure in our health system. Each night around 700 people are unable to secure a hospital bed for treatment and instead must lie on a trolley in a hospital corridor, without privacy (*Irish Medical Times*,

2017). This is what Illich (1975) called ‘iatrogenic disease’ which occurs when a medical intervention leads to making the problem worse. Despite the failure of our health system hospital consultants are one of highest paid professions in the state.

Conclusion

Adult educators are at risk of becoming irrelevant if they don’t find new ways to challenge dominant and oppressive discourses and controlling influences in the lives of ordinary people that have lasting consequences. Adult educators must avoid being sucked into a world where one is unable, unwilling or afraid to challenge the status quo or articulate an alternative way forward because of the risks associated with such a challenge. We all benefit and lose from the neoliberal blanket that we critique, that both keeps us warm and threatens us at the same time. We must enrich our practice as adult educators with new and innovative ways to address the challenges that face us today. I believe that mental health is an area that must concern adult educators more and that herbal medicine provides a space to reflect and think about mental health in a different way to that offered by biomedicine. I believe herbal medicine can form part of an adult education approach in the tradition of critical theory of adult health and contribute to new emancipatory and participatory health practices in the area of addiction and mental health (English, 2012).

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