Passover Haggadah Supplement

# Celebrating Mad Pride

*Created by Southern California Against Forced Treatment*

# Disclaimer

To commemorate Passover, Southern California Against Forced Treatment has selected various writings including personal stories, philosophical explorations, and advocacy pieces written by Jewish Mad people, Jewish neurodivergent people, and Jewish activists and advocates for the rights of Mad people. These passages are presented for their cultural and historical relevance. Southern California Against Forced Treatment does not necessarily endorse all views of all of the authors whose work appears in this supplement.

# A Lock and Key on the Seder Plate

This year, we add a lock and key to our seder plate.

This lock and key represents the violence and oppression of imprisonment in psychiatric institutions. Psychiatric confinement is the only kind of incarceration that can result from an act of speech or expression of one's thoughts or beliefs, or even from refusal to speak. This lock and key represents the trauma of losing one's bodily autonomy and being subjected to acts of brutality including forced drugging, electroshock therapy, restraint, seclusion, strip searches, and sexual violence.

This lock and key also represents the grief, loss, and regret of being locked out. Psychiatric inmates are isolated from their communities and the people they love, forced to miss out on the joys of everyday life. Upon release from psychiatric institutions, many former patients face hiring discrimination and social ostracization.

This lock and key not only represents physical incarceration but emotional and spiritual incarceration. This lock and key represents the oppression of being told that one's uniquely individual thoughts, beliefs, and personality are an illness or pathology. This lock and key represents all of the original ideas and contributions that we as a society have lost as a result of pathologizing differences.

At tonight's seder, we celebrate being free from physical incarceration in psychiatric institutions and emotional incarceration in a pathology paradigm. We celebrate our liberation and freedom to be ourselves. And we renew our strength and determination to free others in our community.

## The Four Questions

1. Why are we called Mad or ill or disordered on other nights, but only Mad on this night?

2. Why on any other night are we locked up for expressing certain opinions, but on this night we are allowed to speak our minds?

3. Why on any other night are we pressured to embody ourselves in certain ways, but on this night our bodies may move at our own will?

4. Why on this night are we free, when we have not been free on other nights?

## 10 Modern Plagues

1. Psychiatric incarceration

2. Forced drugging

3. Electroshock therapy

4. Restraint

5. Seclusion

6. Coercive behavior therapies

7. Outpatient commitment

8. The pathology paradigm

9. Sanism

10. Societal coercion to recover

# 9 Forms of Neuroqueering

## *Excerpt from "Neuroqueer: An Introduction" by Nick Walker*

1. Being neurodivergent and approaching one's neurodivergence as a form of queerness (e.g., by understanding and approaching neurodivergence in ways that are inspired by, or similar to, the ways in which queerness is understood and approached in Queer Theory, Gender Studies, and/or queer activism).
2. Being both neurodivergent and queer, with some degree of conscious awareness and/or active exploration around how these two aspects of one's identity intersect and interact.
3. Being neurodivergent and actively choosing to embody and express one's neurodivergence (or refusing to suppress one's embodiment and expression of neurodivergence) in ways that "queer" one's performance of gender, sexuality, ethnicity, occupation, and/or other aspects of one's identity.
4. Engaging in the "queering" of one's own neurocognitive processes (and one's outward embodiment and expression of those processes) by intentionally altering them in ways that create significant and lasting increase in one's divergence from dominant neurological, cognitive, and behavioral norms.
5. Engaging in practices intended to "undo" one's cultural conditioning toward conformity and compliance with dominant norms, with the aim of reclaiming one's capacity to give more full expression to one's neurodivergence and/or one's uniquely weird personal potentials and inclinations.
6. Identifying as neuroqueer due to one's engagement in any of the above practices.
7. Being neurodivergent and producing literature and/or other cultural artifacts that foreground neurodivergent experiences and perspectives.
8. Being neurodivergent and producing critical responses to literature and/or other cultural artifacts, focusing on intentional or unintentional characterizations of neurodivergence and how those characterizations illuminate and/or are illuminated by the lived experiences of actual neurodivergent people.
9. Working to transform social and cultural environments in order to create spaces and communities – and ultimately a society – in which engagement in any or all of the above practices is permitted, accepted, supported, and encouraged.

**10. Discussion question: How do we as Jewish people neuroqueer our non-Jewish society, our own Jewish communities, and ourselves?**

# One Foot in Front of the Other

By Emilie Autumn

How did I get myself into all of this mess?
How did I end up with this deadly home address?
How did I come to this, where every song I sing
Is nothing but a list of pain and suffering?

We never will forget, and no, we will not forgive
We fought hard not to die, yet we don't know how to live
How do we change our world to what we want it to be?
How do we move beyond all of this misery?

One foot in front of the other foot…

I've been in chains since I was nothing but a kid
We don't know freedom, not quite sure that we ever did
Now that we have it, how will we make use of it?
We've been committed — now to what do we all commit?

I used to have a home, now I don't even have a name
I'm nothing but a number, here we are all the same
We've lost so much, so many of those we love are dead
How do I get these memories out of my fucking head?

One foot in front of the other foot…

How do we bear this burden, far too much to carry?
How do we change our prison to a sanctuary?
We've been kept from the light, no one ever gave a damn
If I've no one to fight, how do I know who I am?

One foot in front of the other foot…

We waged a war with Hell, and look, we still survive
But just because we live does not mean that we're alive
We've won the final round, but how to enjoy the win
When we've been broken down and we'll never know what could have been
Heaven help us, where do we begin?

One foot in front of the other foot…

# Oryx Cohen’s Recovery Story

I was lucky to be alive. When I woke up in the trauma center at UMass Memorial Hospital on September 21, 1999, I immediately realized my mistake. Of course cars can’t fly.

Yet somehow, just the day before, I had convinced myself that my 1993 Acura Legend would accelerate through the slow moving van in front of me and take off into the air, landing me in the waiting arms of a lady friend several continents away.

As I talk about this now, I wonder how this could happen. I had always been a "responsible" person: a 3.96 student at Lewis & Clark College, an administrator for the "I Have a Dream" Foundation, a graduate student on full scholarship at the University of Massachusetts. "Logic," it seemed, had always exuded from my pores.

It still amazes me how fast you can lose touch with physical reality. The days leading up to the accident were some of the most interesting/manic/crazy/spiritual days of my life.

I was meeting new friends, speaking up in class like I never had before, attending lectures, and going to parties. The stress of moving 3000 miles away from home, from Oregon to Massachusetts, and being in a totally new environment, amplified every emotion I felt during those weeks.

It was much more than I was used to, but before long I felt like I could do anything. I could charm any woman, out debate anybody on any topic, conquer any obstacle. Even my perceptions were improved. The sky seemed a more brilliant blue, the trees were more magnificent, everything was so unbelievably, heart-achingly beautiful. I thought I had figured it out. I thought I was enlightened.

Naturally, I wanted to share what I had found with everybody I came across. So I became a preacher. I talked non-stop about philosophy and the secrets of life. I wrote down what I felt were the key universal truths, and was set on sharing what I had found with others. I felt that people were trapped in their own minds, their own fears, and didn’t recognize that they were connected with everybody and everything.

I wanted to create a revolution of the mind. I distributed flyers and tried to organize underground meetings. I was going to change the world and nothing was going to stop me. I decided to quit school and write a book about my enlightening experience.

It was on the car ride home that I went beyond the point of no return.

At a stoplight, it felt so good to throw my road map and spare change-- everything that was not a necessity--out the window. In the span of a few seconds, I convinced myself that the rules of physical reality existed because we believe they exist. I convinced myself that my car could fly. And until I woke up in that hospital, I believed I was going to make it to my destination.

When my mother told a psychiatrist that I thought I could fly the car, I was transferred from the trauma center to the psychiatric ward as soon as I could walk. It was with visions of electroshock and lobotomy that I "voluntarily" checked into the ward on the 8th floor of UMass Memorial Hospital.

I was interviewed by a few "lower level" staff and finally a psychiatrist came in and told me what I "had." She gave me a diagnosis of bipolar disorder and told me I would probably be on psychotropic drugs for the rest of my life.

She didn't ask me anything about my life prior to my week of mania; it was as if that didn’t matter. To them, I was just another diagnosis. I could never be "cured," but medications could help "stabilize" me so I could manage my emotions.

I was in the psychiatric ward for six days, but it felt like a month. They expected me to take psychiatric drugs, even though four years of studying psychology as an undergraduate had ingrained a fear of their damaging side effects deep within me. I was terrified of the medications: I knew all about tardive diskinesia, and the thought of my facial muscles twitching involuntarily haunted me.

But after awhile, I could see that my concerns would not be heard. "Time to get your meds!" Soon I was a part of the twice daily "round-up" to receive my doses of Risperdal, a powerful neuroleptic, and Depakote, a "mood stabilizer." Nobody was excused from the round-up. One day, I noticed a rather innocent clock behind the nurse on duty. In huge letters it had written across it: "RISPERDAL." It was then that I truly realized the extent of the drug companies’ domain.

There were other programs: various support groups, art therapy, occupational therapy. These programs were better, but there was always the focus on medication. The best part was the bonding and friendship with the other patients. We were all in the same boat and we supported each other immensely. We had to.

In fairness, most of the staff was incredibly well meaning, but I felt that they were victims of an oppressive system as well. I always felt distanced from my supposed caretakers, like an impenetrable wall divided the patients from the staff, the "weirdos" from the "humans."

By the end of my stay, the psychiatrists had upped my dose to 2000 MG of Depakote per day. I was told that this was a low to moderate dosage. Basically, I was duped.

After I returned home, I got severely nauseous a few times a week, vomiting up everything I ate. At first I thought it was bad pizza, only to soon realize that it was the Depakote. I was actually on an extremely high dosage. Not only did it make me physically ill, the Depakote made me extremely tired and lethargic, and affected my concentration as well. Soon I was sleeping over 10 hours a night and still feeling tired during the day. At times, my hands would physically shake because my body was simply overwhelmed by this noxious chemical. Because Depakote increases your appetite, I also gained 20 pounds in the span of two months.

Finally, after talking with five psychiatrists, at the University of Massachusetts I finally found one who treated me like a person. He immediately recognized that I was severely over-medicated. Even though it was his job to discuss "medication management," he seemed more interested in getting to know who I was.

When I woke up in that hospital bed, I knew I was going to recover. But it didn’t happen over night. I had a lot to process and many battles to face. I was lucky that I had a supportive family, a brother, mother, father, stepmother, and grandfather who each had open minds when I challenged the medical model. In fact, I would have gone off of the "medications" sooner, but I realized how important it was for me to do this with my family's support. And at first my family trusted the doctors 100%.

I was also lucky to have friends with whom I could discuss anything and who accepted me for who I am.

Perhaps most importantly, I left the hospital with a sense of urgency and purpose. I wanted to dedicate my life to creating a more progressive mental health system so that people wouldn’t have to go through what I went through and what countless others have experienced.

Although it was difficult for me to deal with at times, I dove straight into the literature and started talking to other psychiatric survivors so I could learn more about what happened to me. In the process, I ran into like-minded individuals representing organizations such as the National Empowerment Center and Support Coalition International. Now all these "radical" ideas I had floating in my head were supported and reaffirmed. I can’t overemphasize how important this was.

Perhaps the most difficult part of my recovery was returning to graduate school. I felt embarrassed to face people again after what had happened. Honestly, for awhile, every day was a struggle. However, I stuck it out, and those years were some of the most rewarding years of my life. I now have an MPA and, more importantly, met an incredible woman and my future wife.

Working with the Oral History Project has been incredible. Meeting so many people who have fought through an oppressive mental health system, who have been forcibly electroshocked and drugged, who have been treated as less than human--and who are now leading accomplished and fulfilling lives as authors, directors of organizations, social activists, etc., has been inspiring and empowering. It inspired me to co-found the Freedom Center in Northampton, which is another story all in itself. I just hope that eventually the general public will hear our stories and take them as their own.

I've spent most of the past few years off of medication. I weaned myself off slowly after both of my manic experiences. For me, there was a lot of meaning in those experiences. Sometimes I think people just want to forget about them and never think about them again. They are just ashamed that they ever felt that way.

For me, I grew a lot from my "mania." I learned that I have some control over the way I feel, even if it is subconscious. I won't allow myself to feel depressed, and now, I won't allow myself to be manic either. There is a middle ground. There are great feelings that came out of being manic, but for me, these were kind of superficial. I had some great experiences while I was manic. Some great visions that I will take with me forever. Some spiritual experience of being one with nature, of being the clouds and the wind and knowing when the sun would peek again from cloud. Some very spiritual experiences that I'm not ashamed about, they are now a part of who I am.

In fact many Native American tribes purposely starve themselves and go without sleep for days to go on "vision quests." Those visions are the single most important experiences of their lives that they think about and learn from every day. That's just a different way of viewing this very real human experience. Our society views it as this sort of scary thing, so it becomes scary. If you have a society that understands extreme states of consciousness, then it becomes a normal thing. This is what happens when humans experience enough stress, we have different emotional states, that's what we're about. If we can more supportive of that, and not being so afraid that it's PERMANENT. Because we're so afraid that this person we love will never be the same. It doesn't have to be permanent. I learned from these experiences.

Now to take care of myself, because I don't plan on going on any visions any more. Now, I make sure I get plenty of sleep. This is essential for most of us, to make sure we get enough sleep, as well as eat well, drink lots of water, get plenty of exercise. These types of things work well for me.

# A Child on the Shock Ward

*By Ted Chabasinski*
*From Mad in America*

I was six years old, and so, finally, all the symptoms of my supposed mental illness, playing in the back yard making mud pies, running away from the big children when they threatened me, picking flowers from our neighbor's garden, fighting with my little sister, and especially, being born to a crazy mother, came to a head. And now I was officially a schizophrenic, proving that the disease was inherited.

And Miss Callaghan declared that I was to be taken to Bellevue Hospital, to be made an experimental animal for Doctor Lauretta Bender. She was one of the leading child psychiatrists of her time, and she needed foster children to try out electric shock treatment on us. How interesting to see what might happen!

And the child welfare agency that was supposed to protect me was happy to provide the children.

I remember nothing of how I got there, and very little of what I actually experienced during that time. But, very unusually for a shock victim, I have a few memories, memories of events that occurred over and over.

Now, writing as an adult many years later, I can only imagine all the terror I must have felt when I was torn from my foster parents then. But maybe it is merciful that I can't remember.

At Bellevue,I slept in what seemed to me, small as I was, as a gigantic hallway; cold, echoing at night with strange and frightening noises, with a ceiling as high as the sky. There were windows even up to the ceiling, but they had not been cleaned for many years, and the hallway was always dark, even during the day, even when the sun was shining outside. My bed, furnished with a hard filthy mattress that smelled very bad and an olive drab blanket, was all alone in the hallway.

I didn't know why I was kept alone in the hallway. I wanted to be with the other boys on the ward. I remember vaguely being told that the ward didn't have enough room, but why didn't they put some other boy out there so I would have someone to talk to?

And there was no one to hear me cry, which might have been just as well, because they said my crying was a symptom of my illness, and maybe if I kept crying I would be there for the rest of my life.

And there was no one there at night to hear me scream when the man came to rape me.

Sometimes Doctor Bender would appear during the day, coming through the elevator door in the middle of the hallway, surrounded by her protectors, many aides who seemed to worship her, or maybe they were just afraid of her, as I was. Sometimes she would pass very close to me, looking at me, but not acknowledging me, as if I didn't exist.

And it was cold, so cold. It was a New York City winter, and I only had one blanket, though sometimes the kinder attendants would put another one on my bed. But it always seemed to disappear. I would wake up shivering, but couldn't find any position that would keep me warm.

And I thought about home, about my parents and my little sister, and the nice teachers I had in school, and I wondered if I would ever see them again. Sometimes right after the shock treatments, it was very hard to remember home at all, and all I knew was the world I knew right then, of shock treatments and loneliness and cold.

I wanted it to be over and I wanted to die.

Row, row, row your boat,

Gently down the stream

Merrily, merrily, merrily, merrily

Life is but a dream…

Most mornings, all of the boys were marched to the other side of the hallway, to the girls' ward. There we were supposed to sing and show how happy and normal we were, but I almost never did. The attendants would try to pressure me to sing, telling me how not singing was a sign of my illness, and I should sing if I wanted to get better.

On the mornings when I was going to get the shock treatment, I didn't get any breakfast, so I knew what was going to happen. On those mornings, while the other children sang obediently, I would cry without stopping.

Soon, three attendants would show up and start to drag me down the hallway, to a room close to the boys' ward where the shock was given. They had learned to provide lots of staff for this, as I fought so hard that it was impossible for any one person to control me.

"I won't go to the shock treatment, I won't!" I kicked, tried to bite my captors, tried to escape their grip. But they dragged me down the hallway and threw me violently onto the shock table, where several of them held me down. A rag was stuffed into my mouth and down my throat, making me choke.

And that was the last thing I would remember, until I woke up in a dark room somewhere. Often I would wake up in the same room with Stanley, a very big boy of about thirteen. I was terrified of Stanley, though I don't know why. Whatever the reason may have been is lost in the black hole that the shock had created.

I had learned to try to memorize my name, concentrate on my name so I would remember it after the shock. Teddy, I'm Teddy, I'm here in this room, in the hospital. And my mommy's gone… I would cry and realize how dizzy I was. The world was spinning around and coming back to it hurt too much.

I want to go down, I want to go where the shock treatment is sending me, I can't fight any more and I want to die…and something made me go on living, and to live I had to remember never to let anyone near me again.

The man came to my bed, my isolated little bed in the big hallway, and grabbed my head and forced my mouth against his penis. Then he tore off my hospital gown and tried to turn me over. I fought back, and he grabbed me and slammed me down, hitting my head against the bed frame and stunning me…

My bottom hurt all the time and I was bleeding. I had a terrible taste in my mouth that wasn't really there but never went away.

My father came to visit me, and I told my daddy what the man was doing to me.

I was crying, as I almost always did.

"Daddy, please make him stop. Please don't let him do that to me."

My father looked very upset.

"I'll talk to the doctor about it."

He visited me again.

"Teddy, you imagined it. The doctor says you imagined it."

I imagined it. My daddy says I imagined it.

My daddy doesn’t care what happens to me.

I want to die.

Almost every night the man came to my bed in the big hallway and raped me. And then it stopped.

And then one night I heard a little girl screaming across the big hallway. I recognized her voice. She was a beautiful child about my age who I saw sometimes on the girls’ ward. She was getting shock treatment too, because on the days I didn’t get breakfast, she didn’t either. Like me, she didn’t sing either, she didn’t sing and celebrate our happy childhoods like we were supposed to. She was much more affected by the shock treatments than I was, and said almost nothing, just smiled vacantly.

It must have been her bed that I saw in the hallway when we were led to the girls’ ward to sing and celebrate.

I heard her almost every night in my sleep, waking me up, although during the time of the shock treatments, I never was either fully awake or fully asleep.

And even now, so many years later, she sometimes comes to me in my dreams, the beautiful little girl crying out in terror and pain.

And so, in May 1944, after being being raped and killed over and over, I finally was released from Bellevue. The little boy who had been taken there to be tortured didn’t exist any more. All that was left of him was a few scraps of memory and a broken spirit, and the rest was ashes in a giant dark pit, mixed with the ashes of the hundreds of other children who had been tortured and burnt alive by Doctor Bender, a leader of her profession.

It was two months after my seventh birthday, but I don’t remember my birthday. I don’t remember anything about the next few months, but eventually I found myself at home in the Bronx, trying to remember who I was.

I was so terrified now that I would cling to my mother and I was afraid to go out for a while.

Finally, I took my tricycle and rode it all over the neighborhood, very confidently, as I had always done, for I knew every block. But suddenly I realized that I didn’t know where I was, and I panicked. Somehow a kind neighbor got me home, but I was scared to ride my tricycle any more. I used to have a sense of freedom, that I was a big boy and could ride it anywhere, but that was gone now.

And a little boy named Karl, about my age, came to our house to visit me. I was told he lived very near to us, on the corner just two houses away. And I was told he had been my best friend, but I didn’t know who he was.

Miss Callaghan said my memory loss was a very bad sign. It meant I wasn’t getting better.

# Not All Labels Are Created Equal

*By Daniel Au Valencia*

The following article contains 238 labels.

The moment you tell me that you "don't like labels" is the moment I know you're being dishonest. If you speak any oral, written, or signed language, you use labels constantly: *Child, adult, doctor, musician, gamer, optimist, pet owner, car enthusiast* – These are all labels.

If you honestly tried to remove every label from your own speaking patterns, you would immediately run into the problem of infinite regression, as most label words can only be defined with other label words. Rather than "pet owner" you would try to say a person who lives with an animal in the same house, but then realize that *person, animal,* and *house* are all labels, and arguably so is the phrase "lives with" as a synonym of *roommate*.

We use labels for their utility, and out of practical necessity. Without labels, the only nouns in any language would be *this, that,* and pronouns. We would have zero ability to discuss concepts. You don't say "I don't like labels" when somebody calls you by your name, or occupation, or hobbies. The real meat of the conversation is those labels that are less mundane - more radical - not yet accepted as mainstream.

By "I don't like labels" you really mean "I don't like the label you just used." After fixing the language, the complaint is more relatable. We all have words we don't like; racist or ableist slurs for example. We might not all be on the same page about the details, but I think we can agree that some labels are neutral, like names or ages, some are bad, like slurs, and some are good. Let's start with the bad:

**Ableist slurs hinder our ability to communicate.**

*Dumb, stupid, moronic, idiotic*, and- if those first 4 words didn't shock you then this shouldn't either- *retarded*, are used as slurs against disabled people to insult us directly, and that's obviously harmful. They are also used against non-disabled people, to insult them by comparison to disabled people, which is of course offensive to all disabled people. Yet neither of those applications are what make these words less-than-useless as labels.

Ableist slurs based on "intelligence" end your thought process. If you don't like something, just call it "stupid" and swish your hands together like you're shaking off crumbs. Why don't you like that "stupid" thing? Well, because it's stupid! The same can be done with "sanity" slurs and with the word *lame*.

In this scenario, we're not even talking about a person. We're talking about an object (or an emergent property of an object, like a story or a computer program) that has no brain and is thus incapable of having any brain-related characteristic. The word "stupid" thus has nothing to do with a brain; it's just an empty metaphor where you can file away everything in the broad category of "I don't like it." Since intelligence is a vaguely defined social construct invented to justify ableism, this is all equally true when we ARE talking about a person.

The basic utility of a label is to shorten a longer phrase: Rather than carrying around "small battery-powered computers that transmit digitized sound waves across great distances and reinterpret them on the other side", we carry *cellphones*. Human communication would be incredibly slow and cumbersome without labels to signify larger phrases. The problem with a label like "stupid" is that it fails to represent any phrase other than "I don't like it." Lazy critics may think they are signifying something important by referencing intelligence, when really it signifies nothing. If you get too used to calling things stupid, you learn to rely on it, but take the word away, and you are forced to describe the details of your actual complaints. If you don't care about removing ableist slurs from your vocabulary because they're ableist, remove them because you will become a better communicator without them.

### Functioning labels divide our community.

*High-functioning, low-functioning, mild, severe,* and the nonsensical non-clarification of "Asperger's, not autism" are similar to "intelligence" slurs in the sense that they don't really signify anything. There is no set of characteristics that constitutes any measurable "functioning" or "severity" level.

Language has a tremendous influence on how we think, but that influence does not necessarily require using the language to communicate clearly. In some cases ambiguity may even be where the real power lies. Even if a label has no meaning behind it, the fact that people think it has meaning gives it power.

Functioning labels create categories out of thin air, simply by naming them, without even defining them. The connotations of "high" and "low" create a hierarchy: One label paints a target for prejudice, the other grants a shot at being accepted into the real privilege of the neurotypical label, at the cost of not having any support in doing so.

### Meaningless buzzwords unite us toward inaction.

Labels without meaning aren't a new concept. If you're familiar with advertising, then you've surely encountered words like *deluxe, gourmet, premium,* and *world-class*. In the realm of advertising, these labels are known as buzzwords. If you've had the unfortunate experience of "autism awareness" groups, then of course you know that "awareness" is a buzzword too.

Awareness would ideally mean what it sounds like, a knowledge and understanding of the subject. In practice "awareness" campaigns, especially the ones about autism, have perverted the label such that it now signifies nothing more than seeing the word more frequently.

The label of "awareness" is a blank slate. It can encompass a variety of endeavors, from messages resembling those of neurodiversity to abusive practices derived from misinformation. Anyone can latch on with their own idea of what they *feel* "awareness" *should* mean. The label doesn't inherently mean *anything*, and yet we see communities come together on the basis of the label, just because a label exists. "Awareness" has the power to unite people, in the joint mission of doing nothing in particular, but doing it together.

### Privileged people reject their own labels.

Neurotypical people (along with several other categories including white, straight, and cis) often reject the label of neurotypical. As is true for my pronouncements about slurs and functioning labels, when someone tells you not to use the word neurotypical, that's because they don't want you recognizing neurotypical as a concept.

When asked for an alternative, neurotypicals may offer the word "normal" or something similar, but that perfectly illustrates the problem with not having a label for neurotypical. *Normalcy* is a tool of oppression. Calling one set of people "normal" presents that set as the only good and healthy way to be, which in turn instantly paints everyone else as weird, alien, bad, and unhealthy.

The other alternative is to avoid labels altogether. Why do we need those words at all? Can't we all be human beings? Why can't we just call everybody people?

### We can't just call everybody people.

If you constantly avoid labels, instead referring to everyone as people, then any time you give in and take the easy route, you'll be contrasting a label against "person" thus implying that whoever you're talking about isn't a person.

You can't just do away with human traits by not talking about them. Because there is no universal set of human experiences, desires, or needs, the differences between us matter. In a world where most people speak with their mouths and assume everyone else does too, I need the autism label to explain why typing is better. In a world of sensory assault, where "I don't want to" is not a sufficient excuse, I need the autism label to justify my self-protection.

It would be great if labels like autism weren't necessary. It would be great if ableism didn't exist, but that's one hell of a hypothetical. Ableism is an extreme and far-reaching problem that can't be solved without labeling the specific disabilities of the people being harmed.

**Identity labels create communities.**

Those who think it wrong to label ourselves autistic are operating under false notion that there is something wrong with being autistic. The autism label may be used to create stigma against us, but it also gives us something to reclaim. Before the label, we only had terms like *weird*, or *abnormal*, or worse. With the label we have something to point to for positive identity and pride.

Before the autism label existed, autistic people were disconnected, isolated individuals. We needed the label before we could begin to congregate on the basis of being literally like-minded. We need the label in order to search for resources from people with the same experiences. The autism label enables Autistic community. Uniting ourselves categorically unites us as people.

Bringing autistic people together also led to the creation of other terms, like stimming and special interests, which capture the beauty of autism and Autistic culture. These terms were created out of necessity and out of appreciation for our shared community.

...and it's all thanks to a label.

# Throw Away the Master’s Tools: Liberating Ourselves from the Pathology Paradigm

By Nick Walker

Preface: This piece is a revised version of an essay that I contributed to the groundbreaking anthology Loud Hands: Autistic People, Speaking, published in 2012.

While the term neurodiversity originally developed within the Autistic community, the neurodiversity paradigm is not about autism exclusively, but about the full spectrum of human neurocognitive variation. This particular essay, however, was addressed primarily to Autistic readers, and, in its discussion of the implications of shifting paradigms around neurodiversity, it is very much focused on autism, because that was the focus of the anthology for which it was originally written.

THROW AWAY THE MASTER’S TOOLS: LIBERATING
OURSELVES FROM THE PATHOLOGY PARADIGM

When it comes to human neurodiversity, the dominant paradigm in the world today is what I refer to as the pathology paradigm. The long-term well-being and empowerment of Autistics and members of other neurological minority groups hinges upon our ability to create a paradigm shift – a shift from the pathology paradigm to the neurodiversity paradigm. Such a shift must happen internally, within the consciousness of individuals, and must also be propagated in the cultures in which we live.

So what does all that fancy talk mean? What are these paradigms of which I speak, and what does it mean to make a “shift” from one paradigm to another? This piece is an attempt to explain that, in plain language that I hope will make these concepts easily accessible.

## What’s a Paradigm, and What’s a Paradigm Shift?

Even if you haven’t encountered it in an academic context, you’ve probably heard the term paradigm before, because it’s annoyingly overused by corporate marketers to describe any new development they’re trying to get people excited about: A new paradigm in wireless technology! A new paradigm in sales hyperbole!

As a great Spanish diplomat once put it, I do not think it means what they think it means.

A paradigm is not just an idea or a method. A paradigm is a set of fundamental assumptions or principles, a mindset or frame of reference that shapes how one thinks about and talks about a given subject. A paradigm shapes the ways in which one interprets information, and determines what sort of questions one asks and how one asks them. A paradigm is a lens through which one views reality.

Perhaps the most simple and well-known example of a paradigm shift comes from the history of astronomy: the shift from the geocentric paradigm (which assumes that the Sun and planets revolve around Earth) to the heliocentric paradigm (Earth and several other planets revolve around the Sun). At the time this shift began, many generations of astronomers had already recorded extensive observations of the movements of planets. But now all their measurements meant something different. All the information had to be reinterpreted from an entirely new perspective. It wasn't just that questions had new answers – the questions themselves were different. Questions like "What is the path of Mercury's orbit around Earth?" went from seeming important to being outright nonsense, while other questions, that had never been asked because they would have seemed like nonsense under the old paradigm, suddenly became meaningful.

That's a true paradigm shift: a shift in our fundamental assumptions; a radical shift in perspective that requires us to redefine our terms, recalibrate our language, rephrase our questions, reinterpret our data, and completely rethink our basic concepts and approaches.

## The Pathology Paradigm

A paradigm can often be boiled down to a few basic, general principles, although those principles tend to be far-reaching in their implications and consequences. The principles of a widely dominant sociocultural paradigm like the pathology paradigm usually take the form of assumptions – that is, they're so widely taken-for-granted that most people never consciously reflect upon them or articulate them (and sometimes it can be a disturbing revelation to hear them plainly articulated).

The pathology paradigm ultimately boils down to just two fundamental assumptions:

There is one "right," "normal," or "healthy" way for human brains and human minds to be configured and to function (or one relatively narrow "normal" range into which the

configuration and functioning of human brains and minds ought to fall).
If your neurological configuration and functioning (and, as a result, your ways of thinking and behaving) diverge substantially from the dominant standard of "normal," then there is Something Wrong With You.

It is these two assumptions that define the pathology paradigm. Different groups and individuals build upon these assumptions in very different ways, with varying degrees of rationality, absurdity, fearfulness, or compassion – but as long as they share those two basic assumptions, they're still operating within the pathology paradigm (just as ancient Mayan astronomers and 13th Century Islamic astronomers had vastly different conceptions of the cosmos, yet both operated within the geocentric paradigm).

The psychiatric establishment that classifies Autism as a "disorder"; the "Autism charity" that calls Autism a "global health crisis"; Autism researchers who keep coming up with new theories of "causation"; scientifically illiterate wing nuts who believe that Autism is some form of "poisoning"; anyone who speaks of Autism using medicalized language like "symptom," "treatment," or "epidemic"; the mother who thinks that the best way to help her Autistic child is to subject him to Behaviorist "interventions" intended to train him to act like a "normal" child; the "inspiring" Autistic celebrity who advises other Autistics that the secret to success is to try harder to conform to the social demands of non-Autistics… all of these groups and individuals are operating within the pathology paradigm, regardless of their intentions or how much they might disagree with one another on various points.

## The Neurodiversity Paradigm

Here's how I'd articulate the fundamental principles of the neurodiversity paradigm:

Neurodiversity – the diversity of brains and minds – is a natural, healthy, and valuable form of human diversity.
There is no "normal" or "right" style of human brain or human mind, any more than there is one "normal" or "right" ethnicity, gender, or culture.
The social dynamics that manifest in regard to neurodiversity are similar to the social dynamics that manifest in regard to other forms of human diversity (e.g., diversity of race, culture, gender, or sexual orientation). These dynamics include the dynamics of social power relations – the dynamics of social inequality, privilege, and oppression – as well as the dynamics by which diversity, when embraced, acts as a source of creative potential within a group or society.
The Master's Tools Will Never Dismantle the Master's House

At an international feminist conference in 1979, the poet Audre Lorde delivered a speech entitled “The Master’s Tools Will Never Dismantle the Master’s House.” In that speech, Lorde, a Black lesbian from a working-class immigrant family, castigated her almost entirely white and affluent audience for remaining rooted in, and continuing to propagate, the fundamental dynamics of the patriarchy: hierarchy, exclusion, racism, classism, homophobia, obliviousness to privilege, failure to embrace diversity. Lorde recognized sexism as being part of a broader, deeply-rooted paradigm that dealt with all forms of difference by establishing hierarchies of dominance, and she saw that genuine, widespread liberation was impossible as long as feminists continued to operate within this paradigm.

“What does it mean,” Lorde said, “when the tools of a racist patriarchy are used to examine the fruits of that same patriarchy? It means that only the most narrow perimeters of change are possible and allowable. […] For the master’s tools will never dismantle the master’s house. They may allow us temporarily to beat him at his own game, but they will never enable us to bring about genuine change.”

The master’s tools will never dismantle the master’s house. To work within a system, to play by its rules, inevitably reinforces that system, whether or not that’s what you intend. Not only do the master’s tools never serve to dismantle the master’s house, but any time you try to use the master’s tools for anything, you somehow end up building another extension of that darned house.

Lorde’s warning applies equally well, today, to the Autistic community and our fight for empowerment. The assumption that there is Something Wrong With Us is inherently disempowering, and that assumption is absolutely intrinsic to the pathology paradigm. So the “tools” of the pathology paradigm (by which I mean all strategies, goals, or ways of speaking or thinking that explicitly or implicitly buy into the pathology paradigm’s assumptions) will never empower us in the long run. Genuine, lasting, widespread empowerment for Autistics can only be attained through making and propagating the shift from the pathology paradigm to the neurodiversity paradigm. We must throw away the master’s tools.

## The Language of Pathology vs. the Language of Diversity

Because the pathology paradigm has been dominant for some time, many people, even many who claim to advocate for the empowerment of Autistic people, still habitually use language that’s based in the assumptions of that paradigm. The shift from the pathology paradigm to the neurodiversity paradigm calls for a radical shift in language, because the appropriate language for discussing medical problems is quite different from the appropriate language for discussing diversity. The issue of “person-first language” is a good basic example to start with.

If a person has a medical condition, we might say that “she has cancer,” or she’s “a person with allergies,” or “she suffers from ulcers.” But when a person is a member of a minority group, we don’t talk about their minority status as though it were a disease. We say “she’s Black,” or “she’s a lesbian.” We recognize that it would be outrageously inappropriate – and likely to mark us as ignorant or bigoted – if we were to refer to a Black person as “having negroism” or being a “person with negroism,” or if we were to say that someone “suffers from homosexuality.”

So if we use phrases like “person with Autism,” or “she has Autism,” or “families affected by Autism,” we’re using the language of the pathology paradigm – language that implicitly accepts and reinforces the assumption that Autism is intrinsically a problem, a Something-Wrong-With-You. In the language of the neurodiversity paradigm, on the other hand, we speak of neurodiversity in the same way we would speak of ethnic or sexual diversity, and we speak of Autistics in the same way we would speak of any social minority group: I am Autistic. I am an Autistic. I am an Autistic person. There are Autistic people in my family.

These linguistic distinctions might seem trivial, but our language plays a key role in shaping our thoughts, our perceptions, our cultures, and our realities. In the long run, the sort of language that’s used to talk about Autistics has enormous influence on how society treats us, and on the messages we internalize about ourselves. To describe ourselves in language that reinforces the pathology paradigm is to use the master’s tools, in Audre Lorde’s metaphor, and thus to imprison ourselves more deeply in the master’s house.

## I Don’t Believe in Normal People

The concept of a “normal brain” or a “normal person” has no more objective scientific validity – and serves no better purpose – than the concept of a “master race.” Of all the master’s tools (i.e., the dynamics, language, and conceptual frameworks that create and maintain social inequities), the most powerful and insidious is the concept of “normal people.” In the context of human diversity (ethnic, cultural, sexual, neurological, or any other sort), to treat one particular group as the “normal” or default group inevitably serves to privilege that group and to marginalize those who don’t belong to that group.

The dubious assumption that there's such a thing as a "normal person" lies at the core of the pathology paradigm. The neurodiversity paradigm, on the other hand, does not recognize "normal" as a valid concept when it comes to human diversity.

Most reasonably well-educated people these days already recognize that the concept of "normal" is absurd and meaningless in the context of racial, ethnic, or cultural diversity. The Han Chinese constitute the single largest ethnic group in the world, but it would be ridiculous to claim that this makes Han Chinese the "natural" or "default" human ethnicity. The fact that a randomly-selected human is statistically far more likely to be Han Chinese than Irish does not make a Han Chinese more "normal" than an Irishman (whatever that would even mean).

The most insidious sort of social inequality, the most difficult sort of privilege to challenge, occurs when a dominant group is so deeply established as the "normal" or "default" group that it has no specific name, no label. The members of such a group are simply thought of as "normal people," "healthy people," or just "people" – with the implication that those who aren't members of that group represent deviations from that which is normal and natural, rather than equally natural and legitimate manifestations of human diversity.

For instance, consider the connotations of the statement "Gay people want the same rights as heterosexuals," versus the connotations of the statement "Gay people want the same rights as normal people." Simply by substituting the word normal for heterosexual, the second statement implicitly accepts and reinforces heterosexual privilege, and relegates gays to an inferior, "abnormal" status.

Now imagine if terms like heterosexual and straight didn't exist at all. That would put gay rights activists in the position of having to say things like "We want the same rights as normal people" – language that would reinforce their marginal, "abnormal" status and thus undermine their struggle. They'd be stuck using the master's tools. If terms like heterosexual and straight didn't exist, it would be necessary for gay rights activists to invent them.

This is why an essential early step in the neurodiversity movement was the coining of the term neurotypical. Neurotypical is to Autistic as straight is to gay. The existence of the word neurotypical makes it possible to have conversations about topics like neurotypical privilege. Neurotypical is a word that allows us to talk about members of the dominant neurological group without implicitly reinforcing that group's privileged position (and our own marginalization) by referring to them as “normal.” The word normal, used to privilege one sort of human over others, is one of the master’s tools, but the word neurotypical is one of our tools – a tool that we can use instead of the master’s tool; a tool that can help us to dismantle the master’s house.

## The Vocabulary of Neurodiversity

The word neurotypical is an essential piece of the new vocabulary of neurodiversity that’s beginning to emerge – that needs to emerge, if we are to free ourselves of the disempowering language of the pathology paradigm, and if we are to successfully propagate the neurodiversity paradigm in our own thinking and in the sphere of public discourse.

The word neurodiversity itself is of course the most essential piece of this new vocabulary. The essence of the entire paradigm – the understanding of neurological variation as a natural form of human diversity, subject to the same societal dynamics as other forms of diversity – is packed into that one word.

Another useful word is neurominority. Neurotypicals are the majority; Autistic, dyslexic, and bipolar people are all examples of neurominorities. I’d like to see it come into more widespread usage, because there’s a need for it; there are a lot of topics in the discourse on neurodiversity that are much easier to talk about when one has a good, non-pathologizing word for referring to the various groups of people who aren’t neurotypical.

Terms like neurodiversity, neurotypical, and neurominority allow us to talk and think about neurodiversity in ways that don’t implicitly pathologize neurominority individuals. As we cultivate Autistic community and interact with other neurominority communities, and as we continue to generate writing and discussion on issues of relevance to us, more new language will emerge. Already, we’ve generated terms like stim and loud hands to describe important aspects of the Autistic experience. And in my own academic work, my studies of cross-cultural competence (the ability to interact and communicate skillfully with people from multiple cultures) have led me to begin using the terms cross-neurotype competence and neurocosmopolitanism, terms and concepts which I hope will catch on widely.

It’s also my hope that the terms neurodiversity paradigm and pathology paradigm will catch on and come into widespread usage. In the interest of clarity, it’s useful to make the distinction between neurodiversity (the phenomenon of human neurological diversity) and the neurodiversity paradigm (the understanding of neurodiversity as a natural form of human diversity, subject to the same societal dynamics as other forms of diversity). And having a name for the pathology paradigm makes that paradigm much easier to discuss, recognize, challenge, and deconstruct – and eventually dismantle.

Words are tools. And as we recognize that the master's tools will never dismantle the master's house, we are creating our own tools, which can help us not only to dismantle the master's house, but to build a new house in which we can live better, more empowered lives.

## Outposts in Your Head

It breaks my heart when so many of the Autistic people I meet speak of themselves and think of themselves in the language of the pathology paradigm, and when I see how this disempowers them and keeps them feeling bad about themselves. They've spent their lives listening to the toxic messages spread by proponents of the pathology paradigm, and they've accepted and internalized those messages and now endlessly repeat them in their own heads.

When we recognize that the struggles of neurominorities largely follow the same dynamics as the struggles of other sorts of minority groups, we recognize this self-pathologizing talk as a manifestation of a problem that has plagued members of many minority groups – a phenomenon called internalized oppression.

A contemporary of Audre Lorde's, the feminist journalist Sally Kempton, had this to say about internalized oppression: "It's hard to fight an enemy who has outposts in your head."

The task of liberating ourselves from the master's house begins with dismantling the parts of that house that have been built within our own heads. And that process begins with throwing away the master's tools so that we stop inadvertently building up the very thing we're trying to dismantle.

## Throwing Away the Master's Tools

Once we recognize that the foundation of the pathology paradigm – the fictive concept of "normal people" – is a fundamental element of the master's toolkit, it becomes a lot easier to identify and rid ourselves of the master's tools. All we need to do is take careful stock of our words, concepts, thoughts, beliefs, and worries, and see whether they still make sense if we throw out the concept of “normal,” the concept that there’s one “right” way for people’s brains and minds to function.

Once we’ve thrown away the concept of “normal,” neurotypicals are just members of a majority – not healthier or more “right” than the rest of us, just more common. And Autistics are a minority group, no more intrinsically “disordered” than any ethnic minority. When we realize that “normal” is just something a bunch of people made up, when we recognize it as one of the master’s tools and toss it out the window, the idea of Autism as a “disorder” goes out the window right along with it. Disordered compared to what state of order, exactly, if we refuse to buy into the idea that there’s one particular “normal” order to which all minds should conform?

Without the fictive reference point of “normal,” functioning labels – “high-functioning Autism” and “low-functioning Autism” – are also revealed to be absurd fictions. “High-functioning” or “low-functioning” compared to what? Who gets to decide what the proper “function” of any individual human should be?

In the pathology paradigm, the neurotypical mind is enthroned as the “normal” ideal against which all other types of minds are measured. “Low-functioning” really means “far from passing for neurotypical, far from being able to do the things that neurotypicals think people should do, and far from being able to thrive in a society created by and for neurotypicals.” “High-functioning” means “closer to passing for neurotypical.” To describe yourself as “high-functioning” is to use the master’s tools, to wall yourself up in the master’s house – a house in which neurotypicals are the ideal standard against which you should be measured, a house in which neurotypicals are always at the top, and in which “higher” means “more like them.”

If we start from the assumption that neurotypicals are “normal,” and Autistics are “disordered,” then poor connections between neurotypicals and Autistics inevitably get blamed on some “defect” or “deficit” in Autistics. If an Autistic can’t understand a neurotypical, it’s because Autistics have empathy deficits and impaired communication skills; if a neurotypical can’t understand an Autistic, it’s because Autistics have empathy deficits and poor communication skills. All the frictions and failures of connection between the two groups, and all the difficulties Autistics run into in neurotypical society, all get blamed on Autism. But when our vision is no longer clouded by the illusion of “normal,” we can recognize this double standard for what it is, recognize it as just another manifestation of the sort of privilege and power that dominant majorities so often wield over minorities of any sort.

## Life Beyond the Pathology Paradigm

A paradigm shift, as you may recall, requires that all data be reinterpreted through the lens of the new paradigm. If you reject the fundamental premises of the pathology paradigm, and accept the premises of the neurodiversity paradigm, then it turns out that you don’t have a disorder after all. And it turns out that maybe you function exactly as you ought to function, and that you just live in a society that isn’t yet sufficiently enlightened to effectively accommodate and integrate people who function like you. And that maybe the troubles in your life have not been the result of any inherent wrongness in you. And that your true potential is unknown and is yours to explore. And that maybe you are, in fact, a thing of beauty.

# The Shame of Medicine: The Depravity of Psychiatry

*By Thomas Szasz*

The practice of medicine rests on cooperation and the ethical-legal premise that treatment is justified by the patient's consent, not his illness. In contrast, the practice of psychiatry rests on coercion and the ethical-legal premise that treatment is justified by the mental illness attributed to the patient and must be "provided" regardless of whether the patient consents or not. How do physicians, medical ethicists, and the legal system reconcile the routine use of involuntary psychiatric interventions with the basic moral rule of medicine, "Primum non nocere," a Latin phrase meaning "First do no harm"?

The answer is: by the medicalization of conflict as disease, and coercion as treatment. Carl Wernicke (1848-1905), one of founders of modern neuropathology, observed, "The medical treatment of [mental] patients began with the infringement of their personal freedom." Today, it is psychiatric heresy to note, much less emphasize, that psychiatry-as-coercion is an arm of the punitive apparatus of the state. Absent the coercive promise and power of mental health laws, psychiatry as we know it would disappear. Ever since its beginning approximately 300 years ago, psychiatry's basic function has been the restraint and punishment of troublesome individuals justified as hospitalization and medical care. For two centuries, all psychiatry was involuntary psychiatry. A little more than 100 years ago individuals began to seek psychiatric help for their own problems. As a result, the psychiatrist became a full-fledged double agent and psychiatry a trap. The film "Changeling"--written by J. Michael Straczynski and directed by Clint Eastwood--is a current example.

The story, set in Los Angeles in 1928, is said to be the "true story" of a woman, Christine Collins, whose son, Walter, is kidnapped. The police are corrupt, and little effort is made to find Walter. Months pass. To repair its damaged image, the police decide to stage a reunion between an abandoned youngster pretending to be Walter and his mother, played by Angelina Jolie. Unsurprisingly, she realizes that the fake Walter is not her son. After confronting the police and city authorities, she is vilified as an unfit mother, branded delusional, and incarcerated in a "psychopathic ward," where she is subjected to the brutalities of sadistic psychiatrists and nurses, and watches fellow victims being punished by electric shock treatment--ten years before its invention. So much for the truth of the story.

Clueless about the true nature of the psychiatric terrorization to which the Jolie character is subjected, film critic Kirk Honeycutt praises Clint Eastwood who "again brilliantly portrays the struggle of the outsider against a fraudulent system. . . . 'Changeling' brushes away the romantic notion of a more innocent time to reveal a Los Angeles circa 1928 awash in corruption and steeped in a culture that treats women as hysterical and unreliable beings when they challenge male wisdom.'"

The Jolie character does not simply challenge "male wisdom." Instead, her actions illustrate the insight of the Hungarian proverb, "It is dangerous to be wrong but fatal to be right." The psychiatrist as brutal agent of the state enters the story only after the mother proves--by securing the testimony of her son's teacher and dentist--that "Walter" is an impostor. The psychiatrically incarcerated individual's greatest crime--for which psychiatrists cannot forgive her--is that she is innocent of lawbreaking and objects to being deprived of liberty.

## Medicalized Terrorism

Psychiatric coercion is medicalized terrorism. So-called critics of psychiatry--who often fail or refuse to distinguish coerced from contractual psychiatry--are unable or unwilling to acknowledge this disturbing truth. As a result, the more things change in psychiatry, the more they remain the same, as the following conveniently forgotten example illustrates.

On May 21, 1839, Elizabeth Parsons Ware (1816-1897) married the Reverend Theophilus Packard. The couple and their six children resided in Kankakee County, Illinois. After years of marriage, Mrs. Packard began to question her husband's religious and pro-slavery beliefs and express opinions contrary to his. In 1860 Mr. Packard decided that his wife was insane and proceeded to have her committed. She learned of this decision on June 18, 1860, when the county sheriff arrived at the Packard home to take her into custody. The law at the time stated that married women "may be entered or detained in the hospital [the Jacksonville State Insane Asylum] at the request of the husband of the woman or the guardian . . . without the evidence of insanity required in other cases." Mrs. Packard spent the next three years in the Asylum. In 1863, due largely to pressure from her children who wished her released, the doctors declared her incurable and released her. Mrs. Packard stayed close to her children, retained their support, founded the Anti-Insane Asylum Society, and published several books, including Marital Power Exemplified, or Three Years Imprisonment for Religious Belief (1864) and The Prisoners' Hidden Life, Or Insane Asylums Unveiled (1868).

## The Beginning, Not the End

Little did Mrs. Packard realize that she was living at the beginning, not the end, of the Psychiatric Inquisition. Today, "inquiry" into the minds of unwanted others is a pseudoscientific racket supported by the therapeutic state. Millions of school children, old people in nursing homes, and persons detained in prisons are persecuted with psychiatric diagnoses and punished with psychiatric treatments. Nor is that all. Untold numbers of Americans are now psychiatric parolees, sentenced by judges--playing doctors--to submit to psychiatric treatment as so-called outpatients, or face incarceration and forced treatment as inpatients.

The subtext of films such as "Changeling" is always subtle psychiatric propaganda seeking to make people believe they are witnessing past "psychiatric abuses." The truth is that every new psychiatric policy or practice labeled an "advance" is a step toward making psychiatric deception and brutalization more legal and more difficult for the victim to resist.

As I write this column, I learn from an "antipsychiatry" website that a man named Ray Sandford is being subjected to court-ordered outpatient electroshock treatment.

"Each and every Wednesday, early in the morning, staff shows up at Ray's sheltered living home called Victory House in Columbia Heights, Minnesota, adjacent to Minneapolis. Staff escorts Ray the 15 miles to Mercy Hospital. There, Ray is given another of his weekly electroconvulsive therapy (ECT) treatments, also known as electroshock. All against his will. On an outpatient basis. And it's been going on for months."

As the forced psychiatric treatment of competent adults living in their own homes becomes the "standard of medical practice," the failure to provide such betrayal and brutality becomes medical malpractice. In a democracy people are said to get the kind of government they deserve. In a pharmacracy they get the kind of psychiatry they deserve.

# Why Anti-Authoritarians Are Diagnosed As Mentally Ill

*By Bruce Levine*
*From Mad in America*

In my career as a psychologist, I have talked with hundreds of people previously diagnosed by other professionals with oppositional defiant disorder, attention deficit hyperactive disorder, anxiety disorder and other psychiatric illnesses, and I am struck by (1) how many of those diagnosed are essentially *anti-authoritarians*, and (2) how those professionals who have diagnosed them are not.

Anti-authoritarians question whether an authority is a legitimate one before taking that authority seriously. Evaluating the legitimacy of authorities includes assessing whether or not authorities actually know what they are talking about, are honest, and care about those people who are respecting their authority. And when anti-authoritarians assess an authority to be illegitimate, they challenge and resist that authority—sometimes aggressively and sometimes passive-aggressively, sometimes wisely and sometimes not.

Some activists lament how few anti-authoritarians there appear to be in the United States. One reason could be that many natural anti-authoritarians are now psychopathologized and medicated before they achieve political consciousness of society's most oppressive authorities.

### Why Mental Health Professionals Diagnose Anti-Authoritarians with Mental Illness

Gaining acceptance into graduate school or medical school and achieving a PhD or MD and becoming a psychologist or psychiatrist means jumping through many hoops, all of which require much behavioral and attentional compliance to authorities, even to those authorities that one lacks respect for. The selection and socialization of mental health professionals tends to breed out many anti-authoritarians. Having steered the higher-education terrain for a decade of my life, I know that degrees and credentials are primarily badges of compliance. Those with extended schooling have lived for many years in a world where one routinely conforms to the demands of authorities. Thus for many MDs and PhDs, people different from them who reject this attentional and behavioral compliance appear to be from another world—a diagnosable one.

I have found that most psychologists, psychiatrists, and other mental health professionals are not only extraordinarily compliant with authorities but also unaware of the magnitude of their obedience. And it also has become clear to me that the anti-authoritarianism of their patients creates enormous anxiety for these professionals, and their anxiety fuels diagnoses and treatments.

In graduate school, I discovered that all it took to be labeled as having “issues with authority” was to not kiss up to a director of clinical training whose personality was a combination of Donald Trump, Newt Gingrich, and Howard Cosell. When I was told by some faculty that I had “issues with authority,” I had mixed feelings about being so labeled. On the one hand, I found it quite amusing, because among the working-class kids whom I had grown up with, I was considered relatively compliant with authorities. After all, I had done my homework, studied, and received good grades. However, while my new “issues with authority” label made me grin because I was now being seen as a “bad boy,” it also very much concerned me about just what kind of a profession that I had entered. Specifically, if somebody such as myself was being labeled with “issues with authority,” what were they calling the kids I grew up with who paid attention to many things that they cared about but didn’t care enough about school to comply there? Well, the answer soon became clear.

## Mental Illness Diagnoses for Anti-Authoritarians

A 2009 *Psychiatric Times* article titled “ADHD & ODD: Confronting the Challenges of Disruptive Behavior” reports that “disruptive disorders,” which include attention deficit hyperactivity disorder (ADHD) and opposition defiant disorder (ODD), are the most common mental health problem of children and teenagers. ADHD is defined by poor attention and distractibility, poor self-control and impulsivity, and hyperactivity. ODD is defined as a “a pattern of negativistic, hostile, and defiant behavior without the more serious violations of the basic rights of others that are seen in conduct disorder”; and ODD symptoms include “often actively defies or refuses to comply with adult requests or rules” and “often argues with adults.”

Psychologist Russell Barkley, one of mainstream mental health’s leading authorities on ADHD, says that those afflicted with ADHD have deficits in what he calls “rule-governed behavior,” as they are less responsive to rules of established authorities and less sensitive to positive or negative consequences. ODD young people, according to mainstream mental health authorities, also have these so-called deficits in rule-governed behavior, and so it is extremely common for young people to have a “duel diagnosis” of AHDH and ODD.

Do we really want to diagnose and medicate everyone with “deficits in rule-governed behavior”?

Albert Einstein, as a youth, would have likely received an ADHD diagnosis, and maybe an ODD one as well. Albert didn’t pay attention to his teachers, failed his college entrance examinations twice, and had difficulty holding jobs. However, Einstein biographer Ronald Clark (*Einstein: The Life and Times*) asserts that Albert’s problems did not stem from attention deficits but rather from his hatred of authoritarian, Prussian discipline in his schools. Einstein said, “The teachers in the elementary school appeared to me like sergeants and in the Gymnasium the teachers were like lieutenants.” At age 13, Einstein read Kant’s difficult *Critique of Pure Reason*—because Albert was interested in it. Clark also tells us Einstein refused to prepare himself for his college admissions as a rebellion against his father’s “unbearable” path of a "practical profession." After he did enter college, one professor told Einstein, "You have one fault; one can't tell you anything." The very characteristics of Einstein that upset authorities so much were exactly the ones that allowed him to excel.

By today's standards, Saul Alinsky, the legendary organizer and author of *Reveille for Radicals* and *Rules for Radicals*, would have certainly been diagnosed with one or more disruptive disorders. Recalling his childhood, Alinsky said, "I never thought of walking on the grass until I saw a sign saying 'Keep off the grass.' Then I would stomp all over it." Alinsky also recalls a time when he was ten or eleven and his rabbi was tutoring him in Hebrew:

> **One particular day I read three pages in a row without any errors in pronunciation, and suddenly a penny fell onto the Bible . . . Then the next day the rabbi turned up and he told me to start reading. And I wouldn't; I just sat there in silence, refusing to read. He asked me why I was so quiet, and I said, "This time it's a nickel or nothing." He threw back his arm and slammed me across the room.**

Many people with severe anxiety and/or depression are also anti-authoritarians. Often a major pain of their lives that fuels their anxiety and/or depression is fear that their contempt for illegitimate authorities will cause them to be financially and socially marginalized; but they fear that compliance with such illegitimate authorities will cause them existential death.

I have also spent a great deal of time with people who had at one time in their lives had thoughts and behavior that were so bizarre that they were extremely frightening for their families and even themselves; they were diagnosed with schizophrenia and other psychoses, but have fully recovered and have been, for many years, leading productive lives. Among this population, I have not met one person whom I would not consider a major anti-authoritarian. Once recovered, they have learned to channel their anti-authoritarianism into more constructive political ends, including reforming mental health treatment.

Many anti-authoritarians who earlier in their lives were diagnosed with mental illness tell me that once they were labeled with a psychiatric diagnosis, they got caught in a dilemma. Authoritarians, by definition, demand unquestioning obedience, and so any resistance to their diagnosis and treatment created enormous anxiety for authoritarian mental health professionals; and professionals, feeling out of control, labeled them "noncompliant with treatment," increased the severity of their diagnosis, and jacked up their medications. This was enraging for these anti-authoritarians, sometimes so much so that they reacted in ways that made them appear even more frightening to their families.

There are anti-authoritarians who use psychiatric drugs to help them function, but they often reject psychiatric authorities' explanations for why they have difficulty functioning. So, for example, they may take Adderall (an amphetamine prescribed for ADHD), but they know that their attentional problem is not a result of a biochemical brain imbalance but rather caused by a boring job. And similarly, many anti-authoritarians in highly stressful environments will occasionally take prescribed benzodiazepines such as Xanax even though they believe it would be safer to occasionally use marijuana but can't because of drug testing on their job

It has been my experience that many anti-authoritarians labeled with psychiatric diagnoses usually don't reject *all* authorities, simply those they've assessed to be illegitimate ones, which just happens to be a great deal of society's authorities.

## Maintaining the Societal Status Quo

Americans have been increasingly socialized to equate inattention, anger, anxiety, and immobilizing despair with a medical condition, and to seek medical treatment rather than political remedies. What better way to maintain the status quo than to view inattention, anger, anxiety, and depression as biochemical problems of those who are mentally ill rather than normal reactions to an increasingly authoritarian society.

The reality is that depression is highly associated with societal and financial pains. One is much more likely to be depressed if one is unemployed, underemployed, on public assistance, or in debt (for documentation, see "400% Rise in Anti-Depressant Pill Use"). And ADHD labeled kids do pay attention when they are getting paid, or when an activity is novel, interests them, or is chosen by them (documented in my book *Commonsense Rebellion*).

In an earlier dark age, authoritarian monarchies partnered with authoritarian religious institutions. When the world exited from this dark age and entered the Enlightenment, there was a burst of energy. Much of this revitalization had to do with risking skepticism about authoritarian and corrupt institutions and regaining confidence in one's own mind. We are now in another dark age, only the institutions have changed. Americans desperately need anti-authoritarians to question, challenge, and resist new illegitimate authorities and regain confidence in their own common sense.

In every generation there will be authoritarians and anti-authoritarians. While it is unusual in American history for anti-authoritarians to take the kind of effective action that inspires others to successfully revolt, every once in a while a Tom Paine, Crazy Horse, or Malcolm X come along. So authoritarians financially marginalize those who buck the system, they criminalize anti-authoritarianism, they psychopathologize anti-authoritarians, and they market drugs for their "cure."

# Psychiatric Profiling as Blood Libel

*By Tina Minkowitz*

*From Mad in America*

I feel very strongly about this, so please understand the strong language I am using is deliberate and my anger is justified.

We are seeing an increasing cycle of high-profile media stories linking an act of random multiple shooting to an allegation that the perpetrator is "mentally ill." These instances come faster and faster, and the President has referred to a cycle of "every three or four months." I have no idea if there are more such shootings as America becomes more unequal, poorer, harsher, more racist and more misogynist, more aggressive internationally and willing to kill civilians in order to impose its own version of law and order on other countries.

Or, if organizations like Torrey's "Treatment Advocacy Center" have simply planted enough lies in the media that such stories are now self-generating. Given the huge numbers of people taking psychiatric drugs (for which a diagnosis is applied by the prescribing doctor) and the hindsight that shapes people's impressions of the shooter as "unstable," a "ticking time bomb" and other demonizing labels based on the concept of "violent mental illness" it should always be possible to find such stories on schedule.

The President has done serious and unforgivable damage to the country and to people living with psychiatric libels, by endorsing the further libel that we are prone to violence and thus warrant greater scrutiny of our behavior, greater restrictions on our civil liberties, and being brought under comprehensive control by the unaccountable and discriminatory policing and prison regime that is known as the mental health system. We have to understand that it is nothing more than a libel. It cannot be debated rationally, and every time we have tried to point out the the absence of evidence for a statistical linkage, these rational arguments have no effect; instead they almost seem to add fuel to the fire.

I want to point out something about how profiling works and why it is always wrong. It does not matter whether there is or is not a statistical linkage between a particular demographic and the likelihood that an individual will commit a crime. Profiling comes about because a demographic group is targeted, and they are targeted because of deep-seated prejudice that really sees that person as a subhuman bogeyman with superhuman strength needing to be controlled and kept at bay. We see this clearly with racial profiling – at least some of us do. This is why the George Zimmerman verdict and the continuing murders of African American men, women, girls and boys by police are not just individual tragedies but a horrifying mass murder committed systemically by a racist society.

It is no different with psychiatric profiling. We are targeted because of a persistent prejudice that comes from much the same place as racism: disability and race have always been the twin poles of eugenicist beliefs that treat some parts of a population as "useless eaters" worth exploiting and then throwing away. It doesn't matter if disability is in the mind of the beholder – it always has been; there is always an overlap between a person experiencing unusual states of mind and the alienation from society that can result from this when it is not accommodated, and the alienation caused by misogyny, racism, class, and other ways we exclude each other. (For example, the famous Supreme Court case Buck v Bell allowed forced sterilization and libeled a family of women as "imbeciles"; whatever disabilities they might have had or not had, they were certainly poor.)

Neither the Nazis in their murderous agenda nor the current regime of concentration camps and exclusionary laws presided over by psychiatry cares if you identify as a person with a disability, as having a mental illness, as being unique or eccentric, or as being normal. The selection is made and you are sent to the left or the right. We are not being gassed now, but we are being murdered by restraints, by neuroleptics and electroshock, by police with guns and tasers.

I want us to clearly identify this for what it is – in my cultural reference, psychiatric profiling is no different from the blood libel that was manufactured against Jews to justify pogroms. I read stories about those times and am struck by the similarity in how people hunkered down, waited for it to pass, tried to reason with reasonable authorities, passed as gentile, strategized however they could to survive. A blood libel cannot be debated. Now in hindsight I hope that most people think the blood libel is ridiculous as well as offensive, but it was believed in its time and I'm sure there are bigots who still imagine this bogeyman in their fears.

I talked with two friends this week – I was saying that, now that the interpretation of the Convention on the Rights of Persons with Disabilities is almost entirely secured, we need to pay attention to positive measures: what do we want to see in a world that is remade with no forced psychiatry? If a government said to us, "OK, we will repeal the mental health laws and get rid of commitment and forced treatment – what else should we do to make sure people have what they need and are not discriminated against if they have unusual thoughts or are experiencing serious distress or crisis?" – what could we answer?

Both of my friends had a strong reaction that focused on the depth of hatred we are experiencing under the current system, that can make us feel as if we ourselves are not worthy as human beings. It is hard to acknowledge this – to take in society's libel and not be strong enough to shrug it off is one of the edges we can fall off and get libeled as mentally ill – especially if we are female. It makes me angry. It makes us angry. And we shouldn't have to take it any more.

It's not a weakness or a vulnerability – we are damn strong to survive what we have, and those who haven't would find the same strength within themselves if they were put in our shoes. (Note: not everyone agrees that those who survive are necessarily strong, and they have a point. I don't mean to suggest that it is bad to be, or to feel, less than "damn strong" or that those who didn’t survive psychiatry are weak.) What we survive (from my notes of one of these conversations, which also included my partner and her contributions):

- Fucking with a person’s sense of self and how they are perceived in the world – this is infliction of mental suffering and amounts to torture.
- Systemic torture, because it is all callous experimentation: “you are a science project.” They give false, incomplete and misleading information (no *informed* consent) and fail to collect data on adverse effects that people actually experience. They give you medicine that they know nothing about themselves, and tell you what they think you need to know. They are treating us as subhuman, as if we don’t matter. This is because there is a control agenda in the mental health system, that is not there in the physical health system.
- Making somebody so “other” that you can do anything to them. It’s not only the acts of outright violence. When a parent hits their child, after a while all they have to do is look crossly at the child and the child is under control. They don’t have to go on beating a person, ripping off their fingernails, shooting them full of Thorazine every day. They don’t have to do much to put the person into a place where you’re so frightened you can’t be yourself any more.
- They’ve made me feel like I don’t belong in the world the way I am now. I think that’s unforgiveable.

This tells me again that every time our rights are more firmly recognized by the United Nations, we unpeel another layer in our own experience and ability to confront the extreme and egregious human rights violations against us. Progress is not linear, and – while I still think we need to envision the new world even while we are in the grip of the old – getting angry and refusing to accept what is dished out to us, defending ourselves and each other from retaliation, may be the next step.

# Autism Acceptance (Not Awareness) Month

*By Joel Schwartz*

Disclaimer: I feel it necessary to point out, preceding a blog urging people to listen to autistic voices, that I am not, in fact, autistic. I am not neurotypical either. I am a proud ADHD person. I have various family members, friends, and colleagues who are autistic, and I participate in autism advocacy. I also work with many autistic individuals in my private practice.

Last April, my family and I participated in an event called Chico Walks for Autism. Overall, it was a great event. There were booths from various programs that worked well with autistic people, fundraising for organizations that directly work with autistic folks, food, music, camaraderie, and people of all neurological types. But one negative image stood out, and has become prototypical of how well-meaning not autistic people inadvertently have created programs that are dismissive of actually autistic people.

The walk itself was a beautiful stroll through Bidwell Park, with volunteers (mostly high school and college students) lining the road and passing out beverages and praise to participants. Near the end, we were required to walk through a small tunnel. At the end of the tunnel was a group of bubbly, excited college women jumping up and down and cheering as the children reached the end of the course. This resulted in many overwhelmed children (and adults), frantically putting their hands over their ears and squelching up their faces in discomfort as they navigated through the tunnel.

Clearly, the women were well-meaning. But they had little understanding of what it feels like to actually be autistic. They were unwilling to understand the autistic experience and modify their behavior. Which brings me to this month, officially International Autism Awareness month. The Autism Awareness movement has been perpetuated mainly by Autism Speaks, a group readers may be surprised to learn has the ire of many autistic people. The reason is illustrated above in the way well-meaning people created an event that was unbearable, in part, to many autistic people. Take that example, and then apply it to the entirety of available interventions for autistic people.

Imagine if the NAACP had only white people in their leadership. Imagine if policy regarding women's health were dictated solely by white men (oh wait…). Autism Speaks has never incorporated the voices of actually autistic people. Far worse, the rhetoric of the organization has led to terrible stigmatization of autistic people, crank "cures" that have resulted in the deaths of autistic people, support for therapies that have traumatized autistic people, empathy for parents that have murdered autistic people, and created the anti-vaxxer movement. In recent years, John Elder Robison, an autistic writer was on the board of Autism Speaks, but soon left after his concerns fell on deaf ears.

So this month, I am not “Lighting it up Blue” – a signature of Autism Speaks and autism awareness. Full disclosure – our family used to be Autism Speaks people. We are no longer. We get it. The entire world is aware of autism. Now, can we learn to accept autistic people? Can we learn to give them support, accommodations, love, and membership in our groups and communities? Can we appreciate them for their unique gifts and make room for their profound sensitivities? One way to do so is turn off that blue light and research alternatives. If you are on twitter, follow #ActuallyAutistic, #RedInstead, and #ToneItDownTaupe. If you are not, check out the Autism Acceptance movement and the Neurodiversity movement. And if you or your loved ones are part of the autism family, consider tearing up that check to Autism Speaks, and instead send it the Autism Self Advocacy Network – a counter to Autism Speaks run by primarily autistic people.