

Controversial Language

by Pat Risser

Including:

Appendix A – To Be A Mental Patient, and

Appendix B – Ten Historic Psychiatric Atrocities, and

Appendix C – Mentally ill die 25 years earlier, on average, and

Appendix D – Rights and Advocacy, and

Appendix E – Recovery Story

Words can be insulting: Schizophrenic, Diseased, Sick, Deaf, Dumb, Blind, Idiot, Moron, Imbecile, Crazy, Cracked, Nuts, Insane, Retard, Lunatic, Madman, Psycho, Spaz, Loonie. I'm sure you can think of many others. There are many words that separate us, words that divide us by race, creed, color and other factors. These insults are hurtful and painful to those toward whom they are directed. We should be mature and sensitive in how we use our language so that we don't cause hurt and pain or even separation of others. Labels can also tend to become self-fulfilling prophecies so we should use them carefully.

I would never use the N-word because people of color are part of an oppressed group. But disabled people aren't really oppressed. Are they? Yes, disabled people are members of an oppressed group, and disability rights are civil rights, a human rights issue. Disabled people are assaulted at higher rates, live in poverty at higher rates, and are unemployed at higher rates than nondisabled people. People with mental health issues commonly face widespread exclusion, discrimination, and human rights violations.

Acting-Out – It is pejorative to describe people and their struggles with helplessness, pain, despair, rage, shame, hopelessness, guilt, and other emotions as “acting-out.” It is an infantilizing term that conveys none of the reasons for why someone might be behaving in a certain way. Because it is so broad and non-descriptive, it might also be suggested that it is a lazy shortcut sort of language used by staff who don't want to or aren't able to take the time and make the effort to better understand and support the person receiving services.

Anger – Hostility

Anosognosia – Forced or coerced “treatment” is often rationalized by claiming that the person has anosognosia. Anosognosia means ignorance of the presence of disease, specifically of paralysis. Most

often seen in patients with nondominant parietal lobe lesions, who deny their hemiparesis, this neurological condition only applies to psychiatric patients if the definition is twisted and distorted by those who seek to attempt to legitimize psychiatry by using neurological terms but really, it only demonstrates ignorance. Even if anosognosia were to be applied to psychiatric issues, by fallacious reductio ad absurdum argument, we could argue that lack of insight into the status of your circumstances would mean that we should create mental hospitals for chronically obese folks, smokers, hang-gliders, surfers, etc. or anyone else who continues to indulge in risky or socially disapproved of behavior. In the realm of “real” medicine, the neurological term anosognosia refers to a lack of awareness of part of the body as a result of lesions to the opposite hemisphere of the brain. These lesions are always discernable upon autopsy. No lesions have been found where this term is applied to people labeled with psychiatric issues. (See Insight)

AOT – The initials AOT stands for Assisted Outpatient Treatment but, it really is a misnomer. It is neither assisted, nor is it treatment. It is a legal process, a judicial court order where someone is ordered to be compliant with treatment (usually that prescribed by a provider). Better description is IOC that stands for involuntary outpatient commitment. Note that both are outpatient meaning that the person is being forced/coerced into compliance in their own home although they must therefore not be considered so ill that they should instead go into a facility.

Behavior Modification – This term is insulting because the first image to come to mind is often that of Pavlov’s dog, drooling at the sound of a bell. We prefer to think ourselves as more free and that we have better control of our self than that. John Watson is considered the father of behaviorism and he conducted the infamous and controversial “Little Albert” experiment in which he used the same kind of classical conditioning as Pavlov to condition phobias into an emotionally stable child. This experiment in 1920 is considered to be one of the most controversial in psychology. Because “Little Albert” was an orphan and was taken out of town, Watson did not have the time to decondition the child. Watson said, “Give me a dozen healthy infants, well-formed, and my own specified world to bring them up in and I’ll guarantee to take any one at random and train him to become any type of specialist I might select – doctor, lawyer, artist, merchant-chief and, yes, even beggar-man and thief, regardless of his talents, penchants, tendencies, abilities, vocations, and race of his ancestors.”

This sort of conditioning is used by advertisers, educators and many others but ethical concerns still prevail.

Bipolar – It's always bad form to refer to a person or group of people by a diagnostic term. We should not define someone as a label rather than as a person. This dehumanizes and demeans. Psychiatry is particularly suspect at labeling. If a person has a thyroid out of whack (note the professional descriptive language), they might experience either high-energy or low-energy states. A medical doctor would do a blood test, determine the cause and prescribe based upon objective testing. Then, the doctor would prescribe some thyroid pills and send you on your way to get on with life. However, in the behavioral system a psychiatrist may verbally engage the person and upon hearing report of the high-energy or low-energy state, the psychiatrist would then presume illness, match it with behavioral diagnostic criteria and diagnose either Mania or Depression or both, Bipolar and prescribe treatment of the symptoms (either Lithium or an anti-depressant). Symptomatic presumption of illness creates this problem. There are those who find comfort in receiving a label or diagnosis because they believe that naming and identifying a problem is a first step toward resolving that problem. Actually, most of modern psychiatry don't see resolution of the problem because they don't believe that their fictional chemical imbalance in the brain is able to be cured, only treated forever which sets up a person in a self-fulfilling prophecy of hopelessness and despair. See the discussion of "Mental Illness" for further issues regarding this terminology.

Borderline – It's always bad form to refer to a person or group of people by a diagnostic term. We should not define someone as a label rather than as a person. This dehumanizes and demeans. Much research suggests that all people with this label are survivors of abuse, neglect and trauma. However, borderline is a particularly pernicious label because it's system code-speak for "pain-in-the-ass." It's commonly regarded as a wastebasket label and I suspect that's because the people assigning this label feel that it is where those to whom they assign it belong. Although some find comfort in receiving a label or diagnosis because they believe that naming and identifying a problem is a first step toward resolving that problem. See the discussion of "Mental Illness" for further issues regarding this terminology.

C/S/X – These are the assigned label of the movement for human rights of those who have been impacted by the behavioral health system. C = Client or Consumer; S = Survivor; X = eX-patient or eX-

inmate. It's not considered to be very accurate at describing the hard-working advocates for human rights and it is more of an all encompassing attempt at a catch-all phrase to make things easier for professionals too lazy to find more accurate and descriptive ways to identify people. It is likewise considered controversial among professionals because they consider forcibly locking people up and forcibly "treating" them as a sign of their benevolence and they are offended that we are not grateful and might consider ourselves ex-inmates.

Chemical Imbalance – The theory that attempts to explain human behaviors as a function of an imbalance of the neurotransmitters in the brain. The theory arose because it was noticed that certain drugs seemed to have a particular effect. However, it remains a theory because no one has ever been able to say which of the neurotransmitting brain chemicals are out of balance. There are over 200 known neurotransmitters and more are being discovered regularly. No one can speak to the nature of the alleged imbalance(s) and whether it is too much or too little. No one can identify in which part(s) of the brain these imbalances are occurring. No one can identify the correct formula for determining the baseline "normal" amount of the alleged offending chemical(s), given a persons gender, age, weight, and where this research might be referenced.



Chemical Rape – Since the Mental Corrections System has lied to the public about the safety and efficacy of Psychiatric Behavior-Control Chemicals, anyone who has been prescribed these chemicals, and especially those of us who are forced to take them against their will, is a victim of Chemical Rape.

Chemotherapy – Drugging

Client – Like the term “consumer” this implies something about the relationship that may or may not exist. It implies a power dynamic in which the provider is the expert, possessed of experience and expertise and you are the client, the one in need of that expertness. The role of the client is to be fixed so the client can only exist in relation to the therapist.

Compliance – Compliance is an ugly term because it seems that is what the system is most concerned with regarding our behavior. It's not about recovery or even generating more Medicaid billable units of service. It's all about controlling us in order to make us take medications that will numb us to the point where we no longer create or are able to create community (or family) disturbance. The problem with this term is that it can be done as well by a dead person and if we comply with public mental health treatment, we have a high risk of dying over 25 years younger than the general population. Thus, at every turn, people who exercise a choice to avoid treatment by being non-compliant, are essentially doing more to save their own lives than the physicians who took an oath to do the same. Given psychiatry's grotesque historical record of errors that have had devastating and often disabling and lethal results for otherwise innocent and vulnerable people, why is that considered a “lack of insight.” As far as I can tell refusal represents both an act of natural intelligence, a solid deductive reasoning based on past evidence, and an easy to understand and healthy sense of self preservation. Unfortunately, there exists a toxic environment full of deception and a compliance agenda just as much as there is an oil agenda and a Big Pharma agenda. Compliance means acceptance of the sick role and that acceptance means loss of your true self.

Consumer – This term is controversial because some consider it demeaning as it evokes images of gluttonous consumption of groceries and the “useless eaters” of the eugenics (and holocaust) movements. On the other hand, some like the term and it has grown popular because “consumer” was popular when Ralph Nader was leading a charge toward automobile safety and talked of the power of the consumer to control the marketplace. Part of the problem with that image today is that the marketplace is mostly controlled and paid for by Medicaid and other insurance so there is little choice and little control by the ones who actually receive services.

The term “consumer” seems the refuge of “treatment” junkies. The presumption is that said person has an illness that is a matter of

emotional and mental distress. People who think themselves well don't buy mental health services. They don't need to do so. More and more mental health consumers are getting jobs as mental health workers. Getting a job in mental health services is no way to wean oneself of the mental health/illness system. In fact, advancing to a job in mental health services might be seen as a further indication of a person's addiction problem.

Note: Prisons have trustees, the Nazi's had their Jewish, French and other collaborators (Quisling), governments have traitors and double agents and mental health services have peer support specialists. One has to wonder about prisoners who become guards. Bribery and corruption are rife in the mental illness system, and since human rights are so slack there, sell-outs aren't hard to find. Co-optation happens.

Decompensate – This term is used colloquially to indicate that a person is having more distress. However, it does not refer to a specific clinical finding, spectrum of symptoms, or event, so that the clinician who is referred a person who “decompensated” knows nothing about the person's needs or history. Interpersonally, the term is generally used to designate someone who is defective and fragile, who cannot take care of him- or herself, and who cannot tolerate stress and therefore falls apart. “Decompensating” is an us-them term; under stress “we” may not do well; “we” may cocoon, take to bed, get bummed out, get burned out, get a short fuse, throw plates, scream, call in sick, or need a leave of absence. “They” *decompensate*. Occasionally, the term is used with an overtone of superiority that is clearly intended to convey the power difference between the “competent professional” and the “sick client.” Both activists and clinicians have suggested that people abandon this term in favor of describing, briefly but accurately, what the person is experiencing. For example, “After the break-up with her girlfriend, Mary couldn't sleep. She started pacing at night and complained of hearing voices.” This brief statement factually describes Mary's experience and gives meaningful information that begins to suggest interventions that may be helpful.

Delusion – Unpopular belief

Depression – Sadness/unhappiness

Discrimination – To treat similarly situated people differently on the basis of a protected characteristic, such as race, gender, or disability.

Unequal treatment of persons, for a reason that has nothing to do with legal rights or ability. Federal and state laws prohibit discrimination in employment, availability of housing, rates of pay, right to promotion, educational opportunity, civil rights, and use of facilities based on race, nationality, creed, color, age, sex or sexual orientation. The rights to protest discrimination or enforce one's rights to equal treatment are provided in various federal and state laws, which allow for private lawsuits with the right to damages. There are also federal and state commissions to investigate and enforce equal civil rights.

Drugging – Chemotherapy

Drugs – Medication used to control behaviors. Also known to stifle most higher functions and reduce strong emotions and intellectual capacity, as well as seriously impair nerve functioning, coordination, and reflexes. “Side effects” can include: tardive dyskinesia, tardive dystonia, NMS (Neuroleptic Malignant Syndrome/death), agranulocytosis, urge to smoke (to lessen some of the primary effects), an almost insatiable urge to graze (increased appetite) for food and concomitant weight gain, bradykinesia (stiff muscles) and other effects ranging from uncomfortable to painful to death.

Electroconvulsive Therapy (ECT) – Electroshock

Electroshock – Electroconvulsive therapy (ECT)

Enthusiasm – Mania

Euphoria – Joy

Ex-Inmate – The controversy around this term is that it is confrontive toward providers of services and evokes a negative image. People who have been involuntarily committed to services claim that they were basically kidnapped and held against their will like an inmate being held in a jail or prison.

Fear – Paranoia

Hallucination – Vision/spiritual experience

High Functioning – This word is pejorative because although it may seem a compliment to call someone “high-functioning” it is really claiming that the person is almost as good as us, but not quite because they still require a label. It's another way the system

obfuscates meaning in a sort of 1984ish double-speak. Labeling someone as either high-functioning or low-functioning has no healing impact upon the person in distress and in fact, can have quite the opposite effect. It can cause a person to feel more hopeless and helpless and thus iatrogenically more distressed than before being labeled in this pejorative way. It has even caused people to suicide in despair.

Hospital – Even the word “hospital” gets perverted. Most hospitals have beds that are adjustable. Nurses come to you with medications and they will wash your back and offer other kindnesses and touch. There is oxygen and other “medical” equipment coming from the walls, all with a purpose for preserving life in some degree of comfort. Psychiatric hospitals, on the other hand, have touch taboos. They don't have adjustable beds and the “round-up” for medication time resembles a cattle call. They keep score there and any kindnesses are expected to have a price. Although the psychiatric hospitals of today now have carpets instead of bare floors and pictures on the walls instead of bare paint, they are mere gilded cages and a gilded cage is still a cage.

Hostility – Anger

Iatrogenic Damage – This is the physical and emotional harm that doctors perpetrate against their “patients.”

Insane – Insanity commonly refers to a spectrum of behaviors characterized by certain abnormal (socially defined) mental or behavioral patterns. Insanity may manifest as violations of societal norms, including a person becoming a danger to themselves or others, though not all such acts are considered insanity. In modern usage, insanity is most commonly encountered as an informal unscientific term denoting mental instability, or in the narrow legal context of the insanity defense. The word “sane” derives from the Latin adjective *sanus* meaning “healthy.” The phrase “*mens sana in corpore sano*” is often translated to mean a “healthy mind in a healthy body.” From this perspective, insanity can be considered as poor health of the mind, not necessarily of the brain as an organ (although that can affect mental health), but rather refers to defective function of mental processes such as reasoning. In other words, it is a judgment by one person of another. Another Latin phrase related to our current concept of sanity is “*compos mentis*” (lit. “sound of mind”), and a euphemistic term for insanity is “*non compos mentis*.” In law, *mens rea* means having had criminal intent, or a guilty mind, when the act (*actus reus*) was

committed. The term may also be used as an attempt to discredit or criticize particular ideas, beliefs, principles, desires, personal feelings, attitudes, or their proponents, such as in politics and religion. Insanity is generally no longer considered a medical diagnosis but is a legal term in the United States, stemming from its original use in common law. The disorders formerly encompassed by the term covered a wide range of mental disorders now diagnosed as schizophrenia, bipolar disorder and other psychotic disorders. Again, the notion of insanity is a judgment of deviance from some social norms that can be quite arbitrary. For an example of how murky this concept is, see Rosenhan, David L. "On Being Sane in Insane Places."

Insight – At every turn, people that exercise a choice to avoid treatment are essentially doing more to save their own lives (insight) than the physicians who took an oath* to do the same. Several studies have shown that people who receive public mental illness services die at an average age of 52 (and it is falling) while the average lifespan in America is currently 78 (and it is rising). **(See Appendix C)**

*** Hippocratic Oath: *Primum non nocere* or, First, do no harm**

Given psychiatry's grotesque historical record of errors that have had devastating and often disabling and lethal results on otherwise innocent and vulnerable people, why are psychiatrists brutally critical of anyone's deliberative choice to avoid psychiatric treatment and psychiatric drugs, and why is this considered a "lack of insight?" As far as I can tell, refusal represents both an act of natural intelligence, a solid deductive reasoning based on past evidence, and an easy to understand and healthy sense of self preservation.

Psychiatry's response: "...Doctors have always used the best science available and used the treatments that were *validated* by the science of the day." It would seem that it is psychiatry that suffers from anosognosia and lack of insight.

But really, if you've become a mental patient, the only way you'll ever get better is if you first admit a few things. You must admit that you believe your doctor and trust him or her. You must then admit that your doctor is correct in their belief that you have a disease, disorder, illness, chemical imbalance or whatever else they claim. You must believe so strongly that you will be compliant with any "treatment" they suggest. You must take any drug, endure any shock and you must appreciate their efforts at making you better. You must never question or challenge. You must wear the role of mental patient like a

warm cloak and you must never question their power or privilege. Only if you are completely compliant are you ever going to get well. Otherwise, you lack insight and will remain sick forever (or at least until you escape their grasp).

Joy – Euphoria

Low Functioning – This judgment is pejorative because it has often been applied in a punitive fashion. People who are non-compliant are sometimes labeled “low-functioning” as punishment for their non-compliance. The words really have no meaning and convey nothing of value in terms of clinical information. Labeling someone as either high-functioning or low-functioning has no healing impact upon the person in distress and in fact, can have quite the opposite effect. It can cause a person to feel more hopeless and helpless and thus iatrogenically more distressed than before being labeled in this pejorative way. It has even caused people to suicide in despair.

Mania – Enthusiasm



Medication – Drugs. Medication used to control behaviors. Also known to stifle most higher functions and reduce strong emotions and intellectual capacity, as well as seriously impair nerve functioning,

coordination, and reflexes. “Side effects” can include: tardive dyskinesia, tardive dystonia, NMS (Neuroleptic Malignant Syndrome/death), agranulocytosis, urge to smoke (to lessen some of the primary effects), an almost insatiable urge to graze (increased appetite) for food and concomitant weight gain, bradykinesia (stiff muscles) and other effects ranging from uncomfortable to painful to death.



Mental Corrections System – The definition of this term is evolving, but I take my cue from social critic Michel Foucault and assert that psychiatry is an institution that exists to enforce societal norms. It does this in typical patriarchal, capitalistic fashion by perpetrating institutional violence against people who are perceived as “misfits” within the culture. Definition of Institutional Violence: Like interpersonal forms of violence, institutional forms include physically or emotionally abusive acts. However, institutional forms of violence are usually, but not always, impersonal: that is to say, almost any person from the designated group of victims will do. Moreover, abuses or assaults that are practiced by corporate bodies—groups, organizations, or even a single individual on behalf of others—include those forms of violence that over time have become “institutionalized,” such as war, racism, sexism, terrorism, and so on. These forms of violence may be expressed directly against particular victims by individuals and groups or indirectly against entire groups of people by capricious policies and procedures carried out by people “doing their jobs,” differentiated only by a myriad of rationales and justifications. Finally, institutional violations cannot be thought of as separate or distinct from other spheres of violence.

Mental Health – The system refers to itself as a “mental health” system when in reality the only focus of the system is on what they consider “illness.” They know how to label and classify but they know little about real health. Our entire system of care for people with emotional distress is built around illness. This is a negative approach. We diagnose illness. We complain of illness. We treat illness. We label illness. Even wellness means an absence of illness so we treat the symptoms of illness. Recovery means getting over illness. The person who is well is one who causes no community disturbance, no matter how incapacitated they may be. More and more the medical model of treating mental illness means almost solely, medications. Medications treat symptoms while ignoring any underlying cause. The reliance on medications means that more and more efforts are focused on compliance with medication regimens. We have evolved to the point where we've lost the human connection in our reliance on a pill. We're looking at telemedicine and self-diagnosis where we'll focus on our problems and then be prescribed a fix. However, the fix too often is just a cover-up for the real or underlying issues. The problem is the focus on mental illness instead of mental health. We spend time, money and energy on defining illness and yet we have not reached a place of agreement. It's difficult to find two psychiatrists who agree on anything much less diagnosis. Treatment creates the same problems. It seems every doctor and every hospital prescribes different treatment. If we were to define mental health, we would do more than look at the circular reasoning of an absence of illness. We would move toward the positive and look at those things present in someone who is mentally healthy. We might start by looking at an innocent and healthy baby. One of the things that we might note is the capacity to feel joy. While joy may not always be present, that capacity might become one of the pieces of a definition of mental health. Other pieces of the definition of health might include the ability to create and maintain relationships or the ability to find and appreciate solitude (can we live with our own inner voices or perhaps can we just stand the solace of quietude). We might discuss the ability to draw upon spirituality as a strength.

Mental hospital / mental health center – Psychiatric institution

Mental Illness – Personal or social difficulties in living. Behavior that deviates from a socially determined (by psychiatry) norm. There are no biochemical markers, no biological tests, no hard evidence at all, to “prove” the existence of “mental illness” in a medical model framework. Proof means the ability to demonstrate a reliable association between a clearly specified pattern of observables and

other reliably measurable event(s) that operate as antecedents. (This is same level of proof used for TB, cancer, diabetes, etc.) Our thoughts, moods, feelings or emotions are not a disease, disorder or an illness. They are me. Cumulatively, they make up who and what I am as a person.

There is no litmus test to determine whether a person has a “mental illness” or not. We have found no “mental illness” virus, bacteria, or genes. “Mental illnesses” are not brain diseases *by definition*. When a physical cause for a “mental illness” is discovered in the brain, then it ceases to be a “mental illness”, and it becomes a neurological disorder.

“For mental/psychiatric disorders in general, including depression, anxiety, schizophrenia, and ADHD, there are no confirmatory gross, microscopic or chemical abnormalities that have been validated for objective physical diagnosis.” [Supriya Sharma, MD, a director general of Health Board of Canada] To put this another way, while people can find themselves in dire emotional distress and/or may alarm others, that neither equates with “having an illness,” nor does receiving a diagnosis. For a phenomenon to be an illness, it must fit the criteria for an illness. The gold standard in this regard is the Virchow criterion (the standard in medicine proper since the nineteenth century). According to this, pain or discomfort is neither a necessary nor a sufficient condition for something to qualify as an illness; it must be characterized by real lesion, by real cellular pathology.

Thomas Szasz used to say that we have no “mental” that we can point to or identify so how could it become ill. “Mental illness” does not cause violence. Violence is caused by anger that lacks a place to vent safely. For too long, we’ve been experiencing society to be more and more stifling of emotions. Simple basic emotions are no longer considered very acceptable. The big, scary emotions like anger are even less accepted. If you display anger, “take a pill” or “see a therapist.” If you display sadness, “take a pill” or “see a therapist.” These days, no one feels depressed (a normal human emotion) any more. Now, people have “depression”, an “illness” to be treated by psychiatry. No one feels sadness or grief any more. Now, people have “depression”. No one gets rightfully angry at situations. If they start to feel anger, they head to the psychiatrist to be diagnosed, labeled and drugged into no longer feeling. We seem to have forgotten how to find a way to make a basic human-to-human, heart-to-heart connection with people and help teach them how to feel and safely express the full range of their emotions. Although there is no “mental illness” under the medical model, there are other ways to understand mental

illness including, The Spiritual Model, Moral Character Model, The Statistical Model, The Disease/ Medical/ Biological Model (—Genetics, —Neuroimaging, —Neurobiology), Psychological Models (—Psychodynamic Model, —Behavioral Model, —Cognitive-behavioral Model, Existential/ Humanistic Model), The Social Model, Psychosocial Model (—Social Learning Model), Family Therapy Model, the Bio-psycho-social Model and the Trauma Model. It's still debatable whether individuals can be defined as mentally ill or mentally healthy in a sick society.

Mental illness system – Psychiatric system

Mental Patient – Psychiatric Inmate. Part of the demotion from “us” to “them” is a loss of one’s designation as a person. One is suddenly no longer a person with a diagnosis but, a “schizophrenic” or a “bipolar” or a “mental patient” or an “SPMI.” A medical illness is not generally associated with the negative assumptions and prejudices that are inferred from a psychiatric label. A “diabetic” is not assumed to be violent, unpredictable, or incompetent. **See appendix A**

Mentally Ill – It’s always bad form to refer to a person or group of people by a diagnostic term. This dehumanizes and demeans. Although some find comfort in receiving a label or diagnosis because they believe that naming and identifying a problem is a first step toward resolving that problem. See the discussion of “Mental Illness” for further issues regarding this terminology. Other terms that might be used (although not all are without controversy) include: Mental health consumer, Psychiatric survivor, Person labeled with a psychiatric disability, Person diagnosed with a psychiatric disorder, Person with a mental health history, Person with mental health issues, Consumer, Client/Survivor/eX-patient, eX-inmate (CSX), Person who has experienced the mental health system, Person experiencing severe and overwhelming mental and emotional problems (describe, such as “despair”), Person our society considers to have very different and unusual behavior (describe, such as “not sleeping”). It is important that the language we choose to use is about the values of inclusion, diversity, respect and empowerment. Many people get labeled as “mentally ill” when they are actually survivors of abuse, neglect or trauma. This identification is discriminatory because it does nothing to mitigate the loss of the individual and it allows the perpetrator(s) or cause of the abuse, neglect or trauma to escape being labeled or identified as the source of the problem. Likewise, we label individuals with diagnoses rather than labeling the sources of the problem. For instance, it might change (for the better) the way society relates to

people if instead we labeled the source of the problem. We might then identify the true issue as poverty, joblessness, homelessness, etc. It is important to identify the "true" issue so that we can direct our resources (and blame) in the proper direction. If a woman is raped and we focus our energy on her anxiety and label her "mentally ill" we are blaming the victim and allowing the perpetrators to continue to roam free. My thoughts, moods, feelings and emotions are not a disease, disorder or illness. They are me. They are the sum of who and what I am as a person.



Movement – Another human rights movement like the women's rights movement or the Black civil rights movement. Those involved in the "client/survivor/ex-patient" movement (a name that gives me the creeps because of its pejorative implications and skirting around the real issue, actually of the oppressed people movement, not different than any repressed human beings from government, beliefs, racism, ethnocentrism, etc.) seek to be recognized for who we are as human beings, not defined or managed by some category used by the main stream "mental health" professionals whose sole mission is to control by their self righteous beliefs of power and repression, using the law to implement their beliefs by force, if people don't voluntarily accept them or voluntarily act as what they define as "normal." Shaming by labeling, discounting, or "sneering" against you when presenting before a group of "professionals" (whom I believe, from personal

experience from being one, will discreetly "sneer" and present the opposite face to you from how they truly feel, by feigning compassion or support, for people who talk about how devastating our "mental health" system is, for they (the "professionals") secretly believe they are right in the use of their repressive theories and categories learned in our authoritarian education system that sanitizes most historical movements or processes that actually worked to help people, but were in disagreement with the main stream theoretical constructs.) Of course not all professionals are like that, just the majority of them, and a super majority of those who support both APA's and is why psychology (and psychiatry) has not advanced, but become more repressive, deceitful, untruthful, and far less ethical in practice and professional representation, and far less effective while promoting absurdly ineffective issues like "evidenced based practice" (to compete with psychiatry). APA has lost membership, for good reason, and now represents only about 40% of all licensed psychologists.

NAMI – The National Alliance on Mental Illness was founded as a support movement by family members (usually parents) who were seeking help for their “mentally ill” adult children. Now they have crossed into the policy-making realm and claim to be the nation’s voice on mental illness, leaving the adults who have been labeled in silence. There are many problems with the organization including it’s major dependence upon pharmaceutical company funding which creates a clear conflict of interest. They commonly claim to be anti-stigma but will then indulge in worst-case scenario fear mongering to influence legislators and policy makers to help them “control” the behaviors of their adult family members. Many family members have been taught to call the police for help in controlling their “loved one.” However, if you call for force, force will show up and when force shows up, all too often, bad things happen. In November 2014, in Cleveland, Ohio, family called 911 to report that Tanisha Anderson, who had been labeled as mentally ill, was acting unruly but non-violent. Anderson, her family and the responding officers eventually agreed that Anderson should be taken in a patrol car to a local hospital for a psychiatric evaluation. Anderson's family said that when the officer went to handcuff her to put her in the car, she became extremely nervous and changed her mind. She did not attack the officers but tried to walk away. One of the officers picked her up and body slammed her to the concrete of a cold Cleveland street, where she died before the officer could put his knee into the middle of her back to handcuff her. Family called for force as they’ve been taught to do. Force (police) arrived. Force body-slammed Tanisha to the concrete. By the time the officer put his knee in the middle of her back to attach handcuffs, she had

already stopped breathing. She was dead. Family need a different message. Perhaps call for peer support. Imagine if peer supporters had arrived and talked with her. The family's "problem" would have been solved and Tanisha would still be alive. Perhaps NAMI should stand for the National Alliance of the Morally Ignorant.

Non-Compliant – People who refuse to allow others to hold claim as experts over their life and who hold that they are their own best expert, are commonly labeled as non-compliant. At best, this is a pejorative word lacking in clinical meaning but designed to convey that this patient is a pain in the ass. People who exercise a choice to avoid treatment by being non-compliant, are essentially doing more to save their own lives than the physicians who took an oath to do the same. Given psychiatry's grotesque historical record of errors that have had devastating and often disabling and lethal results for otherwise innocent and vulnerable people, why is that considered a "lack of insight." As far as I can tell refusal represents both an act of natural intelligence, a solid deductive reasoning based on past evidence, and an easy to understand and healthy sense of self preservation. Unfortunately, there exists a toxic environment full of deception and a compliance agenda just as much as there is an oil agenda and a Big Pharma agenda.

Non-conformity – Schizophrenia

Oppositional – Yet another term for people who refuse to allow others to hold claim as experts over their life and who hold that they are their own best expert, are commonly labeled as non-compliant. At best, this is a pejorative word lacking in clinical meaning but designed to convey that this patient is a pain in the ass.

Paranoia – Fear (sometimes rational)

Patient – This term is controversial because it honestly speaks to a role where there are those who have power and control of the services, the providers and there are those who don't have any power or control of the services, the patients. This power and control is evoked in the statement of doctors when they speak of "their" patients as if some ownership is implied.

Personal or social difficulties in living – Mental illness

Prejudice – In the civil law prejudice signifies a tort or injury; as the act of one man should never prejudice another. Prejudice is a legal

term with different meanings when used in criminal, civil or common law. Often the use of prejudice in legal context differs from the more common use of the word and thus has specific technical meanings implied by its use. Two of the more common applications of the word are as part of the terms “with prejudice” and “without prejudice”. In general, an action taken *with prejudice* could indicate either misconduct on the part of the party who filed the claim or criminal complaint or could be the result of an out of court agreement or settlement, both of which would forbid that party from refiling the case. *Without prejudice* often refers to procedural problems where the party may refile.

Psychiatric Behavior-Control Chemicals – These are the mood-altering substances that are used to sedate people’s bodies and to silence dissent. Anyone in the culture who expresses unhappiness or fear or who has “unusual thoughts” or simply acts in a way that challenges social conventions is subject to being labeled as having a brain disorder. Once you undergo this “Degradation Ceremony” you are then a candidate for the chemical “treatments” that damage normal neuronal function and upset endocrine balances in all body systems, i.e., the anticholinergic system which regulates heartbeat and respiration, the pancreas, which regulates sugar metabolism, the sex hormones, and Human Growth Hormone, to mention a few. What the chemicals actually do is to control a person’s behavior. They do not fix any so-called chemical imbalances or any brain disorders. The only chemical imbalances that have ever been found in people labeled with mental illness are those that were created by these substances.

Psychiatric inmate – Mental patient

Psychiatric institution – Mental hospital/mental health center

Psychiatric Oppression – Psychiatry exists as a force to contain the dissent of women, children and people of color who are the main targets of the profession’s brain-damaging treatments.

Psychiatric procedure – Treatment/therapy

Psychiatric Survivor – Anyone who hasn’t actually died yet from their psychiatric treatments.

Psychiatric system – Mental illness system

Recovery – Definitions of recovery are all over the place. This is at least partially true because recovery is a unique process defined by the individual. The system has coopted the term to usually mean symptom reduction and medication compliance. One of the earliest definitions of recovery came from Charles Curie, SAMHSA Administrator on June 17, 2002 when he stated his understanding that, “quality of life (recovery) depends on a job, a decent place to live, and a date on Saturday night”—connection to a community to which Dr. Sylvia Caras, Ph.D. suggested the theme “a job, a decent place to live, and a social life.” In December 2004, SAMHSA held a Consensus Conference in which mental health recovery was defined as, “a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.” In light of the evolving system to one that includes drug and alcohol issues along with mental health, the latest definition of behavioral health recovery in December 2011 was, “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” Some, particularly within the drug and alcohol and other addictions community claim that recovery is a lifelong journey and so they claim to be “in recovery” forever. I respectfully disagree and claim that which I had lost, I have now recovered and I have moved on. **(See Appendix C)**

Too many have gotten co-opted. They’ve forgotten we are a human rights movement. The two mutual arms of the movement are advocacy and support. Too many leave one out. Not only have the people gotten coopted but so has our language. “Recovery” has become an evidence-based practice as if it’s some sort of commodity or product that you can go and purchase off of a menu. It’s forgotten that it’s an individualized process that comes from within and is defined by the individual. Now, “trauma” care is being coopted the same way. The system sucks the life and goodness out of people and our words.

Mental health recovery means the cessation of consumerism. Recovery is not a consumed “service”, or a consumer “product.” The term “in recovery” has become a euphemism for mental health treatment consumption. There is no end to this recovery unless a person gets out of recovery (i.e ceases to consume mental health treatment). Partial recovery is not complete recovery. There is more involved in this recovery process than the recovery of one’s mental and emotional stability alone. Institutionalization disrupts lives. There is also

economic, situational, and social recovery to consider. Recovery that is not recovery is why we have a mental health ghetto.

Recovery from a severe mental illness is often more a matter of recovering from an oppressive mental health/illness system than it is anything else. People who consume mental health services are said to have not fully recovered from their “illnesses”. Many of these people have serious mental health service consumption addictions or habits. People who work in mental health services are the pushers that keep these treatment junkies supplied. A former mental patient or an ex-patient, strictly speaking, is a person who has left the mental health/illness system entirely. A person who was in the mental health/illness system, but who has not left that system, is a person who cannot be said to have fully recovered his or her mental health.

Sadness/unhappiness – Depression

Schizophrenia – Non-conformity

Schizophrenic – It’s always bad form to refer to a person or group of people by a diagnostic term. This dehumanizes and demeans. There is a growing movement of people who hear voices around the world and they do not necessarily consider it a negative or a symptom of a psychiatric disorder. Many who have survived abuse, neglect and trauma have had what might be interpreted as symptoms of schizophrenia but the term schizophrenic is so vague and nebulous that it really does not capture anyone’s experience or convey that experience from one professional to another. There are some who find comfort in receiving a label or diagnosis because they believe that naming and identifying a problem is a first step toward resolving that problem. See the previous discussion of “Mental Illness” for further issues regarding this terminology.

Side-Effect – There is no such thing as a “side-effect.” There are only effects from taking drugs. Some effects are desired and others are undesirable. Calling something a “side-effect” obscures and minimizes the resultant pain, suffering and misery and in doing so, it discounts our experiences and perceptions and thus sets us up as less than we are. It denies our reality. There are no such things as side effects - only effects, some of which we call “side” in order to avoid discussing them. If a psychiatrist wants to trivialize your discomfort in an effort to urge you to be more compliant, he or she may refer to your discomfort as a mere “side-effect,” as though it's not important. Perhaps it isn't important to them but they should acknowledge its importance to you.

“Hey doctor, my arms have itchy purple splotches all over them.”
“That’s okay, it’s just a side-effect.”

SMI or SPMI or CMI – SMI=Serious Mental Illness; SPMI=Serious and Persistent Mental Illness; CMI=Chronic Mental Illness. Sometimes it’s not pejorative enough to label people as mentally ill. Sometimes people want to take the dehumanization a step further and reduce people to an acronym or meaningless set of letters.

Socially undesirable characteristic or trait – Symptom

Stigma – There are several problems with the word “stigma.” It is not legally actionable. The term “stigma” has no legal status and the system likes the word because they can’t be sued for using it. Proper words to describe the experience are “prejudice” and “discrimination” both of which are legally actionable and have legal meaning. Stigma requires the acceptance of the person to whom it is addressed. Without the collusion of the person, it would be like calling someone a Martian, meaningless. Anti-stigma campaigns don’t make any sense. They are designed by the system to promote the very services that are discriminatory. Commonly, the claim is that people stay away from services because of “stigma.” In reality, people stay away from services because those services are not attractive and don’t work. If they did, people would be lined up to receive them. Even the word “stigma” creates a sense of discrimination. Any time we create a separate word to describe something it sets apart that thing we’re trying to describe as different and therefore worthy of being discriminated against. What if people began wearing a button that said, “Stop the stigma of being an idiot”? What if there was a massive organized movement that exposed the film industry and contemporary literature as agents that are stigmatizing the mentally challenged individual with the inappropriate use of “idiot” as a demeaning adjective? In 1940, the term “idiot” had a medical/psychiatric meaning of one whose mental capacity was at or below third-year level. The whole stigma, anti-stigma issue is primarily about marketing mental illness services, shifting responsibility for a system in shambles from the system to the would be service user, who doesn’t ask for help because of “stigma.” Mental illness clients, just like the general public, have been convinced by the marketing.

Suffering – It seems like we’ve grown to the point where we pathologize everything. Normal behaviors are not symptoms. No one experiences common emotions like feeling depressed anymore. Now, people “suffer” from depression and seek a pill, a quick fix, to cure it.

People who struggle with issues also don't like to be either pitied or romanticized for their struggles. Just doing what one must to survive and thrive is not cause to feel sorry for someone or to consider them a hero. In general, people can have a "bad" day, an "off week" or even a "down" month where sales are not up to par but we don't speak of this as "suffering" from some sort of disability. People speak of "suffering" from "mental illness." Actually, most of my "suffering" was at the hands of the helping professionals. I've connected with many others who enjoyed their "manic" episodes or enjoyed the companionship of the voices. Not all of us "suffer" and much of the "suffering" that does occur is due to the context placed on our thoughts, moods, feelings and emotions by society and the treatment system.

Symptom – Socially undesirable characteristic or trait

Symptomatic – Normal behaviors are not symptoms. Normal people can have a bad day, an "off" week and even a "down" month. However, if we exhibit those normal behaviors on the job, we get labeled and we are asked if we took our medications or if someone needs to call our shrink. If we are already a "mental patient" then everything we do tends to be viewed through a lens of pathology and labeled a symptom of our "mental illness." If we're too happy, we're manic and if we're too sad, we're depressed and if we're angry, we likely need to have our medications increased.

Therapy – Psychiatric procedure. Recreational Therapy (RT) is typically known as play time. Occupational Therapy (OT) is another name for ceramics and other useless and mindless arts and crafts. Even the air you breathe is therapy and that's called "the milieu." Brain mutilation and various forms of shock have also been called "therapy" as if that somehow legitimizes them. **(See Treatment)**

Treatment – Psychiatric procedure. I hate that word "treatment." It's been twisted by the system and perverted beyond recognition. If they lock you up against your will, strip you literally and figuratively (of your rights) and force you into bondage and solitary confinement and then inject you with powerful and painful drugs, they call it "treatment." In every other possible realm on earth, this is torture and not "treatment." If they set a fifteen-minute appointment for you to renew your drugs every two weeks or month, they call that "treatment" and they can bill your insurance for payment. I consider it fraud. **(See To Be A Mental Patient)**

Treatment Advocacy Center – TAC is an organization that claims to exist to “Eliminate Barriers to the Treatment of Mental Illness.” They are masters of double-speak and smoke and mirrors, mumbo-jumbo. They are the force behind AOT. Typically, they conflate membership numbers, just make up numbers in their heads to sensationalize horror stories of people with mental illness, out of control. They indulge in worst case scenario, fear mongering to influence the public and legislatures. They do their own research and then quote that research when they write letters to the editor or even professional journal articles and then claim that their research is evidence based. The Treatment Advocacy Center was founded in Arlington, Virginia, by E. Fuller Torrey, MD, in 1998. Torrey has been pretty much discredited within his own profession for claiming that cat poo causes schizophrenia. Again, he makes up his own research and then quotes that research as if it's fact. Torrey also has a very ghoulish fetish of collecting human brains. He's gotten into some legal difficulties over the years because of this fetish. Torrey leads the NAMI cult and his years of collecting brains have not lead to a single usable piece of data. Entrepreneur Theodore Stanley and his wife Vada (Danbury Mint) already were generous supporters of research on schizophrenia and bipolar disorder at the Stanley Medical Research Institute (SMRI) in Chevy Chase, Maryland. TAC has popularized the myth that Los Angeles County Jail, Cook County Jail and Riker's Island are the three largest mental health facilities in the US while completely overlooking the fact that to land in one of those facilities, one must commit a crime, be tried and convicted. People who express their differences in ways that get labeled “mental illness” can still make choices and can learn to not break the laws.

Treatment Resistant – A person who has become demoralized by his or her “treatment” will likely be rediagnosed and labeled treatment resistant and offered more medication. Mental health professionals will rarely address the issue of discrimination as a focus of services, and often, are more likely to contribute to the problem than to help. At every turn, people who exercise a choice to avoid treatment by being resistant to their prescribed “treatment,” are essentially doing more to save their own lives than the physicians who took an oath to do the same. Given psychiatry's grotesque historical record of errors that have had devastating and often disabling and lethal results for otherwise innocent and vulnerable people, why is that considered a “lack of insight.” As far as I can tell refusal represents both an act of natural intelligence, a solid deductive reasoning based on past evidence, and an easy to understand and healthy sense of self-preservation.

Trigger – There is a problem with the word "trigger." People use the word as if there is some particular precipitating cause that "triggers" us to go off like a discharging bullet. It's very stigmatizing to believe that we are so volatile. It's just as stigmatizing to not recognize that a "trigger" may be only the final straw in a series of mistreatments that have had a cumulative effect over hours, days, weeks, months or even years.

Unpopular belief – Delusion

Vision/spiritual experience – Hallucination

Nomenclature – *Thanks to Jul 29, 2015, Posted by Madam Nomad, <https://psychiatricnemesis.wordpress.com/2015/07/29/nomenclature/>*

APPENDIX A

To Be A Mental Patient Is...

To be a mental patient is to be told that
you are not allowed to get angry but,
those who treat you are allowed to get angry.

To be a mental patient is to be told that
you should be honest but,
those who treat you really don't want honesty.

To be a mental patient means that
you are told to understand your feelings but,
you may not express those feelings.

To be a mental patient means that
you are entitled to your opinion but,
you are not entitled to state your opinion
(unless it agrees with the opinion of your psychiatrist).

To be a mental patient means that
you must eat on schedule,
sleep on schedule,
socialize on schedule,
take drugs on schedule,

and to never, never
laugh or cry too much.

To be a mental patient means that
you are no longer the best expert on your life.
You are told that
your opinion doesn't matter.
What they don't tell you is
that you don't matter anymore.

To be a mental patient means that
everyone else is an expert on you and your life.
Everyone else can look into their crystal ball
and predict when you are going to be violent and
do unto you before you may
or may not do unto anyone else.
They know through some magic;
Their degrees matter and you don't;
They are gods reigning from lofty perches,
high within a self-constructed ivory tower.

To be a mental patient means that
you are robbed of your personal power.
Your power diminishes as the power of others increases.
Others, staff, family, doctors, nurses may all
violently place you in restraints, in solitary,
strip you, stick you, invade your body
with chemical restraints that
make you hurt - but I don't care;
make you drool - but I don't care;
make you wet yourself - but I don't care;
make you powerless by giving your power to others.

To be a mental patient is to feel suicidal sometimes
and to be caught in a double bind.
If you say anything to anybody,
it feels like you are punished by being locked up
or placed under the watchful eye of someone
like a wayward child - when what you really need
is just to talk to someone.
But, how do you live with the suicidal feelings
if you don't say anything.

To be a mental patient is to cross against the traffic light

and (unlike 'normal' people) you think about how you could be placed on a mental health hold as a danger to yourself because you know people to whom this has happened.

To be a mental patient is to become a label.
A label is an excuse to treat you as less than human.
He's schizophrenic or she's manic-depressive becomes your identity. You are no longer a husband, wife, student, worker or person.

To be a mental patient means
that you are now an official medical diagnosis
while others have their kids
drive them crazy
or their friends
make them go bonkers
or work is a real nutty place
or their pets drive them batty
and you cause the staff to feel really coo coo.

To be a mental patient means losing your sexuality.
If you are a male, female staff can walk in on you any time,
in bed, in the shower, in the bathroom.
If you are a female, male staff can walk in on you any time,
in bed, in the shower, in the bathroom.
You are not male and you are not female.
You are a label, a disease, a hospital number, a condition, a non-person.
The label must not feel, must not express.
Humanity is gone.
You are reduced to a non-feeling, non-sexual, non-spiritual non-thing.

To be a mental patient is
to talk with god - and be told that is wrong
because you talk to god on Monday and not just on Sunday and
god talks back to you.

To be a mental patient means
you have to be a child
making toys in occupational therapy,
playing in recreational therapy.
Even the air you breathe
must be paid for because it is
milieu therapy.

To be a mental patient means
to have been battered and abused
by family, friends and society
and then to be told,
you are crazy and then,
to be battered and abused some more by the system.

To be a mental patient means that you take drugs
even though you have been told through other media
to just say NO!

To be a mental patient means that drugs are treatment.
Talk doesn't matter.
A job doesn't matter.
A home doesn't matter.
A family doesn't matter.
Bad side effects don't matter.
Death doesn't matter.
The psychiatrist who has never taken the drugs matters.
The psychiatrist knows best.
The psychiatrist who has never lived inside of your skin is always right.
Even when it hurts.

The drugs are treatment and if you don't take them you are BAD
and you are WRONG and you must need to be locked up
and not allowed to say, see or do anything for yourself
because you wouldn't comply with the treatment.

To be a mental patient means that
you are no longer a citizen of this great land.
To be a mental patient means that you no longer are entitled
to life, liberty and the pursuit of happiness.
You surrender your freedom of speech,
your freedom of expression,
your freedom to chose what is right for you.

To be a mental patient is to have
everyone but you know what is best for you.

To be a mental patient means that
you can't say what I've just said
because it might offend a psychiatrist.

*By Pat Risser, based on "To Be A Mental Patient by Rae Unzicker,"
June 1984*

To Be a Mental Patient by Rae Unzicker (1948-2001)

To be a mental patient is to be stigmatized, ostracized, socialized, patronized, psychiatrized.

To be a mental patient is to have everyone controlling your life but you. You're watched by your shrink, your social worker, your friends, your family. And then you're diagnosed as paranoid.

To be a mental patient is to live with the constant threat and possibility of being locked up at any time, for almost any reason.

To be a mental patient is to live on \$82 a month in food stamps, which won't let you buy Kleenex to dry your tears. And to watch your shrink come back to his office from lunch, driving a Mercedes Benz.

To be a mental patient is to take drugs that dull your mind, deaden your senses, make you jitter and drool and then you take more drugs to lessen the "side effects."

To be a mental patient is to apply for jobs and lie about the last few months or years, because you've been in the hospital, and then you don't get the job anyway because you're a mental patient. To be a mental patient is not to matter.

To be a mental patient is never to be taken seriously.

To be a mental patient is to be a resident of a ghetto, surrounded by other mental patients who are as scared and hungry and bored and broke as you are.

To be a mental patient is to watch TV and see how violent and dangerous and dumb and incompetent and crazy you are.

To be a mental patient is to be a statistic.

To be a mental patient is to wear a label, and that label never goes away, a label that says little about what you are and even less about who you are.

To be a mental patient is to never to say what you mean, but to sound like you mean what you say.

To be a mental patient is to tell your psychiatrist he's helping you, even if he is not.

To be a mental patient is to act glad when you're sad and calm when you're mad, and to always be "appropriate."

To be a mental patient is to participate in stupid groups that call themselves therapy. Music isn't music, it's therapy; volleyball isn't sport, it's therapy; sewing is therapy; washing dishes is therapy. Even the air you breathe is therapy and that's called "the milieu."

To be a mental patient is not to die, even if you want to -- and not cry, and not hurt, and not be scared, and not be angry, and not be vulnerable, and not to laugh too loud -- because, if you do, you only prove that you are a mental patient even if you are not.

And so you become a no-thing, in a no-world, and you are not.

Rae Unzicker © 1984

APPENDIX B

Psychiatric Atrocities (Just Ten of Many)

1) Expelling Fluids from the body

- a) Dates back to at least 500 B.C. with Hippocrates theory of bodily "humors"
- b) Blood-letting into the 1800's using ants and leeches
- c) 34 different emetics to induce vomiting and over 50 different laxatives

2) Physical Assaults

- a) sudden immersion into cold water (or buckets poured over the head)
- b) rapid spinning
- c) forced exercise to the extreme (48-hours continuous on treadmill)
- d) whipping, prodding with hot pokers, etc.

3) Incarcerating wives for the convenience of their husbands

- a) Psychiatrists have statutory power to lock people away against their will
- b) Illinois law in 1851, "married women may be received and detained at the hospital on the request of the husband...without the evidence of insanity or distraction required in other cases."

4) Chastity belts and genital surgery

- a) Particularly in the 1800's doctors were convinced that insanity was linked to masturbation.
- b) Popular devices included chastity belts or children's mittens spiked with metal thorns
- c) If preventive measures failed surgery ensued including removal of the clitoris or severing of the main dorsal nerve to the penis.

5) Surgical removal of organs

- a) Continuing into the 20th century, some medical experts continued to believe that mental illness was caused by toxins from infected bodily organs seeping into the brain.
- b) If removal of all the teeth didn't produce the desired improvement in mental state, tonsils, testicles, ovaries and colon were in turn excised.
- c) Without benefit of antibiotics, about 45% of patients died during or shortly after the operation.

6) Insulin Coma Therapy (as if calling it "therapy" somehow makes it okay)

- a) introduced as treatment for schizophrenia in the 1930's
- b) Inject insulin 6 days a week for up to two months. When blood sugar dips there's often an epileptic seizure followed by coma. Coma is maintained for 1 - 3 hours and then glucose administered to revive the patient. Up to 10% of patients could not be revived.
- c) Recipients experience intense fear and feelings of suffocation in the beginning and ravenous hunger after. Many soiled themselves. Practice discontinued in the 1960's

7) Leucotomy (lobotomy)

- a) First done in 1935 by Egas Moniz (won Nobel Prize)
- b) Popularized by Walter Freeman using an ice pick and mallet. Drove around in his "lobotomobile."
- c) Over 40,000 in US, 17,000 in the UK. Includes Rosemary Kennedy who was rendered unable to speak, incontinent, and destined to spend the remainder of her life in an asylum.

8) Electro-convulsive therapy (shock therapy)

- a) Pigs lead to slaughter showed no panic when they were first shocked so the attempt is made in the 1930's to make mental patients more docile.
- b) despite being held down, the convulsion was so violent that arms, legs, ribs and even the spine was sometimes broken.
- c) Muscle relaxants are given today so the procedure appears less violent but according to many, the cost-benefit analysis is so poor that its use cannot be scientifically justified.

9) Gas chambers to exterminate the mentally ill

- a) Eugenics (genetic defects) as social theory catches on in the late 1800's and early 1900's. Laws were passed to sterilize "confirmed idiots, imbeciles and rapists" in state institutions.
- b) American eugenics may have reached its peak in 1935 when Nobel Prize winning Dr. Alexis Carrel wrote that the mentally ill "should be humanely and economically disposed of in small euthanistic institutions supplied with proper gases."
- c) To develop an effective means of culling the mentally defective, psychiatrists were instrumental in designing the gas chambers. Under the guise of protecting the sane members of society, the systematic murder of mental patients commenced in 1939 and as many as 100,000 German psychiatric inmates may have been killed before Hitler officially ended the program in 1941. Despite the Fuhrer's intervention, psychiatrists in the local state hospitals independently continued their campaign murdering a further 70,000. The slaughter was not restricted to Germany; for example, around 30,000 psychiatric patients are believed to have perished in occupied Poland. Estimated totals are around 400,000 from 1939 to 1945 with an additional 25,000 systematically starved from 1945 to 1949.

10) Neuroleptic medications

- a) From 1949 to 1952 doctors notice the calming effect of a new class of drugs. Doctors name this calming effect a "treatment" for schizophrenia while those who took the drugs called it a "zombie effect."
- b) 20% to 40% of people taking these drugs develop significant signs of a neurological disorder, tardive dyskinesia. Doctors, even today, seldom conduct the modified AIMS (Abnormal Involuntary Movement Scale) or DISCUS (Dyskinesia Identification System Condensed User Scale) that takes only 10 minutes to perform and rate. One can only conclude that

psychiatrists feel that unidentified TD is somehow an acceptable risk for people with psychiatric disabilities.

- c) Some small number of patients taking anti-psychotic medication will suffer a catastrophic reaction to the drug, a condition known as neuroleptic malignant syndrome. Those unfortunate enough to develop this disorder will typically experience a period of apathy and disinterest in their surroundings, followed by fever, heart problems, coma and death.

APPENDIX C

Mentally ill die 25 years earlier, on average

(Average age of death of those receiving public mental illness services is 52 and falling. The average lifespan in the US is 78 and rising. That's a gap of 26 years and it is increasing. In the early 1990's that gap was only 10-15 years.)

"What does it mean that the life expectancy of persons with serious mental illness in the United States is now shortening, in the context of longer life expectancy among others in our society? It is evidence of the gravest form of disparity and discrimination."

--Kenneth J. Gill, Ph.D., CPRP

A series of recent studies consistently show that persons with serious mental illnesses in the public mental health system die sooner than other Americans, with an average age of death of 52.

(Colton, C.W., Manderscheid, R.W. (2006) Congruencies in Increased Mortality Rates, Years of Potential Life Lost, and Causes of Death Among Public Mental Health Clients in Eight States. *Preventing Chronic Disease*. Vol. 3(2).)

"Adults with serious mental illness treated in public systems die about 25 years earlier than Americans overall, a gap that's widened since the early '90s when major mental disorders cut life spans by 10 to 15 years."

Report from NASMHPD (National Association of State Mental Health Program Directors), May 7, 2007

Psychiatric Services 50:1036-1042, August 1999
Life Expectancy and Causes of Death in a Population Treated
for Serious
Mental Illness

Bruce P. Dembling, Ph.D., Donna T. Chen, M.D., M.P.H. and Louis Vachon, M.D.

OBJECTIVE: This cross-sectional mortality linkage study describes the prevalence of specific fatal disease and injury conditions in an adult population with serious mental illness. The large sample of decedents and the use of multiple-cause-of-death data yield new clinical details relevant to those caring for persons with serious mental illness.

METHODS: Age-adjusted frequency distributions and years of potential life lost were calculated by gender and causes of death for persons in the population of 43,274 adults served by the Massachusetts Department of Mental Health who died between 1989 and 1994. Means and frequencies of these variables were compared with those for persons in the general population of the state who did not receive departmental services and who died during the same period.

RESULTS: A total of 1,890 adult decedents served by the department of mental health were identified by electronic linkage of patient and state vital records. They had a significantly higher frequency of deaths from accidental and intentional injuries, particularly poisoning by psychotropic medications. Deaths from cancer, diabetes, and circulatory disorders were significantly less frequently reported. On average, decedents who had been served by the department of mental health lost 8.8 more years of potential life than decedents in the general population—a mean of 14.1 years for men and 5.7 for women. The differential was consistent across most causes of death.

CONCLUSIONS: Findings in this study are consistent with previous findings identifying excess mortality in a population with serious mental illness. The high rate of injury deaths, especially those due to psychotropic and other medications, should concern providers.

The World Health Organization (WHO) found that recovery from schizophrenia is at least 50 % higher in emerging (third-world) countries that practice far less 'Western medicine' and there are almost no psychiatric services.

Two studies by the World Health Organization (WHO), one in 1979 and the second in 1992, compared the recovery rate, mostly from schizophrenia, in developing countries with the recovery rate in industrialized countries. In 1979, WHO had about 1800 cases validated by Western diagnostic criteria in developing countries matched with controls from industrialized countries, and they found that the recovery rate was roughly twice as high in the developing countries compared with the industrialized.[1] They were so surprised by this that they said, "Well, this must be a big mistake." So they repeated the study in 1992, and they got the same results.[2]

[1] World Health Organization. Schizophrenia: WHO study shows that patients fare better in developing countries. WHO Chron. 1979;33:428.

[2] Jablensky A, Sartorius N, Ernberg G, et al. Schizophrenia: manifestations, incidence and course in different cultures. A World Health Organization ten-country study. Psychol Med Monogr Suppl. 1992;20:1-97.

[Mental health treatment reducing life expectancy in England, too.](#)

Posted on April 3, 2011 by mindfreedomvirginia

Often cited, a 16 State Study conducted by National Association of State Mental Health Program Directors (NASMHPD), published in October 2006, found that people in mental health treatment programs in the USA were dying on average 25 years younger than the general population. Now, a new study, conducted in Kent in the United Kingdom has arrived at a similar finding. Mental patients in Kent England are dying on average at an age 25 years younger than the rest of the population. The story appeared in *Your Canterbury* under the headline [Life expectancy of Kent mental health patients 'reduced by 25 years'](#).

Researchers at the University of East Anglia chose the Kent and Medway National Health Service (NHS) and Social Care Partnership Trust, to carry out the study because it is a typical secondary mental health service provider to a population of 1.6 million in the South East of England.

Good enough, and...

So over two years, they chose to closely examine the cases of almost 800 Kent patients with severe mental illness such as schizophrenia and

bipolar disorder in order to gain a snapshot of just how bad the situation really is, and, more importantly, what could be done about it.

The situation is startlingly bad.

In a frightening statistic, they discovered two-thirds were overweight or obese, and a disproportionate number suffered from diabetes, heart disease, high blood pressure and raised cholesterol.

The research team found inactivity, poor diet, smoking and excessive alcohol consumption were the norm, plus obesity was prevalent at 66 per cent.

It was also discovered 34 per cent of patients had high blood pressure; 52 per cent had abnormally high cholesterol levels and a surprisingly high proportion were being prescribed atypical antipsychotic drugs associated with weight gain.

This all contributed to a life expectancy slashed by an astonishing 25 years, mainly from cardiovascular disease.

Cardiovascular disease is the number one killer for people slapped with the bipolar label.

It is thought by many professionals in the field that providing treatment alternatives (diet, exercise, meditation, etc.), focusing on maintaining good physical health, and lessening the excessive use of atypical neuroleptic drugs would go a long way towards changing this sorry statistic.

According to this article an initiative, a Wellness Support Programme, has been launched in the UK that it is hoped may be able to improve these figures. This programme has already shown some promising results in reducing the excessive body mass of some patients.

APPENDIX D – Rights and History

In 1969, in Portland, Oregon, our modern human rights movement was founded. **Dorothy Weiner**, a union activist and labor organizer put an ad in a local underground newspaper. **Tom Wittick**, a socialist political activist and organizer answered the ad. A shy young man who had just gotten out of Western State Hospital in Washington and was

living in a half-way house was driven down to the meeting by his sister, Helen. That was **Howie The Harp** (Howard Geld), a homeless organizer. These three laid the groundwork for all that was to become our modern movement.



Howie The Harp

Howie The Harp is the name to which Howard Geld had his name legally changed so that he'd have the same middle name as "Winnie the Pooh" and "Ivan the Terrible." He learned to play harmonica from a fellow inmate once while locked up and found it to be a useful organizing tool and at times used it to support himself on the streets. In 1965, Howard Geld was a 13-year old patient in a psychiatric hospital. Often he could not sleep, and a night attendant taught him to play the harmonica. "When you cry out loud in a mental hospital you get medicated" - "When I was sad, I could cry through the harmonica." He was given the name Howie the Harp on the streets of Greenwich Village, New York.

They met regularly on Friday nights with a business meeting followed by social time. Sometimes they met in each others' living rooms and sometimes they'd meet at a pizza house, the library or other gathering places. They'd have anywhere from 8 to 80 people show up for the meetings. They named themselves the "Insane Liberation Front." At one point they were offered support by "Radical Therapists" who were a group of psychologists from the Air Force who had served in Viet Nam. The "Radical Therapists" published a collection of papers from the time and this is the chapter written by the Insane Liberation Front in 1971. The Manifesto is modeled after the "Ten Point Program" of the Black Panther party written in 1966.

Insane Liberation Front

We, of Insane Liberation Front, are former mental patients and people whom society labels as insane. We are beginning to get together – beginning to see that our problems are not individual, not due to personal inadequacies but are a result of living in an oppressive society. And we're beginning to see that our so-called "sickness" is a personal rebellion or an internal revolt against this inhumane system. *Insane Liberation* will actively fight mental institutions and the brutalization they represent (e.g., involuntary confinement, electric shock, use of drugs, forced labor, beatings, and the constant affronts to our self-identity). Even in so-called "progressive hospitals" where many of the physical abuses do not occur, we're still made to feel so low that our concepts of who we are, and our beliefs, are pushed down so far that we often end up accepting our jailer's society. We will fight to free all people imprisoned in mental institutions.

Insane Liberation plans to establish neighborhood freak-out centers where people can get help from people who are undergoing or have undergone similar experiences. We believe that the only way people can be helped is through people helping each other – people with hang-ups being totally open and sincere to each other. The majority of shrinks, on the other hand, set themselves up as all-knowing authorities and from their positions of power automatically assume that the so-called patient is sick and not the society.

We demand, with other liberation groups, an end to the capitalistic system with its racist, sexist oppression and with its competitive, antihuman standards. We believe in a socialist society based on cooperation.

* * * * *

Demands from *Insane Manifesto* (1970)

1. We demand an end to the existence of mental institutions and all the oppression they represent (e.g., involuntary servitude, electroshock, use of drugs, and restrictions on freedom to communicate with the outside).
2. We demand that all people imprisoned in mental hospitals be immediately freed.
3. We demand the establishment of neighborhood freak-out centers, entirely controlled by the people who use them. A freak-out center is a place where people, if they feel they need help, can get it in a totally

open atmosphere from people who are undergoing or have undergone similar experiences.

"I see the freak-out center as a place where there will be people who know where people freaking out are at because they have been there and they won't cut them off because they know how devastating that can be. The people that live and work there see themselves as no more sane than anyone that will come there. Everyone is insane and everyone freaks out." (*Insane Liberation*, Portland, Oregon.)

Insane Liberation plans to form freak-out centers immediately.

4. We demand an end to mental commitments.

5. We want an end to the practice of psychiatry. The whole "science" of psychiatry is based on the assumption that there is something wrong with the individual rather than with society. We see psychiatry as a tool to maintain the present system. Rebelling often means being immediately sent to a shrink because of "emotional disturbance." We see that the majority of shrinks a) make money off our problems; b) see us as categories and objects. To them we are an "anxiety neurosis" or a "paranoid reaction" instead of a human being; c) foster dependency instead of independency by making us distrust ourselves and consequently look for answers in the all-knowing God, the psychiatrist.

Many psychiatrists have already used their influences to discredit the revolutionary movement by calling it sick. We see that this will continue and get worse.

6. We demand an end to economic discrimination against people who have undergone psychiatric treatment and we demand that all their records be destroyed.

7. We want an end to sane chauvinism (intolerance toward people who appear strange and act differently) and that people be educated to fight against it.

8. We demand with other liberation groups an end to the capitalistic system with its racist, sexist oppression and with its competitive, antihuman standards. We believe in a socialist society based on cooperation.

9. "We demand the right to the integrity of our bodies in all their functions, including the extremist of situations, suicide. We demand that all antisuicide laws be wiped.

From "The Radical Therapist; therapy means CHANGE not adjustment", The Radical Therapist Collective Produced by Jerome Agel, Ballantine Books, Inc., NY, September 1971, SBN# 345-02383-8-125 According to Tom Wittick, author of this document, interviewed by Pat Risser in October 2012 in Portland, Oregon, these nine points were roughly inspired by the Black Panther Party 10-Point Program.

* * * * *

The Mental Patients' Bill of Rights (1971)

1. You are a human being and are entitled to be treated as such with as much decency and respect as is accorded to any other human being.
2. You are an American citizen and are entitled to every right established by the Declaration of Independence and guaranteed by the Constitution of the United States of America.
3. You have the right to the integrity of your own mind and the integrity of your own body.
4. Treatment and medication can be administered only with your consent and, in the event you give your consent, you have the right to know all relevant information regarding said treatment and/or medication.
5. You have the right to access your own legal and medical counsel.
6. You have the right to refuse to work in a mental hospital and/or to choose what work you will do; and you have the right to receive the usual wage for such work as is set by the state labor laws.
7. You have the right to decent medical attention when you feel you need it, just as any other human being has that right.
8. You have the right to uncensored communication by phone, letter, and in person with whomever you wish and at any time you wish.

9. You have the right not to be treated as a criminal; not to be locked up against your will; not to be committed involuntarily; not to be fingerprinted or “mugged” (photographed).

10. You have the right to decent living conditions. You’re paying for it and the taxpayers are paying for it.

11. You have the right to retain your own personal property. No one has the right to confiscate what is legally yours, no matter what reason is given. That is commonly known as theft.

12. You have the right to bring grievance against those who have mistreated you and the right to counsel and a court hearing. You are entitled to protection by the law against retaliation.

13. You have the right to refuse to be a guinea pig for experimental drugs and treatments and to refuse to be used as learning material for students. You have the right to reimbursement if you are used.

14. You have the right to request an alternative to legal commitment or incarceration in a mental hospital.

This document was written by the Mental Patients’ Liberation Project in New York City and widely circulated thereafter. Chamberlin, *On Our Own*, 86-87.

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Statement of Principles from the 10th Annual International Conference on Human Rights and Psychiatric Oppression



The Tenth Annual International Conference on Human Rights and Psychiatric Oppression, held in Toronto, Canada on 14 to 18 May 1982 adopted the following principles:

1. We oppose involuntary psychiatric intervention including civil commitment and the administration of psychiatric procedures ("treatments") by force or coercion or without informed consent.

2. We oppose involuntary psychiatric intervention because it is an unethical and unconstitutional denial of freedom, due process and the right to be left alone.

3. We oppose involuntary psychiatric intervention because it is a violation of the individual's right to control his or her own soul, mind and body.

4. We oppose forced psychiatric procedures such as drugging, electroshock, psychosurgery, restraints, solitary confinement, and "aversive behaviour modification."

5. We oppose forced psychiatric procedures because they humiliate, debilitate, injure, incapacitate and kill people.

6. We oppose forced psychiatric procedures because they are at best quackery and at worst tortures, which can and do cause severe and permanent harm to the total being of people subjected to them.

7. We oppose the psychiatric system because it is inherently tyrannical.

8. We oppose the psychiatric system because it is an extra legal parallel police force which suppresses cultural and political dissent.

9. We oppose the psychiatric system because it punishes individuals who have had or claim to have had spiritual experiences and invalidates those experiences by defining them as "symptoms" of "mental illness."

10. We oppose the psychiatric system because it uses the trappings of medicine and science to mask the social-control function it serves.

11. We oppose the psychiatric system because it invalidates the real needs of poor people by offering social welfare under the guise of psychiatric "care and treatment."

12. We oppose the psychiatric system because it feeds on the poor and powerless, the elderly, women, children, sexual minorities, people of colour and ethnic groups.

13. We oppose the psychiatric system because it creates a stigmatized class of society which is easily oppressed and controlled.

14. We oppose the psychiatric system because its growing influence in education, the prisons, the military, government, industry and medicine threatens to turn society into a psychiatric state made up of two classes: those who impose "treatment" and those who have or are likely to have it imposed on them.

15. We oppose the psychiatric system because it is frighteningly similar to the Inquisition, chattel slavery and the Nazi concentration camps.

16. We oppose the medical model of "mental illness" because it justifies involuntary psychiatric intervention including forced drugging.

17. We oppose the medical model of "mental illness" because it dupes the public into seeking or accepting "voluntary" treatment by fostering the notion that fundamental human problems, whether personal or social, can be solved by psychiatric/medical means.

18. We oppose the use of psychiatric terms because they substitute argon for plain English and are fundamentally stigmatizing, demeaning, unscientific, mystifying and superstitious. Examples:

Plain English Psychiatric Jargon

Psychiatric inmate.....Mental patient

Psychiatric institution Mental hospital/mental health center

Psychiatric system Mental health system

Psychiatric procedure Treatment/therapy

Personal or social difficulties in living Mental illness

Socially undesirable characteristic or trait Symptom

Drugs Medication

Drugging Chemotherapy

Electroshock Electroconvulsive therapy

Anger Hostility

Enthusiasm Mania

Joy Euphoria

Fear Paranoia

Sadness/unhappiness Depression

Vision/spiritual experience Hallucination

Non-conformity Schizophrenia

Unpopular belief Delusion

19. We believe that people should have the right to live in any manner or lifestyle they choose.

20. We believe that suicidal thoughts and/or attempts should not be dealt with as a psychiatric or legal issue.

21. We believe that alleged dangerousness, whether to one self or others, should not be considered grounds for denying personal liberty, and that only proven criminal acts should be the basis for such denial.

22. We believe that persons charged with crimes should be tried for their alleged criminal acts with due process of law, and that psychiatric professionals should not be given expert-witness status in criminal proceedings or courts of law.

23. We believe that there should be no involuntary psychiatric interventions in prisons and that the prison system should be reformed and humanized.

24. We believe that so long as one individual's freedom is unjustly restricted no one is truly free.

25. We believe that the psychiatric system is, in fact, a pacification programme controlled by psychiatrists and supported by other mental health professionals, whose chief function is to persuade, threaten or force people into conforming to established norms and values.

26. We believe that the psychiatric system cannot be reformed but

must be abolished.

27. We believe that voluntary networks of community alternatives to the psychiatric system should be widely encouraged and supported. Alternatives such as self-help or mutual support groups, advocacy/rights groups, co-op houses, crisis centers and drop-ins should be controlled by the users themselves to serve their needs, while ensuring their freedom, dignity and self-respect.

28. We demand an end to involuntary psychiatric intervention.

29. We demand individual liberty and social justice for everyone.

30. We intend to make these words real and will not rest until we do.

* * * * *

Black Panther Party 10-Point Program

1. We want freedom. We want power to determine the destiny of our black community.
2. We want full employment for our people.
3. We want an end to the robbery by the white man of our black community.
4. We want decent housing, fit for shelter of human beings.
5. We want education for our people that exposes the true nature of this decadent American society. We want education that teaches us our true history and our role in the present day society.
6. We want all black men to be exempt from military service.
7. We want an immediate end to police brutality and murder of black people.
8. We want freedom for all black men held in federal, state, county and city prisons and jails.
9. We want all black people when brought to trial to be tried in court by a jury of their peer group or people from their black communities, as defined by the constitution of the United States.

10. We want land, bread, housing, education, clothing, justice and peace, and as our major political objective, a United Nations-supervised plebiscite to be held throughout the black colony in which only black colonial subjects will be allowed to participate, for the purpose of determining the will of black people as to their national destiny.

October 1966

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APPENDIX E

Recovery Story **by Pat Risser**

So, just what is mental illness? I contend that it is a state of mind where a person loses their sense of self and suffers a loss of hope. Recovery, quite simply, is regaining that sense of self and a sense of hope.

Like most who come to the mental health system, I was taught from infancy that if I had a problem then I should go and see a doctor, trust doctor, that doctor would fix it and make everything better. So when I went to a psychiatrist for help for emotional distresses, I offered myself submissively for assistance and the psychiatrist accepted my submission and dominantly (and perhaps arrogantly) offered his ability to heal and treat.

There is an old saying that says, "Give a man a fish and he eats today. Teach a man to fish and he eats forever." I was given lots of treatment and I accepted it all without challenge. I expected to get well from the treatment and when that didn't happen, I couldn't blame the doctor. The doctor was the expert and therefore infallible (as I'd been taught, brainwashed, from infancy). So, instead, I blamed myself. I believed that doctor couldn't be wrong because he was the expert, so the fault must be mine. I must not be doing the right things or not trying hard enough or not accurately conveying my symptoms or something. The longer things didn't get better, the more I blamed myself. This sort of self-blame is common among abuse and trauma survivors and perhaps among others.

Self-blame may be a dysfunction that primarily affects those who have suffered from abuse and the effects of trauma. It may affect others to some extent but given the high percentages of people who get labeled

with mental illness who have survived abuse or trauma, it may approach universality.

As I sank into a quagmire of self-blame, I started to lose my self. We each have many roles in life. I was husband, father, student, worker, friend, brother, son, neighbor, etc. However, my primary role evolved into and became "mental patient." What that means is that if my wife or children needed something and I had a therapy appointment, I would choose to attend therapy. My life revolved around being a mental patient. It became almost all consuming. The more I blamed my self for not getting better, the more I lost hope and the more I became primarily a mental patient as that role became the dominant feature that defined my life.

For me, recovery means getting something back that was lost. As I devolved into a mental patient, I lost my self. I lost my self-esteem, self-admiration, self-confidence, self-glorification, self-love, self-regard, self-respect, self-satisfaction, self-sufficiency, self-trust, self-worth, self-determination, self-exaltation, self-importance, self-assurance, self-interest, self-possession, and self-pride. I lost hope as my identity became more and more just that of mental patient and my loss of self-pride resulted in a loss of self.

At the time, had someone pointed this loss out to me, I would probably have been confused because I had always associated pride with that negative sort of excess that has been labeled self-absorption, self-worship, selfish and self-pity. My life revolved around my "mental illness" to the exclusion of everything and everyone else. I became one of those helpless, hopeless and overly dependent patients who lived from Big Gulp to Big Gulp and for whom time was measured from one cigarette to the next.

Slowly it came to me that I had lost my sense of self. I had lost pride in myself and in my life. Pride is essential to our concept of self. A smart person could probably get away with stealing all of their life and yet most do not. Why not? Because of pride! "To thine own self be true, and then it follows as the night from the day, thou canst not then be false to any man." A proud self-image is the strongest incentive you can have towards correct behavior. Too proud to steal, too proud to cheat, too proud to take candy from babies or to push little ducks into water is what separates us from the animals. A moral code for a community must be based on survival for that community, but for the individual correct behavior in the tightest pinch is based on pride, not on personal survival. This is why a captain goes down with his ship;

this is why "The Guard dies but does not surrender." A person who has nothing to die for has nothing to live for.

One definition of the opposite of pride is shame. As I lost my self, my self-pride, I had grown ashamed. I was ashamed of my life. I was ashamed because I was weak and couldn't work, I couldn't support my family, I couldn't support myself, I couldn't do anything. Certainly, I couldn't do whatever was necessary to "heal" myself. No matter how hard I worked at it, I was still suffering from "mental illness" or a disease or disorder. I had grown paralyzed emotionally because I lost my self. An enormous amount of shame comes with a history of abuse and trauma but, the system played upon that vulnerability and amplified my sense of shame by treating me as a mere mental patient, a chart number, a diagnosis.

Each human being must free himself; freedom cannot be thrust or forced upon people if they are to be truly free. Force cannot be abolished by use of force. Freedom must be obtained by voluntary means, accomplished by reason and persuasion. Freedom is not free! Unless we mean "freedom" as defined by Orwell and Kafka; "freedom" as granted by Stalin and Hitler; "freedom" to pace back and forth in your cage.

I had to liberate myself. I had to recapture some sense of pride. I had to recover my self.

I began to question and to challenge. It was terrifying when I first stood up to staff and asserted my self. I felt that I could potentially lose their approval but worse, I could also be kicked from the program and perhaps lose my primary "self" identity as mental patient. My "mental patient" identity was so strong that to risk losing it was very frightening. I wasn't sure what "self" I might have left if I were to lose my primary identity of "mental patient." Who and what might be left? However, when I did question and challenge, I felt some small sense of pride. It felt good to stand up for my self somehow.

With each episode of standing up and questioning and challenging, I felt better and stronger. I felt better as I became more self-determining. I slowly began to regain my sense of self. I grew stronger in my self-esteem, self-admiration, self-confidence, self-glorification, self-love, self-regard, self-respect, self-satisfaction, self-sufficiency, self-trust, self-worth, self-determination, self-exaltation, self-importance, self-assurance, self-interest, self-possession, and self-pride. I acquired a renewed balance in my roles in life. Instead of my

life being dominated by my mental patient role, I became more of a husband and father. I got into the workforce and developed a strong sense of pride in my work and even in my ability to work; something that had been missing for many years. That sense of self-pride grew to impact more and more areas of my life and the sense of accomplishment was tremendous.

So, just as I had lost my "self" I worked hard to recover that lost "self" and pride was the key. In losing my "self" I lost my pride in who and what I am and I became "mental patient." In recovering my "self" I rediscovered a sense of pride as I redeveloped into a self-determining adult.

Most people, instead of climbing the ladder of success, keep looking for an escalator. I had climbed quite far and quite successfully a long way up my life's ladder. When I fell into "mental illness" I crashed hard. When I tried to "recover" initially, I tried to resume my life's path at the point where I'd left off. Imagine trying to levitate back up a long ladder to the point at which you fell. For years, I frustrated myself trying to "wish" myself back to that point. Eventually, I found that I could reach that point again but only by taking it one step at a time and reascending a ladder. I wouldn't have to retrace every step. I wouldn't have to graduate from college or high school again but to get to where I left off, I would have to touch certain rungs all over again and rebuild my "self." I learned again how to socialize with "normal" folks. I learned again how to tolerate and even enjoy (have pride in) working. I reconnected with my family and took pride in them and in my roles as husband and father.

I took pride in overcoming and recovering from "mental illness." The saying, "One day at a time," became prominent as I learned to control my actions and behaviors. Much of the time the saying for me was more like, "One moment at a time." I learned that my thoughts, moods, feelings and emotions just are. They hold no magic power or ability to dictate my actions or behaviors. I learned that I might feel suicidal but I didn't have to act in ways that were self-harming. As I exercised my abilities to control my actions and behaviors, I grew stronger and the unpleasant thoughts, moods, feelings and emotions grew less and less in both strength and number.

I don't pretend that my path was an easy one. I spent over ten years as a "mental patient." Ten years of my life are gone, taken away by the mental illness system. Ten years of my life are missing and will never be returned. I also spent years in recovering. To learn to

socialize again was difficult and painful at times. I was awkward but with each small success, I grew in self-confidence and pride and thus, I grew in my recovery. In some ways, the role of “mental patient” is easier. It can be easier to have others take care of you. It can be easier to not have to have any responsibility for yourself. However, I believe that each of us yearns for freedom, independence and self-determination. I believe that we seek and must have a sense of pride or else we walk through life soul dead. Our spirit yearns to be proud and free. (Spirit is that which drove Beethoven to write beautiful symphonies that his ears would never hear.)

I believe that all who have been labeled as having “mental illness” can recover. All who have been labeled based upon a diagnosis of his or her thoughts, moods, feelings or emotions can learn to be proud and free. Granted that there are physical issues that can occur within the human body that will cause people to exhibit unusual behaviors. However, these physical issues need to be properly identified, diagnosed and treated. A malfunctioning thyroid should not be diagnosed solely upon behaviors and thus treated as “bipolar disorder.” That would be gross malpractice and yet it happens regularly. Psychiatrists need to remember and act first as physicians and not as social control agents. Psychiatric drugs need to be recognized as the “feel good” numbing agents they are and placed on a continuum with a drink with friends at a local bar. The potential risk and harm of psychiatric drugs needs to be recognized and proclaimed loud and strong.

There is no panacea. There is no magic bullet. Recovery can and does happen, with or without the mental illness system’s interference. Recovery is an individualized process. What makes one person feel proud or motivated to positive action is not necessarily what will work for another. I believe that each person can and will recover if they rediscover their self-pride.

For me, I am recovered. I’m not “in recovery” forever. I can and do struggle with life’s challenges as an adult in this society but, that’s just life and not recovery.