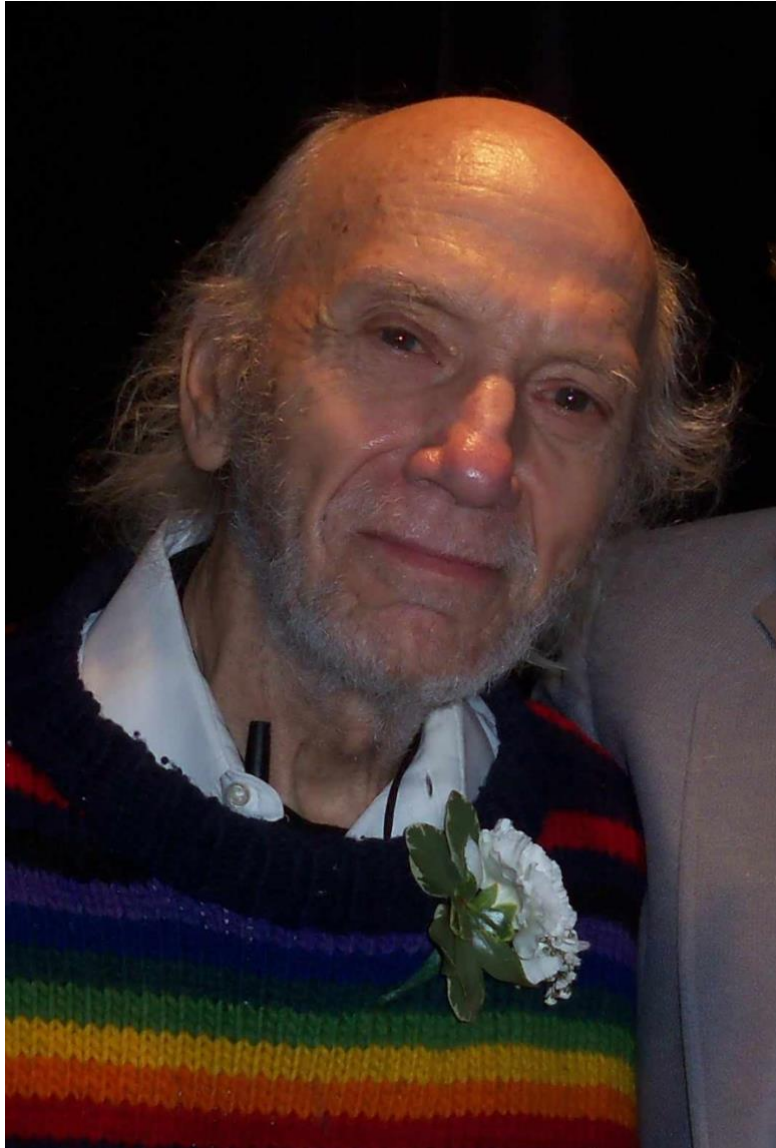


RESISTANCE MATTERS

The Radical Vision of an Antipsychiatry Activist



By Don Weitz

With a Foreword, and Intrusive Editing, by Irit Shimrat

A Lifetime of Activism

By Don Weitz

I am a lifelong antipsychiatry and social justice activist. In 1977, with survivors Harvey (‘Alf’) Jackson and Bob Carson, I co-founded On Our Own, Ontario’s first self-help organization of psychiatric survivors. Three years later, with lawyer and electroshock survivor Carla McKague, I co-founded the antipsychiatry magazine *Phoenix Rising: The Voice of the Psychiatrized* (1980-1990). I am also co-editor (with activist, academic and author Bonnie Burstow) of the anthology *Shrink Resistant: The Struggle Against Psychiatry in Canada* (1988); and author of the e-book *Rise Up/Fight Back* (2011) and *Resistance Matters: The Radical Vision of an Antipsychiatry Activist* (2019). Committed to abolishing electroshock and the psychiatric system, I was active in the former Mental Patients Liberation Movement and its annual Conference for Human Rights and Against Psychiatric Oppression. In 1983, with several other survivors and activists, I co-founded the Ontario Coalition to Stop Electroshock; I later co-founded its successor Resistance Against Psychiatry. Bonnie Burstow and I subsequently founded the Coalition Against Psychiatric Assault (CAPA). In April 2005, I chaired a panel that facilitated shock survivor testimony during two days of public hearings on electroshock held in Toronto City Hall, and drafted the critical report *Electroshock Is Not a Healing Option*. For approximately ten years, I was host and producer of “Shrink Rap/Antipsychiatry Radio” on CKLN in Toronto, the first antipsychiatry radio program in Canada, which featured interviews with psychiatric survivors and activists – you can listen to episodes of the show at www.radio4all.net/index.php/series/Anti-Psychiatry+Radio. For the past 20 years, I have been a member of the Ontario Coalition Against Poverty (OCAP), an outspoken critic of homelessness and a strong advocate for affordable and co-op housing. I have been arrested four times while participating in acts of nonviolent civil disobedience.

In 2003, I was honoured with the Social Justice Activist Award by the Metro Network for Social Justice; in 2007, I was one of four recipients of an Award in Advocacy presented by the Mental Health Legal Committee in Toronto. I was also honoured with an Award for Lifetime Antipsychiatry Activism from CAPA, and a Lifetime Achievement Award from OCAP. I continue speaking out, writing letters to the editor and protesting against electroshock, forced drugging, solitary confinement, and other human rights violations in the psychiatric and prison systems.

With my editor Irit Shimrat, I have been searching for more than a year for a publisher for my new book, *Resistance Matters: The Radical Vision of an Antipsychiatry Activist*. We have had no luck. Robert Whitaker has kindly agreed to put up a link to the book here on the Mad in America website, but I would still like to have it published as a physical book. If any of you can help, please contact me: dweitz@rogers.com

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Disclaimer

Neither I nor anyone cited in this book has any association with the Citizens Commission on Human Rights (CCHR), a group affiliated with and supported by the Church of Scientology. I state this because “treatment advocacy groups” (organizations of family members – mainly parents – who lobby and campaign for legislation that makes it easier for them to have their troublesome loved ones locked up and force-drugged) often try to discredit antipsychiatry activists by falsely claiming that we are Scientologists.

Don Weitz, September 2018

Toronto

Foreword

Because of psychiatry's power to coerce, society gives psychiatric theories a free pass.... Psychiatry's coercive function is what society most appreciates about it. Families and others can call upon police to restrain someone acting strangely and have that person taken by force to a place run by psychiatrists.... Without the shock and awe of a coercive medical discipline, the flimsy theories and continually refuted hypotheses of physiological defects as causes of distress and misbehavior would actually have to [account for] what ails people, what makes them tick, and how to help them overcome their problems. These theories never need to pass any rigorously devised tests (as we expect other important scientific theories to pass), they only need to be asserted.... The power to coerce is what excuses the lack of valid knowledge.

– David Cohen, psychology professor, UCLA (from “It’s the Coercion, Stupid” (see www.madinamerica.com/2014/10/coercion-stupid))

In truth, the ‘chemical imbalance’ notion was always a kind of urban legend – never a theory seriously propounded by well-informed psychiatrists.

– Ronald W. Pies, psychiatry professor, *Psychiatric Times*, July 2011

I had the enormous good fortune to meet Don Weitz – who now permits me to refer to him as the grandpappy of Canadian antipsychiatry – in 1986. Until then, I thought I was the only person in the world who didn’t believe in “schizophrenia” (with which we had both been diagnosed) and who saw psychiatry as a ravenous monster, chewing up human beings and spitting out mental patients. Before long, I was hired to edit *Phoenix Rising: The Voice of the Psychiatrized*, the phenomenal national antipsychiatry magazine that Don and Carla McKague had founded in 1980. The work of editing *Phoenix*, and the lifetime of activism to which that work led, have helped me more than anything else in finding my way back from the devastating effects of psychiatry.

It was Don who first made me realize the power of speaking out against injustice, of coming together with other psychiatric survivors to tell and record and publicize our stories, and of showing off our talents and skills – rather than accepting psychiatrists’ judgement that we are inadequate, incapable and diseased. It was Don who gifted me not only with a forum for my own ideas, but also, and more importantly, with the opportunity to encourage others to step out from the shadows and find their own voices. Above all, it was Don who taught me that resistance matters. Even though psychiatry continues to damage the brains, bodies, hearts, souls and minds of those it captures, more and more people are realizing that it has no scientific basis, and that much of what is done in the name of “mental health” amounts to the deprivation of fundamental human rights. Every book, every website, every letter to the editor that tells the truth about psychiatry wakes more people up to these facts.

And Don does not limit his activism to combatting psychiatric abuses. He is a fierce defender of Indigenous rights, and has long been a dedicated member of the Ontario Coalition Against Poverty and of the migrant justice organization No One Is Illegal (NOII). Both groups stand in solidarity with and in defence of Indigenous struggles for sovereignty and self-determination. Both stand in opposition to colonialism and oppressive politics. NOII’s website describes “a worldwide movement of resistance that strives and struggles for the freedom to stay, the freedom to move, and the freedom to return” – freedoms denied to psychiatric inmates within our own countries. Don has always known that the politics of psychiatry *are* the politics of oppression, and that it is the profit motive, above all, that drives psychiatry.

Don Weitz has been published extensively, and much of his work can be found online and in various anthologies and journals. Although most of what you will read in these pages has not previously been published, I have also included important material that has been published but not widely read. And Don has not slowed down – he continues to write letters to editors and others in response to biased reporting on “mental health” and other political issues. Clearly, Don Weitz will keep writing and fighting for justice until he drops, because, as he once said at the end of an interview, “I just won’t keep silent. I can’t and I won’t.”

This book is for survivors of psychiatric oppression, but it is also for anyone who cares about human liberty and dignity.

If you don’t know much about psychiatry, *Resistance Matters* will begin to teach you about what really happens when police respond to “mental health” calls and when people end up in psychiatric “care.”

For readers who, like Don and me, have been subjected to forced psychiatric “treatment” and incarceration, I hope you will be heartened to know that there is an ever-growing number of people who understand and care about what you’ve been through, and who are working towards a world in which such things never have to happen to anyone again.

Don envisions a time when the disease model of strangeness and distress is nothing but a shameful memory; when “otherness” and emotional intensity are clearly seen as spiritual, rather than medical, issues; when people everywhere learn to embrace diversity and to treat each other with forbearance, in those times when others’ extremes of feeling and expression might make love and compassion difficult or impossible; and when everyone understands that suppressing difference means erasing possibilities for positive social change.

It is a privilege and an honour for me to have been entrusted with the task of compiling and editing the essays, articles, letters, poems and rants that you will read in *Resistance Matters*.

Irit Shimrat

September 2018

Vancouver

Irit Shimrat is proud to call herself an escaped lunatic. She has been locked up and psychiatrically tortured many times, and has been working to promote human rights within and beyond psychiatry since 1986, when she became editor of Phoenix Rising: The Voice of the Psychiatrized. In the early 1990s she co-founded and coordinated the Ontario Psychiatric Survivors’ Alliance and presented two multi-part shows – “Analyzing Psychiatry” and “By Reason of Insanity” – on CBC Radio’s Ideas program. In 1997 her book Call Me Crazy: Stories from the Mad Movement was published in Vancouver. She has edited various articles, newsletters and books written by psychiatric survivors; has had several antipsychiatry articles published; has been interviewed in various media; and has given talks at conferences and at universities. Her life is dedicated to exposing psychiatric abuses and promoting non-psychiatric ways of dealing with extreme emotional states.

Preface

Collectively, the rants, poems, letters and blogs in this book span more than forty years. I like to believe they're still relevant. My writing asserts a powerful personal and political message: the value of *resistance*. Resistance against psychiatry. Resistance against mentalism. Resistance against sexism and against gender discrimination in all its forms. Resistance against racism, against ableism, against ageism. Resistance against capitalism and fascism. In this time of rising nationalism and right-wing ideology, resistance is not optional; it is a moral imperative.

This book would not have happened without the dedication and hard work of Irit Shimrat, a brilliant editor, sister survivor and close friend. She has diligently kept the theme of resistance in the forefront. My special thanks and love to Irit; to Bonnie Burstow; to the late, great Carla McKague; and of course to my daughter Lisa Weitz and my son Mark Weitz, who have always understood and supported my antipsychiatry and social-justice activism.

I hope you, reader, will feel inspired and empowered to speak out, to take a stand against psychiatric and state oppression, and to join me and my sisters and brothers in our ongoing fight for human rights.

Don Weitz

September 2018

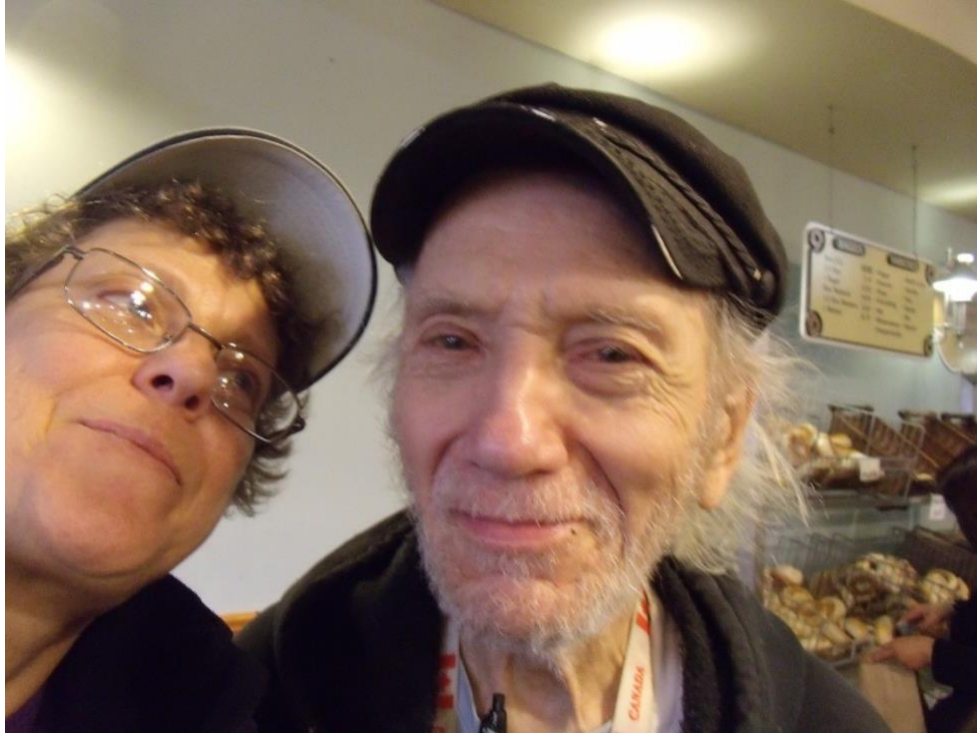
Toronto



My daughter Lisa, my son Mark and me at the Ontario Institute for Studies in Education, University of Toronto, in 2010, where the Coalition Against Psychiatric Assault honoured me with its Lifetime Activist Award



Carla McKague, Irit Shimrat and Bonnie Burstow at the Toronto launch of Irit's book, *Call Me Crazy: Stories from the Mad Movement*, in 1997



With Irit, in a coffee shop in Toronto, October 2013



With Irit, Toronto, 2013. Photo by Graeme Bacque

Introduction

Antipsychiatry organizing saved my life once, and has always given it meaning. This book is an invitation to join me and other psychiatric survivors (and our allies) in exposing psychiatry's coercive, life-destroying practices and utter lack of scientific validity; and creating and promoting life-affirming alternatives.

Here's how it all began for me.

In 1935, when I was five years old, my parents decided they needed to deal with the fact that I spoke with a pronounced stutter. My father drove the three of us from Cleveland, Ohio, where we lived, to New York City, to have me examined by Dr. Green, a speech pathologist and therapist. When we arrived in New York, the car reeked of vomit; I was so anxious on the way there that I kept throwing up.

Dr. Green did not help at all with the stuttering. I began to feel very tense and anxious, both at home and in school. Also, I had become afraid of the dark and insisted on keeping a light on in my room at night. My parents, not recognizing these problems as the result of that traumatic, coercive journey, were convinced that there was something intrinsically wrong with me. So, two years later, when I was just seven, they forcibly drove me to Staatsburg, New York, where they had me confined at Anderson School. Now a residential facility for children with "autism," at that time Anderson frankly billed itself as a school for "problem children."

At Anderson, several of us kids were brutalized by sadistic staff. I was sometimes beaten for rule-breaking or other nonconformist behaviour. On one occasion, staff forced me to drink a bottle of Tabasco sauce, as a punishment. What terrible transgression had I committed? Talking in class.

I came home one year later, badly traumatized, and with a case of impetigo.

These experiences were the precursor to my psychiatrization in 1951. That year, I was going through an existential identity crisis – a very common event in adolescence and young adulthood. I was twenty-one years old. I was trying to figure out who I was and what I wanted to do with my life. My parents, who had never tried to understand me, continued to see me as a problem that needed to be fixed by medical experts. For them, my decision to drop out of Dartmouth College was the last straw. They insisted on my seeing several psychiatrists, one of whom had me committed, for seven months, to an institution called the Austen Riggs Center, in Stockbridge, Massachusetts. A few months after that, my parents colluded with another psychiatrist to have me locked up in another notorious Massachusetts facility, McLean Hospital. [1] I was incarcerated there for fifteen months, during which I was forcibly subjected to 110 sub-coma insulin shock “treatments.” In other words, I was tortured: punished for not living up to my parents’ expectations and the hospital’s criteria for “mental health.”

Never once did I believe that I was “mentally ill” or “schizophrenic” – labels the Harvard-trained McLean psychiatrists gave me, and of which they informed my parents, but not me. Incompetent and unethical, they ignored the reality of my personal life crisis, fraudulently medicalizing it as “schizophrenic reaction, acute, undifferentiated.”

Sixty-seven years later, I am liberated and healed. But millions of people continue to be labelled and permanently stigmatized as “mentally ill” and tortured (forcibly “treated”) every kind of psychiatric drug, and sometimes with electroshock “therapy” (ECT) [2] – all of which cause brain damage.

I am convinced that psychiatry and the “mental health system” must be abolished and replaced with non-coercive, non-medical, community-based, humane alternatives controlled by psychiatric survivors and our allies. I use the term “psychiatric survivor” because I totally reject such terms as “mental health consumer” and “psychiatric patient,” which only serve to sanitize injustice and oppression.

I strongly agree with the late dissident psychiatrist Thomas Szasz, [3] who wrote in 1961 that mental illness was a myth; a metaphor for life crises or “problems in living” – which all of us

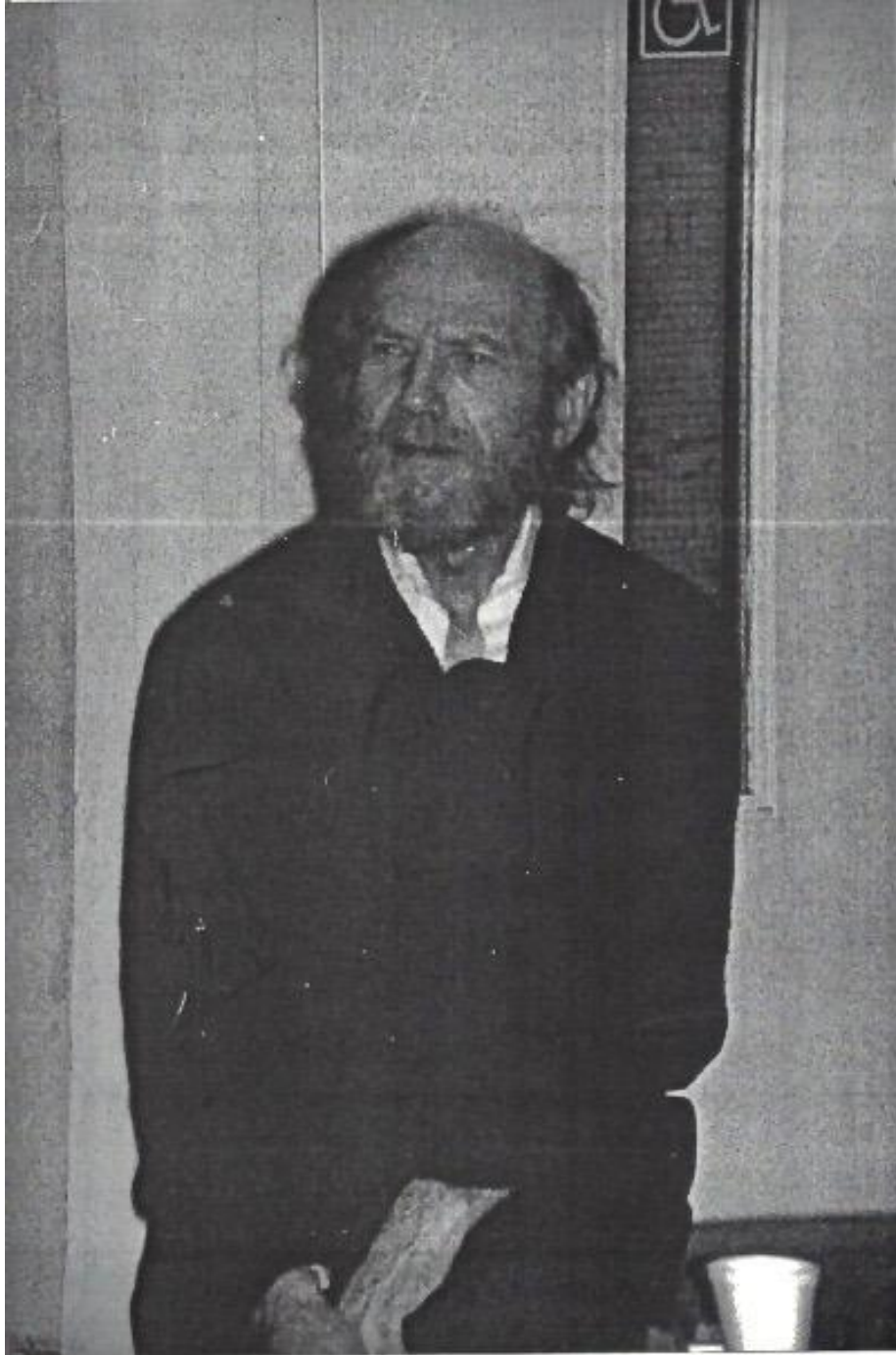
experience. Personal angst, hearing voices, and seeing things that others don't are all features of an existential, mystical or spiritual crisis –*not* symptoms.

For fifteen years, I tried to reform psychiatry from the inside (a huge mistake), by working as an institutional psychologist. In this role, I witnessed first-hand the terrible harm done to “patients” (inmates) based on psychiatry's fraud, myths, lies and denials. Meanwhile, I started reading personal testimonies and articles by survivor and social-justice activists in what was originally called the Mental Patients Liberation Movement. I started participating in international human-rights conferences conceived, organized and executed entirely by psychiatric survivors.

And, finally, I quit my job and stopped calling myself a psychologist. I realized that I had to get active. I had to follow the advice of Karl Marx: to change the world, rather than accepting or conforming to it. It was time to start speaking out and protesting. It was time to start working with and advocating for brother and sister survivors locked up and suffering in the grim psychoprisons commonly known as psychiatric wards, psychiatric hospitals, and “mental health” centres.

In the 1970s, inspired by a visit to Vancouver's Mental Patients Association, [4] I co-founded the Ontario Mental Patients Association. The group later changed its name to On Our Own [5] – Ontario's first autonomous self-help group for psychiatric survivors. The name comes from the title *On Our Own: Patient-Controlled Alternatives to the Mental Health System*, by legendary psychiatric survivor activist, organizer and author Judi Chamberlin [6] – and Judi was inspired to write this movement classic by her own experience of being helped by MPA.

On Our Own helped survivors re-develop social, practical and vocational skills that they had lost through psychiatric oppression. Our democratically run drop-in was a place of safety and empowerment, and our newsletter provided an outlet for the commentary and creativity that had been stifled by the “mental health” system.



At a party for me at the On Our Own drop-in, 1987. Photo by Maggie Tallman, *Phoenix* Business/Circulation Manager and creator of the miscellaneous humour column "Maggie's Bag," which appeared in many issues of *Phoenix*.

One of my proudest and most empowering achievements came in 1980, when, together with my late and deeply missed friend, the brilliant lawyer and courageous shock survivor Carla McKague, [7] I co-founded the antipsychiatry magazine *Phoenix Rising: The Voice of the Psychiatrized*. [8] It was Carla who thought of the name. In *Phoenix*, survivors could finally tell their own stories of abuse and marginalization, and of how they survived and recovered from the devastation of psychiatry.

Each issue of *Phoenix* included sections called “Write On” (letters to the editor), “Mad News,” “Shock Waves” (on electroshock), “Phoenix Pharmacy” (on psychiatric drugs) and “Rights and Wrongs” (on legal issues and human rights). We published a list of shock doctors; we named specific physicians and their hospital affiliations. We had special issues on themes like poverty, housing, work, advocacy, and the psychiatric oppression of women, children and the elderly. And of course we always featured survivors’ art and poetry, in a section titled “Out of the Ashes.” Our final issue was dedicated to the suffering and strength of lesbian and gay survivors .

In all, we produced thirty-two issues of *Phoenix Rising* in ten years: 1980 to 1990. We got funding from individual donors and sometimes from government, but we never solicited or accepted money from any part of the “mental health” system, because we were against it. We charged a modest price for individual issues and subscriptions, but current psychiatric inmates, as well as prisoners, received the magazine for free.

The only reason we had to stop was because people were getting burnt out – the constant search for funding and the long hours worked for very low pay eventually took their toll.

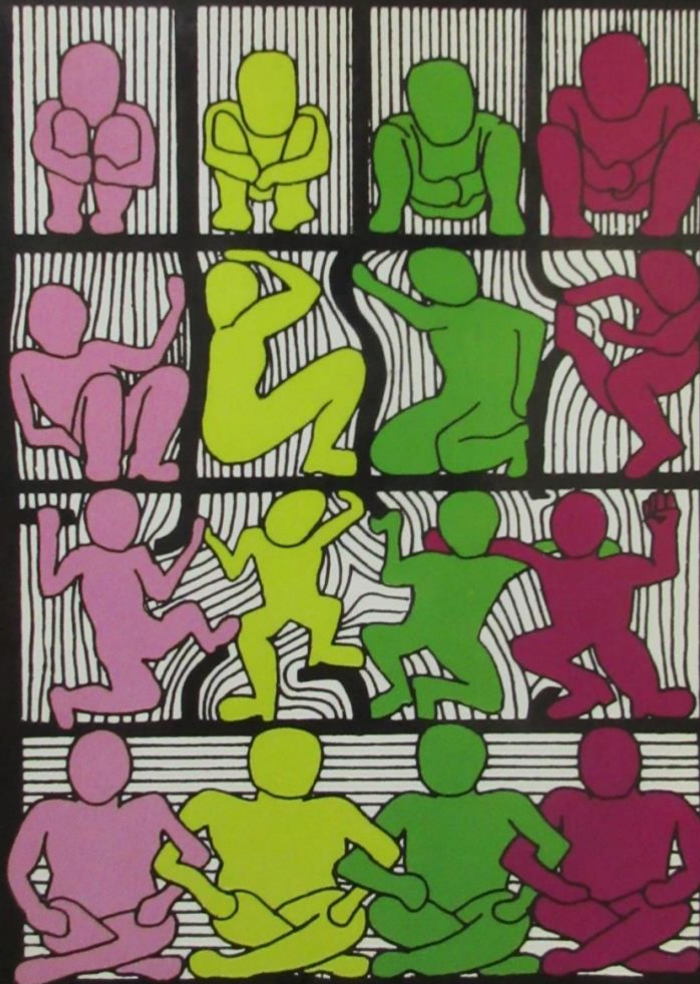
In 1983, several of us shock survivors and activists founded the Ontario Coalition to Stop Electroshock (OCSE). We were inspired by the Berkeley Committee to Stop Electroshock. [9] Over the next five years, OCSE organized demonstrations, speak-outs and other events to protest against this barbaric treatment.

In 1988, Resistance Against Psychiatry (RAP) succeeded OCSE. RAP organized numerous rallies and protests, not only against electroshock but against psychiatry itself. Also in 1988, Vancouver’s New Star Books published *Shrink Resistant: The Struggle Against Psychiatry in Canada*, which I co-edited with feminist activist, author and academic Bonnie Burstow. [10]

Shrink Resistant carried forth the work of *Phoenix Rising* by putting into print, and bringing to light, the important stories of many previously silenced psychiatric survivors.

SHRINK RESISTANT

the struggle against
psychiatry in Canada



Bonnie Burstow & Don Weitz, editors

Shrink Resistant

In 1994, I started “ShrinkRap” – the only antipsychiatry radio series ever broadcast in Canada; I later changed the name to “Anti-Psychiatry Radio. [11] It was aired on CKLN, which was one of Canada’s most progressive radio stations. As its host, I showcased the views and work of many courageous psychiatric survivors and activists; I’d like to think that all my guests felt empowered by being on the show, which ran until 2008. I still miss CKLN, one of the rare media advocates for our human rights.

In 2003, together with Bonnie Burstow, I co-founded the Coalition Against Psychiatric Assault (CAPA), following an exciting public meeting at Toronto City Hall, attended by more than seventy-five citizens. CAPA was open and democratic. We voted to strategize against electroshock and psychiatric drugs, in that order.

In 2005, CAPA held four days of public hearings: two days on drugs and another two on electroshock (ECT) at an event we named “Inquiry into Psychiatry” [12] ; I chaired a four-member panel that facilitated shock survivors’ testimony, both oral and written. Bonnie chaired a panel on psychiatric drugs. More than thirty survivors spoke of their traumatic ECT and drug experiences and the tragic effects of these “treatments” on their lives, including psychological trauma; brain damage; various disabilities; and the loss of memory, cognitive function, artistic talents and careers.

In 2010, CAPA held PsychOUT: A Conference for Organizing Resistance Against Psychiatry. [13] CAPA continues the work of OCSE and RAP in protesting ECT.

Over all these years, I have never stopped attending inquests; organizing and participating in protests; speaking out publicly; writing letters to government officials, and to newspaper and magazine editors, in response to psychiatric atrocities; doing my best to provide personal and political support to individual psychiatric survivors; and doing everything else I can to stop the terrible suffering caused by the medical model of mental illness: the false idea that unusual or disturbing thoughts and behaviour are caused by abnormalities in people’s brains, rather than by events in their lives.

In the mid-nineteenth century, the widely acclaimed German biologist Rudolph Virchow discovered and developed the cell theory of disease, which remains the gold standard in cellular pathology and modern medicine. But psychiatrists blithely ignore this theory, claiming – in the total absence of any scientific evidence – that “schizophrenia” is a brain disease; that “Attention Deficit Hyperactivity Disorder” (ADHD) [14] is a “neurological illness,” and so on, ad nauseam. Using pseudo-scientific research and funding (bribery!) from transnational drug companies, they continually make up and promote new types of “mental disorders.” Although they always claim to be trying to find cures for mythical ailments, their real agenda is all about power, money, political influence and, above all, social control.

Psychiatrists routinely rely on and quote from the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, [15] concocted and published by the American Psychiatric Association (APA). But the *DSM* is not the result of any actual independent medical research. It is just a list of negative judgements on character and behaviour: hundreds of fraudulent diagnoses invented by the American Psychiatric Association.

With every new edition of the *DSM*, we see new “psychiatric disorders” invented on the basis of pathologizing ordinary human problems. How can people still take psychiatric diagnoses seriously after 1973, when gay liberation activists were able to exert enough political pressure to have homosexuality removed from the *DSM*'s list of “illnesses.” Do we still need more proof that the *DSM* is not a scientific document?

Psychiatric diagnoses serve as a licence to lock up and forcibly treat innocent citizens, who are then burdened with an official and permanently stigmatizing record, not to mention the devastating effects of “treatment” on their brains and bodies and on every aspect of their lives.

The flip side of “mental illness” is “mental health” – another fraudulent idea disseminated by the corporate media and by health professionals and government-funded organizations like the APA and, here in Canada, the Canadian Mental Health Association and the Canadian Commission on Mental Health. The concept of “mental health” is used as a justification for psychiatry. As Szasz and many other critics assert, if there is no mental illness to cure or treat, there can be no mental

health. Well-being and emotional balance – like spiritual crises and extreme states – simply do not belong in the realm of medicine.

Before they can call themselves doctors, all aspiring physicians must take the Hippocratic Oath: “First, do no harm.” Every time doctors prescribe an “antidepressant,” “mood stabilizer,” “antipsychotic” (neuroleptic) [16] “anti-anxiety agent” (benzodiazepine) or “ADHD medication” (psychostimulant), they are doing harm.

Here are just a few of the many physical harms “antipsychotic” drugs can cause: muscle stiffness and pain; dizziness; dehydration; life-threatening intestinal disorders; sexual dysfunction; gynecomastia (men growing womanly breasts); blood vessel hemorrhage; osteoporosis; diabetes; heart, kidney, liver, pancreas, abdominal, and other organ damage; seizures; obesity; and many neurological disorders, including tardive dyskinesia (a painful disease characterized by constant involuntary movement of various parts of your body) and neuroleptic malignant syndrome, [17] which can be lethal. It is also very common for these and other psychiatric drugs to cause cognitive and memory problems, anxiety, panic and “paranoia.” Then there is the horror of “withdrawal psychosis” – a surge of unusual thoughts, emotions and behaviour triggered by coming off the drugs too rapidly – which is then blamed on the underlying “disease” and used as a pretext for more drugging. Sudden death is also listed as a possible “adverse effect” of neuroleptics; and decreased life expectancy is a known effect of long-term use of these and other psychiatric drugs.

As for the so-called antidepressants, besides causing many physical problems, including heart attacks and strokes, they are now well known to cause some people to become suicidal and/or homicidal. How many of the assaults, murders, and even mass shootings that get blamed on “mental illness” are actually caused by these terrible drugs? Furthermore, it is becoming more and more common for children and adolescents to be treated for “depression,” become “manic” from the drugs, and consequently receive a diagnosis of “bipolar disorder” or even “schizophrenia” and become lifelong mental patients. The drug company GlaxoSmithKline, which manufactures the hugely popular “atypical antidepressant” Paxil, has spent millions in

lawsuit settlements and recently agreed to pay \$8 billion in fines for the fraudulent marketing of several of its products, including Paxil.

All psychiatric treatments actually *cause*, rather than “correcting” chemical imbalances in the brain. They “work” by damaging the brain, as dissident psychiatrist Peter Breggin [18] has been explaining for decades. Psychiatric drugs are not medicines. They are tools for social control. The real purpose of the “mental health” system, controlled by psychiatry and underpinned by Big Pharma, is to silence innocent citizens judged as being out of control, too different, too radical, too troublesome.

And yet, the public continues to buy into the industry hype: that “mental illness” is real and potentially dangerous and that psychiatric treatments are safe and effective. Drug ads, “health” campaigns and the media help fuel such mistaken beliefs. I also blame two Canadian organizations: the Canadian Mental Health Association, which supports the medical-model ideology that triggers the prescription of psychiatric drugs; and the Schizophrenia Society of Canada, a highly influential “family” group, partly funded by the pharmaceutical industry, that lobbies for increased psychiatric incarceration and forced drugging.

Other family members of psychiatrized people – the ones who try to stand up for their loved ones’ right to be free from psychiatry – are routinely deceived, devalued and even demonized by psychiatrists.

There has never been any scientific evidence of any biological lesion or process indicative of “mental illness.” Both psychiatry and the corporate media illogically and dishonestly conflate so-called mental illnesses with physical ones. Again and again, we hear lines like, “You would never deny insulin to a diabetic, so how can you say that the mentally ill shouldn’t take their medications?” Yet it is easy to prove that diabetes is real, and impossible to prove that “mental illness” is. And, ironically, diabetes is a very common adverse effect of “atypical antipsychotics” – arguably the most dangerous of the psychiatric drugs, and certainly the ones most commonly administered by force.

On August 21, 2003, six psychiatric survivors, organized by MindFreedom International (MFI), [19] courageously embarked on a two-week hunger strike in Pasadena, California, to expose psychiatry's "mental illness" lie. MFI called this historic nonviolent consciousness-raising protest the "Fast for Freedom." A press release challenged psychiatrists to produce even one study proving their claim that mental illness is biologically based. Needless to say, neither James Scully (APA medical director at the time) nor anyone else succeeded in producing any such study. And no one has done so since.

More and more, we are witnessing unwanted and harmful psychiatric interventions and assaults – crimes that must be exposed, resisted and punished. We need to publicly challenge psychiatrists, psychologists, social workers, researchers and reporters whenever they use unscientific, stigmatizing and self-serving labels like "mental illness," "mental health," "schizophrenia," "personality disorder," "bipolar disorder" and "ADHD." At national and international psychiatric and other "mental health" conferences, we should follow the hunger strikers' lead and demand that psychiatrists produce scientific evidence proving a biological cause. We should insist that they stop spreading their fraudulent ideology. We should expose their lies about the safety and efficacy of psychiatric "medications" and of "therapeutic" ECT-induced seizures.

We need to use social media, as well as forming working relationships with reporters, to expose psychiatry's lies, quackery, human rights violations and crimes. At the same time, we must continue to promote empowering support, advocacy and political action groups and coalitions. Together with our allies, we must organize public rallies and protests, speaking truth to power.

We also need to create, promote and sustain our own non-coercive, non-medical alternatives to psychiatric "treatment." We urgently need innovative community projects, including walk-in crisis centres and drop-ins that are open twenty-four hours a day, seven days a week; supportive safe houses in which psychiatric drugs are not used; withdrawal centres where people can gradually and safely taper off these drugs; and healing houses for the thousands of our homeless brothers and sisters, and others, traumatized by forced psychiatric treatment. All of these – and many more – alternatives should be created and run by survivors and by allies who understand

the fraudulence and dangers of psychiatry and the need for true support. No more “mental health centres”!

Please read this book to learn more about psychiatric abuses and the work of those who have fought against them and created and promoted alternatives to psychiatry. Then, please take action. Find a group in your area that is organizing against the incarceration and coercive “treatment” of people stigmatized as “mentally ill.” If no such group exists where you live, find other like-minded people and start one. Speak out against involuntary committal, outpatient committal, restraints and seclusion, electroshock, the “medical” rationalizations for poisoning people with psychiatric drugs, and all the other abuses. By building communities based on freedom and the acceptance of difference, all of us can help end psychiatry’s reign of terror.

It’s time to de-stigmatize and reclaim our selves. It’s time to assert our credibility. It’s time to celebrate and be proud of our victories and our power.

If not now, when?



"It's time to end psychiatry's reign of terror.... If not now, when?"

Toronto, August 19, 2017

PART ONE

Call Me

“Antipsychiatry

Activist” –

Not “Consumer”

Call Me “Antipsychiatry Activist” – Not “Consumer”

Please don't insult me by labelling me as a “mental health consumer.” My experiences as an involuntary patient in the United States, and as a psychologist at the Queen Street Mental Health Centre [20] in Toronto, radicalized me. In 1972, when I resigned from “Queen Street,” I stopped calling myself a psychologist and ex-mental patient, and started calling myself a psychiatric survivor and antipsychiatry activist. I have been campaigning for human rights and against the psychiatric system since 1974, when I joined the psychiatric survivor liberation movement (originally called the mental patients liberation movement).

Institutional psychiatrists at McLean Hospital [1] once labelled me “schizophrenic,” but I've always rejected that label and the whole idea of “mental illness.” Psychiatric myths and lies, including the industry's pseudo-medical labels, fraudulently pathologize dissident conduct and spiritual or mystical experiences as “symptoms of mental disorder.”

I flatly reject the multitude of unscientific and stigmatizing labels and lies in psychiatry's *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. The DSM reminds me of the *Malleus Maleficarum*, the manual used by officials of the Spanish Inquisition to identify “heretics” and “witches,” so that these dissidents and healers could be burned alive. It is psychiatry's manual of moral judgements and character assassinations masquerading as medical diagnoses. Its labels are used to target, lock up, forcibly treat, and generally rid society of people who seem crazy or strange, or who disturb the smooth functioning of capitalism and other oppressive structures.

Once psychiatrists label you “mentally ill,” “psychotic” or “schizophrenic,” you are targeted for forced drugging, ECT, dangerous experimentation, incarceration, unemployment, homelessness and poverty. And the consequences of psychiatric diagnoses can be lethal. Besides the death, disease and devastation that “treatments” can directly cause, many people choose to commit suicide rather than live on in the despair and misery of being a mental patient. And an increasing number kill themselves and/or others as a direct effect of “antidepressants” and other psychiatric drugs.

The labels “mental health consumer” and “consumer/survivor” are misleading and insulting to the many of us who have suffered the traumas of psychiatric abuse: the degradation; the forced drugging; the electroshock; the physical restraints; the despair and disability caused by psychiatric “treatment”; the injustice of involuntary committal; the torturous cruelty of solitary confinement (“seclusion”); and so many other violations of our human rights.

The people I have known who call themselves “mental health consumers” are those who accept psychiatry’s medical model; they believe that the “mental health” system is essentially sound, and just needs reforms, to make it kinder and gentler. But an actual consumer is someone who has real choices in the marketplace. In the psychiatric system, you have no choice – especially if you’re an Indigenous person, a homeless person, a poor person, a woman, a child, an adolescent, an elderly person, a person with physical disabilities, a new immigrant or refugee, or a person who is not white or doesn’t speak English.

“Mental health consumer” is a nonsensical term coined in the 1980s by the psychiatric industry. Accused of promoting stigma with their medical terminology, shrinks and other “professionals” became obsessed with sounding politically correct. But, despite all the media’s feel-good articles, programs and promotional campaigns on “mental health,” the myth of “mental illness” persists, and the discrimination and shame remain.

It’s time to stop using psychiatry’s stigmatizing labels; to stop parroting the “mental illness” line and other psychobabble. Let’s start using plain, everyday language in talking about our personal problems. Let’s reclaim our identity by using our own words. Let’s acknowledge the reality of poverty, fear, stress, oppression, abuse and crisis in people’s lives. We deserve personal dignity. We deserve respect. We deserve to be treated as human beings – not as labels, cases or statistics.

I am proud to call myself a psychiatric survivor and antipsychiatry activist. Like millions of other people, I suffered and survived psychiatric abuse and trauma, including involuntary committal (“preventive detention”), agonizing and traumatic “treatments,” and the stigmatizing label of “schizophrenia.” Together with many other survivors and social-justice activists, I have

been fighting against the psychiatric system and for human rights for decades. Human rights – such as freedom of movement, freedom of expression and opinion, the right to refuse treatment and the right to be treated with dignity and respect – are always worth fighting for, and even dying for.

All over the world, antipsychiatry activists organize and struggle against all forced psychiatric procedures, including forced “hospitalization” and drugging, ECT, psychosurgery, physical restraints, solitary confinement, and community treatment orders (outpatient committal). At the same time, we struggle for self-empowerment by trying to create and sustain our own self-help and support groups, as well as non-medical alternatives such as safe, affordable housing and 24-hour drop-ins and crisis centres. The main thing is that all these initiatives must be controlled by us – not by mental health professionals.

July 14 is Bastille Day in France and Quebec. On that date in 1789, French citizens stormed the Bastille, a notorious political prison in Paris. Among those liberated were some who had been labelled as “lunatics.” For that reason, this date has been designated as Mad Pride Day in Canada, the United States and some countries in Europe. In September, in Toronto, we also observe Psychiatric Survivor Pride Day, on which we celebrate our many achievements, our mad culture and creativity, our legal and human-rights victories, our resistance, our courage and our humanity.

A version of this article was published in the journal Ethical Human Sciences and Services, Vol. 5 No. 1, Spring 2003.

PART TWO

Personal Heroes

Here's to Alf

In memoriam

“Do not go gentle into that good night,
Old age should burn and rave at close of day;
Rage, rage against the dying of the light.”

– Dylan Thomas, *Collected Poems*: 1934-1953

My close friend Harvey Alfred Jackson died at seventy-three, on July 14, 1997 – another victim of cancer. For twenty-five years, Alf was like the brother I never had. Among experienced community workers and advocates for poor and homeless people in Toronto's Cabbagetown, and among activist psychiatric survivors, Alf was a living legend. Widely respected and loved as an outstanding street worker with a heart of gold, Alf was fiercely committed to those who were poor, homeless, unemployed, disabled and/or psychiatrized – those whom society traditionally marginalizes and oppresses.

I'm writing this tribute to Alf because there was no obituary in the Toronto media; because I want people in Toronto and across Canada to know what a special human being we lost; because I don't want Alf Jackson to be forgotten.

Alf was especially understanding, supportive and empowering when it came to dealing with psychiatric survivors, including myself. He befriended many brothers and sisters struggling to survive on the street, stoned on prescribed tranquillizers and “antidepressants,” hanging around drop-ins or all-night coffee shops, trying to make it through the night. He visited many brothers and sisters in hospital, and tried to help them stay out of the Queen Street Mental Health Centre [20] and other psychoprisons, where he knew they'd be forcibly drugged, electroshocked, dehumanized, forgotten.

Back in the 1950s, Alf was once forcibly “treated” – terrorized – with insulin shock in a dungeon-like ward in the basement of Toronto General Hospital. He used to call this psychiatric

atrocities “the hungry horrors”; it was one of many experiences we shared. He had been incarcerated in both jails and psychoprisons.

In 1975, Alf saved my life. I’d been out of work for two years, and was still trying to recover from the tragedy of my son David’s death, from brain cancer, in 1971.

David was only nine years old.

Remembering David

my first-born son was only 9 when
he suddenly died on November 6, 1971
after a tumour cruelly raced through his brain
traumatized by seizures months earlier
in Vancouver
then languishing lying helpless
at home where he had to be fed
where his mother read to him from
Saint-Exupéry’s *The Little Prince*
then in Princess Margaret
where he limply held my tear-stained hands
in prayer while I mumbled in a mantra
“David David don’t die
I’m here I’m here
I love you I love...”

in a bedroom photo David is smiling triumphantly
after climbing to the top of a tree in High Park
his beautiful loving face pierces
my deep sadness and wishes for
what he might have become
he will never again shriek with joy
sliding down playground slides
he will never again feel the wind
and see the waves on the Centre Island ferry
he will never again skate and fall and pick himself up
in the dead days of City Hall winters
we will never again share hot chocolate
to warm and comfort ourselves and remember

– by Don Weitz



I was feeling suicidal. Alf offered to stay with me for a few days. I accepted his warm, spontaneous offer of loving support. Just by being with me and listening to me, Alf convinced me not to jump onto the subway tracks as I had planned. Without him, I would either have killed myself or ended up labelled “depressed” or “psychotic,” drugged and perhaps electroshocked at “Queen Street” or at the Clarke Institute of Psychiatry. [21] It was then that we became soul brothers and fellow advocates.

I still vividly and proudly recall the day when Alf and I, together with our friend Bob Carson, started what was to become On Our Own, the first self-help group of psychiatric survivors in Ontario. It was August 9, 1977, on a hot and humid evening, when about 150 people crowded into the Golden Room at Toronto’s All Saint’s Church. A week or two earlier, a handful of us had delivered flyers and posters, and made lots of phone calls, announcing this first meeting of what we hoped would become a new self-help group. It was to be run by and for people like us, who had been locked up and abused at Queen Street and in other psychoprisons. We called ourselves “ex-patients” or “ex-inmates.” The late Reverend Norm Ellis generously let us keep using this large meeting room, rent-free, for the next few months.

A few years later, we decided to change the group’s name from Ontario Mental Patients Association to “On Our Own.” This change was inspired in part by the title of Judi Chamberlin’s movement classic of the same name ; it also reflected our growing sense of independence and freedom, and our pride in our many achievements. During the first two years, before we had any government funding or other financial help, we managed a flea-market booth for a while. I had a pickup truck, and Alf and I would drive around the rich neighbourhoods of Rosedale and Forest Hill to pick up useable clothing, furniture and other household items that people had thrown out as garbage. Every weekend, we’d load the loot onto the truck and haul it up to the flea market. We also made some money selling scrap metal. Alf coordinated these activities. At the end of two years of working without pay, and only on weekends, we had earned nearly \$15,000 for the group. We used most of that money to open and manage a used-goods store called the Mad Market, which was completely staffed and controlled by psychiatric survivors.

On Our Own helped hundreds of survivors. Many learned (or relearned) practical business, computer and social skills; became more self-confident; and reclaimed their self-respect and dignity while working at the Mad Market. On Our Own also ran a drop-in, where people were always welcome and could feel truly safe. The drop-in helped furnish a sense of belonging by operating on the principle of participatory democracy, both in small groups and in its general meetings. Every member had the right to speak and vote on policy and other issues. We decided to run our group this way because I had seen how well it worked on a visit to Vancouver's original MPA, which inspired me to want to start a group at home.

The MPA put out an excellent newsletter called *In a Nutshell*, and On Our Own soon started publishing its own newsletter, which gave members a voice and let them see their names and their work in print. Belonging to the group, participating in running it, and being published in the newsletter helped empower many who had been harmed by Ontario's "mental health" system.

Carla McKague [7] was our first treasurer. Alf liked her a lot. Carla carefully kept our books, helped get us our first government grants, and saved us thousands of dollars over the years. In 1980, she and I co-founded *Phoenix Rising: The Voice of the Psychiatrized*. [8] This was Canada's first survivor-controlled antipsychiatry magazine, which grew out of On Our Own and survived until 1990.

A few days after Alf died, I revisited his Cabbagetown world. I walked past All Saints Church and headed for 310 Dundas Street East, the last place he had lived. I can still see Alf standing on the northeast corner of Sherbourne and Dundas. He greets me with a big, warm hug, and says, "Good to see you, old son. How are ya? C'mon, let's have a coffee. We gotta talk. Just you and me."

A version of this article was published in the socialist magazine Canadian Dimension in February 1998

for Carla [7]

you are a proud warrior and feisty fighter
ordered on palliative care
a medical/existential decision
the saint mike's doctors' predictions were wrong
you were given a few months or weeks to live
over two years ago
you died
at seventy-six
your own way

you informed/educated the nurses
the oxygen tank reading was low, you said
when head nurse wrongly insisted it was high
you were always right
speaking out for your rights
our rights
while elder brothers and sisters in wheelchairs
were pushed past your open door
along smooth antiseptic hallways
while you reminisced in awesome detail

freeing Evelyn Parm from the "incompetence" label in 1978
queen street [20]
where I bugged you
when you were a law student
you naming *Phoenix Rising*
which we gave birth to
in our spadina road apartment
a joy, a breakthrough

an empowering victory
for all sister and brother survivors and activists
fighting for and sometimes winning
our right to refuse
the damn drugs and brain-damaging shocks
such as those you survived in Hamilton

you proudly fighting for “Mrs. T’s” right
to refuse shock [21]
fighting the review board’s refusal to accept
that “no means no”
you winning well deserved advocacy awards

our special listening, thrilling to Beethoven’s Sixth
our toasting your health and life

le’chaim

as you slowly drink your daily dose of rum and coke
and enjoy dark-chocolate-covered cranberries
with hugs calls comforts
from Jen Ben Noah Linda Rose
while elder brothers and sisters with demented eyes
are slowly wheeled, unseeing
past your open door

i feel your tired tense body relax
after a weekly back massage
with your scooter we stroll along wellesley and sherbourne
“walk beside me, don’t walk in back of me”
you remind me
on so many sunny breezy leafy days
when trees and plants and flowers come alive

waiting inviting us to smell and touch
when we are in touch with
the green-blue-red-yellow gardens
speaking peace and quiet and hope to you
as you watch and name brown and black birds
feeding flying lighting on the trees
listening and singing to us
drowning out my soundless shouts
my throat-stuck cries
of love forever

I wrote this poem in September 2015, the month Carla died, and read it aloud at her family gravesite during her funeral in Castleton, Ontario.

grandma

i was nine years old when i almost drowned
that cleveland summer in 1939
at cedar lake
picnicking and swimming
i didn't see the whirlpool
suddenly sucking me down-down
into its deep black vortex
hearing myself crying help-help
panicking as grandma simon swam toward me
churning the water with her
powerful proud jewish arms
cradling lifting me up
with mr. ehrmann's help
firmly pulling carrying me
on their strong tanned rescuing bodies
toward the beach, toward safety
and i remember grandma's sunday dinners
grandpa adlibbing in yiddish
big bowls of red beet borscht with
dollops of sour cream floating on top and
fresh gefilte fish with hot red horseradish and
roast chicken falling off the bones melting in my mouth
succulent cheese blintzes for dessert
grandma's dinners a loving treat
a retreat from the stuttered storms and tense silences
in my parents' shaker heights home
where ukrainian and polish pogroms and
the Holocaust were too controversial
too jewish to mention

2015

25 GOOD REASONS TO ABOLISH PSYCHIATRY

(slightly revised - August 1998)

by Don Weitz

1. Psychiatrists are more harmful than helpful.
2. Psychiatrists are more unethical than ethical .
3. Psychiatrists do not empower - they disempower people.
4. Psychiatry is not a medical science.
5. Psychiatry is quackery, a pseudo-science which lacks independent diagnostic tests, testable hypotheses, and cures for "mental illness".
6. Psychiatrists can not accurately and reliably predict dangerousness, violence or any other type of human behaviour, yet make such claims as "expert witnesses".
7. Psychiatrists have already caused a worldwide epidemic of brain damage by prescribing brain-disabling treatments such as the neuroleptics, antidepressants, electroconvulsive brainwashing (ECB or electroshock), and psychosurgery ("lobotomy").
8. Psychiatrists manufacture hundreds of "mental disorders" classified in its bible titled Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM is not a scientific work but a catalog of negative moral judgements which psychiatrists use to medicalize, target and stigmatize dissidents and alternative ways of perceiving, interpreting or being in the world.
9. Psychiatrists fraudulently diagnose people's life crises as symptoms of "schizophrenia" or "mental illness".
10. Psychiatrists falsely claim, without scientific proof, that "schizophrenia" is not only a real disease but caused by a "biochemical imbalance in the brain", genetic factors or a "genetic predisposition"--in fact, there are no scientifically-established biochemical and genetic factors in "schizophrenia" or any other "mental illness".
11. Psychiatrists routinely misinform psychiatric prisoners ("involuntary patients"), their families and the public by claiming that brain-disabling procedures as the neurotoxins (e.g., "anti-psychotic medication", "antidepressants"), electroconvulsive brainwashing (ECB), psychosurgery and other behaviour modification or mind-control procedures are "safe, effective and lifesaving"--the exact opposite is the case.
12. Psychiatrists routinely deceive or lie to psychiatric prisoners, other prisoners, their families and the public.
13. "Psychiatrists routinely misinform or not inform psychiatric prisoners and other prisoners about their treatments' many toxic and permanently disabling effects such as memory loss, tardive dyskinesia, parkinsonism, dementia (all signs of brain damage), and death.
14. Psychiatrists routinely threaten, intimidate and coerce psychiatric prisoners and other prisoners into consenting to health-threatening

treatments such as the antidepressants, neuroleptics, ECT, and hi-risk experiments.

15. Psychiatrists routinely violate the ethical and legal principle of "informed consent" by failing to inform psychiatric prisoners and others about non-medical alternatives such as safe survivor-controlled crisis centres, drop-ins, self-help/advocacy groups, holistic/naturopathic medicine, and affordable supportive housing.

16. Psychiatrists are sexist in frequently stereotyping women in crisis as "hysterical" or "overemotional", overdrugging, electroshocking and blaming women whenever they voice real complaints or openly express their feelings and emotions such as sadness pathologized as "depression".

17. Psychiatrists are homophobic; the American Psychiatric Association once officially labeled homosexuality as "mental illness", later voted not to classify it as an illness.

18. Psychiatrists are ageist in targeting elderly people, especially women, for antidepressants and electroshock - a form of elder abuse.

19. Psychiatrists are racist and classist in disproportionately drugging African-Americans, African-Canadians and poor people, labeling them "schizophrenic" or "psychotic", and subjecting children of colour to experimental drugs or hi-risk experiments.

20. Psychiatrists routinely violate people's human rights and constitutional rights such as incarcerating innocent people without trial or public hearing ("involuntary commitment" or preventive detention), and subjecting them to cruel, degrading and inhumane punishments or tortures such as forced drugging, forced electroshock, psychosurgery, solitary confinement and other "restraints".

21. Psychiatrists masterminded the mass murder of hundreds of thousands of psychiatric prisoners, disabled children and elderly people in hospitals during The Holocaust in Nazi Germany and "selected" hundreds of thousands of concentration camp prisoners for death. There is still no mention of this psychiatrically-administered, mass murder program code-named "T4/euthanasia" in psychiatric textbooks and histories. In Canada, very few medical schools provide lectures on "T4".

22. Psychiatrists have participated in mind-control experiments in the United States, Canada and other countries since the early 1950s.

23. Psychiatry, particularly involuntary-biological psychiatry, is inherently coercive and based on three Fs: Fear, Force and Fraud.

24. Psychiatry is essentially fascist.

25. Psychiatry is a direct threat to democracy, human rights and life.

Note: Don Weitz is a psychiatric survivor and antipsychiatry activist in Toronto; co-founder of People Against Coercive Treatment (PACT); member of Ontario Coalition Against Poverty (OCAP); and member of the Edmond Yu Safe House Steering Cttee - PACT website: www. tao.ca/~PACT, ph: 416-760-2795, e-mail: dweitz@pathcom.com
PLEASE COPY AND PUBLISH THIS STATEMENT - NO PERMISSION REQUIRED.

Strong Black Brother, Beautiful Warrior

for Mumia Abu Jamal

strong Black brother, beautiful warrior
speaking out fighting against
death row
the hole
solitary confinement
guard brutality and murder
lockdowns
prisons and courts
where justice is a sham
a charade

strong Black brother, beautiful warrior
speaking out fighting against
racism
sexism
capitalism
fascism
imperialism
slavery
hate
injustice
everywhere

strong Black brother, beautiful warrior
speaking out fighting for
John Africa [22] and
other MOVE and BPP [23]
freedom fighters
innocent sentenced to death
standing up taking no shit

from racist police
szabo [24] and other judges
in racist Philly Ferguson Baltimore New York LA
where there is no justice no peace

strong Black brother, beautiful warrior
speaking out fighting for
all Black brown and red
brothers and sisters
fighting to survive
on the street
poor homeless brothers and sisters
driven desperate degraded
shot by armed racist police
while walking talking driving
unarmed

strong Black brother, beautiful warrior
speaking out fighting for
so many brothers and sisters
in overcrowded rat-infested shelters
in prisons where you can taste and smell
disease violence death

strong Black brother, beautiful warrior
speaking out fighting for
brothers and sisters driven mad lobotomized
in spirit-destroying cages and psychoprisons
with brain-damaging drugs electroshock locked seclusion
prescribed by so-called doctors
pushing “safe and effective” mental death
for their own benefit
crimes against humanity
the humanity of all of us

strong Black brother, beautiful warrior

speaking out fighting for
real justice
real equality
people's democracy
human rights
your freedom
our freedom
the world
love and solidarity

August 2015

Note: Mumia Abu Jamal is a widely respected political prisoner and author, and a former member of the Black Panther Party. In 1981, he was wrongfully convicted of murdering a Philadelphia police officer. He has been unjustly imprisoned ever since, enduring twenty-five years in solitary confinement on death row. Mumia suffers from Hepatitis C, for which prison officials refuse to let him be treated. Live from Death Row is one of his nine published books.

i can't forget, i won't forgive a rant for Mel Starkman

i can't forget, i won't forgive
how you struggled
agonized traumatized demonized
long-time survivor friend brother
addicted to psych drugs
since we first met back in '81
at the on our own drop-in
your archivist mind still strong enough
for you to take board minutes
i don't blame you for
breaking your repeated promise to quit smoking
it's okay calling crying desperate
imissyouimissyouimissyou
mybrothermybrothermybrother
when neither of us ever had a brother
your family destroyed by psychiatry
a father lobotomized and electroshocked
a mother kicked
in the stomach
by a nazi in toronto
while pregnant
an act you blame for your palsied left arm

i wish you'd withdraw from olanzapine [25]
psychiatrists shrink your mind and life
at branson [26] queen street camh [27]
"helping professionals" prescribing
"safe and effective" poisons
they practise violence
while you're
tortured hearing hitler's voice
hooked on neuroleptics and antidepressants
in danger of death from NMS

after they labelled you “bipolar,” “schizoaffective” . . .
locked up in queen street and camh and saint mike’s
and branson where thirty-eight ECTs
ruined your archivist career
destroyed chunks of memory
yet you can’t forget and don’t forgive dr johns

you can’t forget or forgive suffering
at that “home for special care” –
special medical neglect –
in newmarket
where queen street put you out to pasture
left to languish
too many forgotten years
left to die
to be put down
like a wasted, terminally ill animal
where haldol [28] and other neurotoxins
were handed out like candy
prescribed by robotic drug pushers
masquerading as doctors

outpatient “mental health care”
in that home for special neglect
“care” that david walsh and i
witnessed as cruel and usual
after we drove on lonely sunday snowdrifted roads
to this ontario concentration camp
hidden on a country farm

with invisible orders nailed onto its doors

warnings from luther's ghost

do not help or visit

no hope for any who enter here

you and i can't forget and will never forgive queen street

where you were locked up too many times

“for your own good”

where i used to visit you every week

in '92

in '93

appalled seeing you cry out in pain

trying to rise up from four-point restraints [29] on a gurney

re-traumatized in “locked seclusion” –

solitary confinement –

for head-banging triggered by haldol

re-traumatized peeing and shitting in your pants

when the nurses came too late

after you pressed the panic button

when the shrinks came too late

refusing to stop the haldol

when the shrinks came too late

to prevent NMS

which almost killed you

on the emergency ward

in '93 when our protests

and lawyer marshall swadron

fought for your release from this torture chamber

which finally “discharged” you

wrung out like a rag

in '95

then sent you to greenview “retirement home”

a community ward for disabled and demented survivors
lobotomized marginalized psychiatrized
by shrinks and nurses
paid to patronize sanitize
spy on the “difficult to manage”
“potentially violent”
forgotten and neglected graduates of
forensic wards
geriatric wards
homes for the aged
homes for “special care”
group homes
nursing homes
where young and old prisoners are
re-traumatized by “medication”
brain-damaged for others’ benefit
sedated shaking shuffling with iatrogenic [30] parkinson’s [31]
along sterile nursing-home hallways
brother and sister survivors in living cemeteries
tombstones in their unseeing eyes
tied up restrained in wheelchairs
going nowhere in slow motion
where some had the *chutzpah*
to bum or steal your cigarettes
that addict and kill
like the dozens of drugs you can’t remember
like the thousands of shocked memories
you can’t forget or forgive

a social worker pushes your wheelchair
partly paid for by a disabled government
you, re-traumatized, hearing hitler’s voice
stoned and brain-damaged by meds
but you still have an agenda

you want to try remembering
you want to type and read e-mails
want to finish writing your life story
want to free yourself from the voices

you can't stop phoning repeating
mybrothermybrothermybrother
from your small bachelor apartment
alone on sherbourne street
you can't forget

i remember

July 2015



Me and Mel, 2017



Mel, 2018

PART THREE

The Murdered

a call about Hope

one day in 1974 my sister called, long-distance
sadly telling me cousin Hope had been lobotomized
a neurosurgeon performed the amygdalotomy [32]
in boston's deaconness hospital
the name of this mind-murderer
kept secret by loveless parents –
an aunt and uncle i disowned
after they labelled/infantilized Hope's anger as "temper tantrums"
after they colluded with my parents and the shrinks
who psychiatrized and demonized her
who refused to see her creative light
who denied her right to be a person
a poet like sylvia plath [33]
then they locked her up
in mclean [1] and worcester state [34]
two of amerika's famous psychoprisons
where she was poisoned and disabled
more than twenty drugs
prescribed after the lobotomy
warehoused, thrown into the "violent women's ward"
then discharged on parental probation
before calling agonized crying one fall day in 1986
she wanted to kill herself
and me agonizing long-distance for an hour
trying to stop her suicidal madness
failing
that mournful october day
when Hope OD'd
on supposedly safe
and effective
"medication"

2014

Note: On the following pages, I have reproduced an excerpt from a 1974 letter Hope wrote to me, as well as my subsequent correspondence with her parents.

"MEDS"

by Hope

The medications I'm on are as follows: Sinequan (an anti-depressant), Navane (an anti-hallucinogen), and Akineton (an anti-Parkinsonian agent). The Sinequan I take in two different dosages. I take 25 milligrams at noon and 50 milligrams at the hour of sleep. I take 12 milligrams of Navane three times a day. With each dose, I also take 2 milligrams of the Akineton. I find Sinequan a much better anti-depressant than Elavil. Elavil also has the upsetting side-effect of making one have a desperately enormous craving for large amounts of sugar. Hence, a lot of people gain a tremendous amount of weight while on Elavil.

The Navane is the only anti-hallucinogen that has knocked out the 5 voices I had in my head. Without it, I am so spastic that I can't button things, can't zip a zipper, can't feed myself, can't hold a pencil, can't walk straight, can't speak without bad slurring of words, etc.

Over the years, I have had a lot of different medications given to me. I took Stelazine and had a severe dystonic, extra-pyramidal effect, and so could

cont'd...

not take it anymore. Likewise, Haldol, Trilafon, and most phenothiazines. I tried Mellaril, but developed a severe rhinitis from it and so had to be taken off it, likewise Taractan, Piperacetazine, Serax was tried, but it made me so depressed I couldn't function and cried constantly. For 5 years I was on massive disages of chlorpromazine. It did nothing to my hallucinations. In fact, I hallucinated 24 hours a day so violently that I constantly crashed into walls that I couldn't see because I was having so many visual hallucinations. After 5 years on this drug, I developed severe Parkinsonian crises and had to be taken off this drug completely.

The drug Tranxene made me very disoriented and seemed to almost make me think crazily, so it too was rejected. Valium made me terribly hostile and so had to be removed, likewise Lithium. We even tried the Megavitamin treatment, but it also made me hostile and terribly aggressive. So, it too was discarded.

From two anti-Parkinsonian agents - Cogentin and Artane - I got partially paralyzed eye muscles. This took 6 weeks to cure. I was told by the eye doctor that if I ever ingested these two drugs again, I would be permanently blinded for the rest of my life. Well, I do believe that's it as far as drugs go...

(Note: This excerpt is from a letter written to her cousin Don Weitz on November 4, 1974. Hope Simon was also subjected to psychosurgery in Boston in 1974. She died from a drug overdose on October 23 or 24, 1988. Before Hope died, she gave permission to Don Weitz to arrange publication of this part of her letter.)

November 6, 1974

86 Madison Avenue
Toronto, Ontario

Dr. A. Simon,
Burbank Hospital,
Medical Building,
Nichols Road,
FITCHBURG, Mass.

Arley and Marcia:

With great sadness, shock and anger, I learned about a month ago (from Janice) that Hope was subjected to an amygdalotomy last August at Deaconess Hospital in Boston and that she now is in Worcester State Hospital. I have four basic questions to ask you:

1. Did Hope give her voluntary, informed consent to this psychosurgery, or was she persuaded, talked or coerced into giving it?

2. What was the medical-psychiatric justification for this brain operation?

3. What is the name(s) of the neurosurgeon(s) who performed the amygdalotomy on Hope?

4. Has Hope been committed to Worcester State Hospital? If so, why and by whom?

I know-as you yourselves must or should know-that as a direct result of this psychosurgery, Hope's brain has been irreversibly damaged for life. Furthermore-as you also must know-the most common, major psychological effects of psychosurgery are: 1) permanent 'blunting' of virtually all human feelings and emotions; 2) partial loss of memory (which could last months or longer); 3) almost total loss of fantasy, creativity, imagination or spontaneity of any kind, and 4) reduction to a general state of overconformity or docile obedience. In short, the overwhelming effect of this type and other psychosurgery is dehumanizing of the person, so that Hope will very likely end up being a robot or human 'vegetable.'

I am angered that you obviously consented to permit this psychiatric atrocity to be performed on and against Hope, your own daughter and my cousin whom I love. And I am angered that you consented to it knowing, I assume, that any psychosurgery is rarely 'successful' and that whatever

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'improvement' or 'progress' Hope may show will be minimal and temporary. The vast majority of psychological effects of psychosurgery are negative, including the various physical and psychological 'side-effects' and complications which are generally unknown and unpredictable.

I base these generalizations upon my own professional observations (as a psychologist) of lobotomized inmates, my own personal observations and experiences as a former psychiatric inmate, and upon the considerable body of psychosurgery research-literature which has been critically and comprehensively reviewed by Dr. Peter Breggin and other researchers. As you may know, Dr. Breggin is a prominent psychiatrist and internationally recognized as a courageous and outspoken critic of all psychosurgery. If you wish more information or more informed, professional opinions, you can write to:

Dr. Peter Breggin,
Washington School of Psychiatry,
Washington, D.C.

or

The Psychosurgery Committee,
Boston Medical Committee for Human Rights,
1151 Massachusetts Avenue,
Boston, Ma. 02138

The Boston MCHR booklets - Violence Upon The Brain and Psychosurgery And Its Abuses (both published around 1972) are both responsibly, well-written documents. They should be required reading for anyone interested in psychosurgery and its effects. One of the many critical messages in all this literature is that psychosurgery conspicuously lacks any solid medical or psychiatric justification. Furthermore, its practice (which is steadily spreading at an alarming rate in many countries, including the US) is or should be totally banned as unethical. I believe psychosurgery should be classified as another form of "cruel and unusual punishment" or torture as listed in the United Nations' Universal Declaration of Human Rights.

Undoubtedly your decision to permit this psychosurgery on Hope was a difficult or agonizing ~~you~~ one. However, I have no sympathy nor respect for your decision, for Hope has become another one of its tragic victims, another victim of psychiatric oppression hypocritically ~~rationalized~~ and cruelly rationalized by institutional psychiatrists as 'treatment'. I can not and will not believe that Hope voluntarily and freely made such a drastic decision against her self and life; she is not stupid or retarded. No, I believe there were and are a number of humane alternatives

to psychosurgery which you and Hope could have worked out and decided on together. Apparently, these were not fully explored or seriously considered.

I want to emphasize that there are many, rapidly-growing groups of ex-psychiatric- inmates and radical 'mental health' professionals who have already started speaking and writing out and organizing against psychosurgery and other psychiatric tortures and injustices, including the forced or involuntary commitment. I include myself among them, my oppressed brothers and sisters.

We now clearly see and understand that such psychiatric- 'treatments' are dehumanizing and oppressive. We view them -in the same light as we do the 'solutions' the Nazis committed against the Jews and other 'deviants' in their concentration camps. Furthermore, we understand that one of our chief tasks is to unmask and publicize these 'treatments' for what they actually are - ATROCITIES. And we know that such psychiatric atrocities and injustices are being used by the state (particularly capitalistic, imperialistic ones) for its self-serving purpose of SOCIAL CONTROL over people who dare to be different, who dare to be themselves. This is what 'THE THERAPEUTIC STATE' (Szasz's term) is all about - social control, oppression of people who refuse to 'fit in' or conform to the prevailing norms and values of 'acceptable' or 'appropriate' behavior. And Institutional Psychiatry with its 'armamentarium' or 'treatments' are the Chief Inquisitors, Chief Accusers, Chief Judges, and Chief Jailors of the THERAPEUTIC STATE.

A few final words. I do not wish to see or speak with you again, for you are no real aunt and uncle to me, nor a member of what I feel is my family. All I want from you are answers to the four questions I raised at the beginning of this letter.

Don Weitz

P.S.: A few weeks ago, I talked with Hope on the phone. She told me then that her memory is so- disturbed that she can not remember or recall anything told her or experienced "5 minutes before". She also said the staff are heavily drugging her and that she fears she has been committed indefinitely. In a recent letter, she also told me she is beginning to realize how few civil rights she actually has.

NOTE: To paraphrase Sartre, you are "condemned to live . . ."

November 11, 1974

Donald,

I have just read your letter and wish to reply to your questions to set your mind at ease as well as I can.

1. Not only did Hope give her consent to surgery but was absolutely wild that we delayed long enough to make enquiries concerning the surgery and the best doctor to perform it.

MOST IMPORTANT - She did not have an amygdalotomy or lobotomy as you have assumed! Her surgery did not reduce her to a vegetable or blunt her fantasy, imagination, etc. in the least. Far from it!! Due to her increasingly problematic schizophrenia - her imagination, fantasy, etc. are running out of hand to the point where she thinks she has been beaten by us and everyone else all her life, etc., etc., etc. She is paranoid to the extreme at times, fine at other times. She is back in her own apartment taking full care of herself so you see she has had no lobotomy. Yes, she has confusion and memory loss - as she was told she would have for at least three months post surgery. It is rapidly clearing up. The surgery was performed - at her own demand! - because she was depressed and suicidal and terribly, realistically so! The surgery merely tempered the

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the depression - if it did that - We think it helped so she is no longer suicidal - she still gets depressed - don't we all - but she is no longer suicidal. The operation did nothing to cure the schizophrenia. Hope, in case you do not know, Donald, has a rare sensitivity to any drug that helps schizophrenia. It is a terrible problem.

We do not believe in lobotomy either. Her surgery is a new, minor procedure. Her doctor, head of one of our top Boston hospitals. Our choice was let her be and probably kill herself or let her have the surgery. Believe me, Donald, your uncle consulted every top psychiatrist and neurosurgeon in the Mass. area. There was no question, in the final analysis, as what should be done.

Hope's brain is as sharp as ever despite the temporary loss and confusion and despite what she says. And she says a lot of things, sadly, I guess, she needs to blame someone for having this terrible, unfathomable illness called schizophrenia.

Meantime, she lives, manages her own apartment, cooking, shopping, doctors appointments, etc. and meantime, we pray, science will find the cause and cure for schizophrenia in time to give her happiness.

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Also, Donald, she was never committed by anyone to any hospital. She was a voluntary patient at all times although she knows she would have had to be committed if she did not go voluntarily - not because she was a docile vegetable - but because she was the opposite!

We hope she continues to manage on her own for our own energy and money can no longer keep up. Hope this clears up your questions. We appreciate your concern for Hope and want you to know the facts are different from what you feared.

Hope you are well,

M.S.

November 19, 1974

86 Madison Ave.
Toronto, Ont.

Marcia and Arley,

Thanks for your letter of Nov. 11, Marcia, and answering some of the questions I raised in my letter of Nov. 4. However, I feel you didn't really answer all of them and I want to react to some of your points.

First, re. the psychosurgery performed on Hope, you neither name nor give any indication of the specific type of brain operation she had, except to say "her surgery is a new, minor procedure." However, no brain operation is a "minor procedure". O.K., if it wasn't an amygdalotomy (as Janice apparently misinformed me), then what was it? a leucotomy? a thalamotomy? cingulotomy? or what?

Secondly, you did not mention the name of the neurosurgeon who performed this psychosurgery, except to say he is "head of one of our top Boston hospitals." While I have no intention or wish to contact this doctor, I would like to know his name for my own research purposes; e.g., the extent and frequency of psychosurgery in the US and Canada, what doctors and hospitals are involved, etc.

Thirdly, I find it extremely difficult to believe or accept your statement, "Hope's brain is as sharp as ever despite the temporary memory loss and confusion, and despite what she says." But Hope - nor anyone else - could not possibly be as 'sharp', aware or spontaneous after this operation, since it's a well-known and scientific fact that all psychosurgery inevitably results in at least some 'blunting' or levelling of people's feelings and emotions. Here, I feel you're denying this reality - choosing to be unaware of any change in Hope's style of emotional expression - or perhaps the drugs she's now taking are masking this and other major effects of the surgery.

Fourthly, you say Hope was a "voluntary patient" at Worcester State Hospital but I seriously doubt this. For, you contradict yourself in strongly suggesting the opposite when you say, "Although she knows she would have had to be committed if she did not go voluntarily." This certainly sounds like some person(s) was putting pressure on or threatening Hope to go into hospital. So I still don't believe Hope or anyone else could have made a genuinely free and voluntary decision under such pressure.

Fifth, I also find it hard to believe Hope willingly asked for or demanded ("at her demand") psychosurgery chiefly because she was "depressed and suicidal". At the same time, I can understand that if she were feeling as desperate as

you say she was, Hope might well have been ready to try anything as a way out of her inner pain or torture. However, in spite of her demands, you need not have consented to such a drastic and irreversible operation. Weren't other alternatives open, like 'Mental Patient' groups in Boston which I know have been of great help to hundreds, if not thousands of people like Hope?

Sixth, you and perhaps Arley as well unfortunately tend to think of Hope's problems in terms of the medical model - that is, that she has a 'mental illness' called "schizophrenia" which must have a "cure". All I want to say about that now is that a growing and significant body of psychological and psychiatric research directly challenges, in fact seriously discredits the whole concept of "mental illness" as a myth and virtually all psychiatric diagnoses as invalid (T. Szasz, R.D. Laing, D.R. Keenan, T. Sarbin to name a few of the many outstanding critics). In other words, I'm saying "mental illness" including "schizophrenia" does not exist; it's a myth and a vicious one at that. Now I do not doubt Hope is deeply troubled or has serious problems. The "cure" for Hope and millions of other people with similar problems is, I believe, just being totally accepted, respected and loved for herself (not an original thought) - but certainly not psychosurgery, not drugs, not electroshock, and not institutionalization.

Equally unfortunate, institutional psychiatry has deceived you and millions of other people (I was once a victim) into believing that human or personal problems are automatically symptomatic of "mental illness" or "disease". This is not merely a myth but a lie which must be and will be thoroughly exposed for what it is - a rationalization of the psychiatric power to oppress people who dare to be different, who refuse to conform to various, commonly accepted values and standards of behavior in our society. As Szasz points out in his book The Manufacture of Madness, just as witches were the prime victims or scapegoats during the Inquisition for social problems or upheavals, "mental patients" have now become the favorite scapegoats or chief victims of The Therapeutic State, thanks largely to the medical profession, specifically institutional psychiatry.

Probably you and Arley will disagree with what I've just said, perhaps partly because it's safer, less threatening to believe otherwise. But try reading some of the works of people I've mentioned (like Szasz, including his The Myth of Mental Illness if you haven't already done so). Also keep in mind that psychiatrists still (after more than 50 or 75 years since Kraepelin and Bleuler first identified and described "schizophrenia") can not accurately and reliably define, diagnose and 'treat' "schizophrenia"; they still can not agree among themselves as to its supposedly unique symptomatology or syndrome(s), and they still can not understand this "illness". They never will. The reason is obvious and simple: "schizophrenia" and all other so-called "mental illnesses" never existed in the first place. This

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may be a bitter pill for ~~them~~ ^{psychiatrists} to swallow, but a rapidly growing number of us former psychiatric inmates and health professionals now believe that the vast majority of psychiatrists have been 'treating' people for non-existent 'diseases'. This is commonly called quackery or charlatanism (not to mention incompetence).

I realize you and Hope have your own problems, frustrations and resentments, but try thinking a little about what I've said ~~concerned~~ in this letter. I have no doubt Hope needs or wants help - perhaps lots of it - but non-medical help. I do not presume to know or predict what form(s) this human help may take. But I feel sure only Hope knows or will know this with a little help from her friends.

Sincerely,

don weitz

How Canada's Prisons Killed Ashley Smith: A National Crime and Shame

Born in 1988 in Moncton, New Brunswick, and adopted as a young child, Ashley Smith was a troubled and rebellious teenager. By the time she was thirteen, she was getting into trouble at school; she frequently refused to attend. One day, she was caught in a childish prank: throwing crabapples at a postal worker. This was made out to be a “crime,” and Ashley was convicted and sentenced to detention in the New Brunswick Youth Centre (NBYC).

During her three years there, she was frequently punished and “segregated” (thrown into solitary confinement) for “non-compliance” (i.e., resisting staff orders and institutional rules). NBYC staff and, later, CSC (Correctional Service of Canada) guards, as well as “correctional” managers and wardens, labelled Ashley’s youthful rebelliousness as “acting out.” Prison psychologists and psychiatrists saw her defiant behaviour as a “mental health issue.”

At no point did any correctional staff member or health professional try to understand Ashley’s resistance against authority as a normal expression of youthful rebellion. No one tried to understand her “acting out” as a sign of her struggle with the sort of identity crisis that is so common in young people. Ashley was trying to find herself; to discover who she was by asserting herself and by stubbornly standing her ground.

When she turned eighteen, in 2006, Ashley was forcibly transferred from NBYC to Nova Scotia’s Nova Institution for Women, one of several federal prisons run by CSC. She was only there for about a month before being transferred to the Joliette Institution for Women, a CSC prison in Quebec.

Again and again, Ashley was segregated and physically restrained for “acting out”; for being a “difficult” or “disruptive” inmate. Again and again, psychologists and psychiatrists stigmatized her with the label “borderline personality disorder” – one of psychiatry’s many unscientific grab-bag diagnoses, commonly applied to girls and women who self-harm. Ashley frequently tied cloth “ligatures” (home-made nooses) around her neck; to make these, she would use pieces of

glass to cut off scraps of cloth from prison “suicide gowns.” [35]

In various prisons and psychoprisons, Ashley, already locked up in a segregation cell, would also be tied up in four-point restraints. [29] On one occasion, she was tied up for hours in a torturous device called a “restraint chair.” Prison guards entered her cell almost daily to forcibly cut off the ligatures she tied around her neck. Sometimes, they assaulted her. These assaults were officially recorded as instances of “use of force.”

After an internal investigation at Saskatchewan’s Regional Psychiatric Centre, a correctional manager was charged with assaulting Ashley, but was never convicted. He died soon after the charge was laid.

Ashley frequently lashed out while trying to protect herself from daily “interventions” (use of force) by the guards. More alarmingly, she was becoming increasingly desperate and suicidal. She flatly refused to consent to CSC’s proposed treatment plan of “intensive intervention,” such as “dialectical behaviour therapy.” This euphemistic term is used to describe a method of behaviour modification based on rewards and punishments, such as granting or removing “privileges.” Such practices are based on violating prisoners’ human rights.

Constantly being locked up in segregation meant that Ashley had no peers – no fellow-inmates to talk with. Sometimes she was denied the “privilege” of pen and paper, so she couldn’t even express her feelings in writing.

Before she died, CSC not only kept locking Ashley up in segregation (without appeal), but also subjected her to seventeen forcible transfers. It is impossible to imagine the extent of the anxiety, fear and trauma she went through. While on “suicide watch” at Grand Valley Institution (GVI – a maximum-security federal prison for women in Kitchener, Ontario), in September and October of 2007, Ashley was tying ligatures around her neck more and more often. Finally, on October 19, 2007, while dressed in a “suicide gown” in a segregation cell, Ashley choked herself to death, as several guards stood watching, refusing to enter her cell. They had been ordered not to do so if she was still breathing, and later claimed they had not noticed that she had stopped

breathing several minutes earlier.

She was only nineteen years old.

In September 2012 – five years later – the second coroner’s inquest into Ashley’s death began. [36]

The first inquest, held in 2011, was delayed after CSC withheld prison video and audio clips of incriminating evidence of the dehumanizing brutality the guards inflicted on Ashley. These clips documented numerous incidents of physical assault, pepper-spraying, and the use of physical restraints and forced drugging, among other atrocities.

Thanks to the persistence of Coroner John Carlisle, these graphic and disturbing videos were eventually screened in court. Independent reports by Federal Correctional Investigator Howard Sapers [37] stated that, during the final twelve months of her life, Ashley was “shuttled through nine different institutions across five provinces before landing in Kitchener and spent most of that time in a segregated cell wearing nothing but a padded suicide gown.”

These institutional moves mostly occurred every few weeks, but sometimes Ashley was transferred after mere days. Obviously, prison wardens and correctional managers couldn’t control and wanted to get rid of “inmate Ashley.” The frequent transfers clearly undermined any possibility of “continuity of care” – even if one believes that “care” is possible in such a setting.

Among the facilities in which Ashley endured all this suffering, besides those named above, were the Institut Philippe-Pinel Mental Health Unit for Women in Montreal and St. Thomas Psychiatric Hospital in Ontario. [38]

According to the testimony of several correctional officers and senior management staff at GVI and at CSC’s Regional Headquarters, Ashley’s frequent attempts to choke herself left “her face ... blue or purple.” To escape detection, she sometimes hid the cloth ligatures and/or the pieces of glass with which she cut them inside her body. On one occasion, after GVI had forcibly

transferred Ashley to St. Thomas Psychiatric Hospital, staff strip-searched her, looking for hidden glass, but failed to find any.

Correctional managers' orders frequently undermined CSCs stated policy and principle of "preserving life." Several orders issued to correctional officers as email messages from GVI's Acting Warden Cindy Berry and Deputy Warden Joanna Pauline were confusing and contradictory. Staff were ordered not to "enter [Ashley's cell] while she's still breathing, walking or talking" – even though her face sometimes turned blue; even though she might be gasping for breath. At the same time, guards had orders to enter her cell if Ashley was in "medical distress" – a key term that was defined only vaguely by correctional managers and frequently misinterpreted by guards.

When some concerned guards disobeyed Warden Berry's "do not enter" command by entering Ashley's cell while she was still breathing and cutting off the ligature around her neck, Berry criticized them for their "excessive use of force."

At the inquest, Berry testified that correctional officers were trained to "use their judgement or common sense" in recognizing prisoners who showed signs of "medical distress" signalling imminent harm or death. Surely turning blue and gasping for breath would be among these signs. Some guards, understandably confused, hesitated to enter to enter the cell even when Ashley was lying on the cell floor, barely breathing. Others apparently believed that she just "wanted more attention" or was being "manipulative."

By September 2007, Ashley was making several daily attempts to strangle herself, in plain view of corrections officers and with the knowledge of GVI's wardens. Nevertheless, some guards played a "waiting game," deliberately hesitating for minutes at a time while Ashley's face turned blue.

At the inquest, Elizabeth Fry Society Executive Director Kim Pate, who visited Ashley a number of times in 2007, testified that on September 24 – approximately three weeks before she died – Ashley filed two written complaints of guard abuses, addressed to Cindy Berry. These were

never delivered; they were found in a box, months after Ashley's death. Pate also testified that Ashley should not have been kept in segregation for long periods; instead, she should have been offered "peer support" in prison and in the community. If CSC staff had been able and willing to offer peer support, and if she had consented, Ashley might still be alive today.

Two weeks before her death at GVI, Ashley became even more depressed and overtly suicidal; she had been convicted of physically assaulting some guards, and a judge had sentenced her to six additional months. Ashley had believed she was about to be paroled, but her hopes were dashed, and her spirit crushed, by the judge's ruling.

Ashley's parents want to launch a public inquiry or lawsuit, because of compelling video and other evidence of criminal and medical negligence and inhumane treatment by guards, with the full complicity of prison managers and wardens.

Also worth noting is CSC's systemic failure to share critical information among all levels of management. This failure routinely results in huge information gaps and dangerous decision delays in the cases of "high-risk" prisoners like Ashley.

According to the testimony of a former senior mental health manager at CSC's national headquarters, guards were involved in "150 use of force" incidents involving Ashley, and 43 percent of these occurred within weeks of her death. Incident reports on the use of force are not widely accessible; most prison managers don't share such reports, since control and "use of force" are the order of the day.

Clearly, it is time for a thorough, independent public investigation into all federal and provincial prisons, as well as youth assessment and detention centres. In particular, the use of segregation and physical restraint as punishments must be investigated. Despite extensive media coverage, the outcome of Ashley's inquest was not enough to arouse national public concern and government action.

During the inquest, which I attended, no one ever challenged health professionals' and lawyers' frequent repetition of fraudulent and stigmatizing psychiatric diagnoses such as "personality disorder" – as if these were scientifically proven conditions. Ridiculously and tragically, a psychiatrist who briefly interviewed Ashley at the Pinel psychoprison ("mental health unit") in Montreal diagnosed her with "antisocial behaviour disorder."

It is significant, though hardly surprising, that neither CSC's "mental health professionals" nor the lawyers at the inquest ever tried to deconstruct Ashley's "symptoms" of "mental disorder" or "mental illness" as attempts to cope with personal life crises. Together with psychiatrists and other "expert" witnesses in the "mental health" professions, they failed to understand that "mental health treatment" in prisons – as elsewhere – actually consists of bogus psychiatric diagnoses, forced drugging, physical restraints, and daily degradation and humiliation.

Ashley's suicide, like many other prisoners' deaths, was predictable and preventable.

According to the Coroner's Jury Report (issued on December 19, 2013), Ashley Smith was pronounced dead at St Mary's General Hospital in Kitchener at 8:10 a.m. on October 19, 2007. The report further states that Ashley died by strangling herself ("ligature strangulation and positional asphyxia"). However, the coroner and jury boldly and accurately ruled her death a homicide.

In other words, Ashley's suicide was driven by prison guards, prison wardens and clinical staff (including unnamed psychiatrists).

Of the 104 jury recommendations, twelve detailed "Alternatives to Penitentiary." One of these called for a "therapeutic environment for the purpose of allowing professionals to seek consent to treatment"; that is, sending female prisoners to psychoprisons ("mental health centres") instead of prisons. This clearly reflects the jury's pro-psychiatry, medical-model bias. I do not believe for a moment that psychiatric incarceration and "treatment" would have prevented Ashley's death. How could it, when she would just have been re-traumatized and re-stigmatized

with further fraudulent labels, forcibly drugged, and/or ordered to languish in “locked seclusion” – psychiatry’s euphemism for solitary confinement.

However, this doesn’t mean that prison is a better idea. The Harper government’s “tough on crime” policy, which legislates building more prisons, intentional overcrowding (“double-bunking”), and mandatory and longer prison sentences, has undoubtedly contributed to the epidemic of self-harm, suicide and violence in federal prisons across Canada.

What’s needed is not “prison reform” but prison abolition, and the creation and funding of the kind of community alternatives that were denied Ashley and her sister prisoners. There are and will be many more Ashley Smiths. This is a national shame and crime.

A version of this article was published in October 2013 in Voices, newsletter of the Psychiatric Survivor Archives of Toronto, Vol. 4 No. 3, under the title, “How Canada’s Prison System Killed Ashley Smith: A Case Report on Canada’s War Against Rebellious Youth.” Another version was published under the present title, on December 14, 2013, at www.madinamerica.com/2013/12/canadas-prisons-killed-ashley-smith-national-crime-shame.

Jeffrey James: Death by Restraint

Jeffrey James, a thirty-four-year-old Black man, died a horrible death at the Centre for Addiction and Mental Health (CAMH), Toronto's notorious psychoprison, on July 13, 2005. An October 2008 inquest found the cause of death to be a pulmonary thromboembolism – a blood clot that travelled from James's leg to his lungs – directly resulting from the use of physical restraints.

Approximately one month before he died, Jeffrey was transferred from Oak Ridge-Penetanguishene Mental Health Centre (Ontario's brutal "forensic" psychoprison) to a "medium-security" unit at CAMH. There, he ended up being severely physically restrained for five and a half consecutive days: he was forced to lie on his back, shackled to a hospital bed by his wrists and ankles. At no point was he permitted to get up off the bed or get any kind of exercise whatsoever. At the same time, he was chemically restrained (forcibly drugged) with the powerful "antipsychotic" Loxapine as well as the "minor tranquilizer" Lorazepam – all while languishing in solitary confinement ("seclusion").

CAMH psychiatrists and other doctors repeatedly ordered restraints and seclusion, without even examining Jeffrey – facts confirmed at the inquest, which I attended, during the cross-examination of doctors Siu and Darby by lawyer Anita Szigeti. Siu, a psychiatrist, was the last doctor to see Jeffrey. He wrote restraint orders one and two days before Jeffrey died. According to Szigeti, who represented the CAMH Empowerment Council at the inquest, Siu failed to request an "external consult" (second opinion) after seventy-two hours of continuous physical restraint. This was not only an instance of gross medical negligence and a breach of medical ethics; it was also a clear violation of official guidelines on the use of restraints.

How did Jeffrey James end up in physical restraints and "seclusion" in the first place? Some nurses had complained to a psychiatrist that Jeffrey was masturbating in front of the nursing station. (Although he had previously been accused of sexual assault, James had not assaulted or otherwise harmed any CAMH staff or patient.)

Obviously, public masturbation is antisocial and offensive, and is used by some men as a form of sexual harassment. But this was not an incident that took place in the street. And, although it is

understandable that staff would be upset by such an incident, shouldn't they have taken into consideration that they were dealing with a deeply troubled person, whom they were there to help, and reacted accordingly? And did anyone stop to ask whether he was on a "medication" that might have contributed to his behaviour? One thing is for damn sure: their response should not have been a lethal form of punishment masquerading as "treatment."

It's important to point out that at no point had any nurse, psychiatrist or other doctor bothered to communicate with James, or tried to understand him as a person. Apparently, dialogue (not to mention empathy or compassion) is an unattainable "privilege" at CAMH and other psychoprisons.

The use of physical restraints and "seclusion" in psychiatric facilities qualifies as cruel and unusual punishment. It's a form of torture.

So far, no doctor or psychiatrist is being held accountable for Jeffrey James's death.

Unfortunately, the Coroner's Act of Ontario forbids either the coroner or the coroner's jury from charging anybody with unethical or criminal conduct. Like coroners, judges uncritically accept psychiatry's fraudulent medical model of "mental illness" – including its made-up labels and brain-damaging treatments – as though it actually had any scientific basis. Never do they challenge psychiatric "expertise," or question such bogus procedures as forced drugging, electroshock, "seclusion" or physical restraints.

Still, some of the jury's sixty-six recommendations were constructive – and would be helpful, if acted upon. For many years, however, the Ontario government has been routinely and notoriously negligent in refusing to enforce juries' recommendations, especially in the cases of psychiatric survivors and homeless people.

One recommendation from the James inquest is that the Chief Coroner of Ontario must call an inquest whenever anyone dies while in physical restraints. But why only physical restraints? Many more psychiatric prisoners (involuntary psychiatric "patients") die from chemical restraints (forced drugging), and some die from electroshock "therapy." Obviously, this

recommendation doesn't go far enough.

When a person dies (by whatever means) in an Ontario jail or prison, the coroner must call an inquest, but this is not the case when a person dies in a psychiatric facility or “mental health centre.” According to the Coroner’s Act, the decision to call an inquest is then “discretionary.” In a recent human rights case, the Ontario Human Rights Tribunal justly and wisely ruled that inquests into deaths in psychiatric facilities should be mandatory – but an Ontario Superior Court judge has since overruled this important decision. [39]

In the meantime, physical restraints, seclusion, trauma, deaths and cover-ups continue at CAMH and every other psychoprison in Canada. Unfortunately, psychiatric torture is not and never has been an election issue. It should be. Another national and international shame!

November 2008



July 2000, Toronto. Photo by Kevin Van Paassen

PART FOUR

On Behalf of the Many

Who Could Not Be

Here Today:

Advocacy Award

Acceptance Speech

On Behalf of the Many Who Could Not Be Here Today: Advocacy Award Acceptance Speech

Dedicated to Carla McKague [7]

I wish to thank the Mental Health Legal Committee for giving me and three other activist advocates your annual award. I accept this important award not just for myself, but also, and mainly, on behalf of the many other psychiatric survivors and antipsychiatry activists who could not be here today. Some have been disabled and disempowered by psychiatrists or other mental health professionals. Some are in the midst of their own personal crises. And some have not survived psychiatry's supposedly safe, effective and life-saving treatments.

I have mixed feelings, to say the least, about being here. At first I felt like not showing up. For me – and, I'm sure, for many other survivors, former inmates and antipsychiatry activists – “Queen Street” [20] is not an emotionally or socially neutral or safe gathering place in the community. Just walking through the door triggers a lot of frustration, anger and resentment. For me, it brings back disturbing images and vivid memories: people being unjustly locked up; re-traumatized through emotional, verbal and physical abuse from staff; forcibly drugged and/or electroshocked; and humiliated and degraded daily.

This is a warehouse; a psychoprison. It is not a real hospital. It is no place of healing. I feel I have to say this because I must be honest with you, and with myself – and because I refuse to cover up or betray the trauma and terror I've witnessed here.

I know something about trauma, terror and torture. In the early 1950s, when I was locked up, forcibly drugged, and subjected to insulin sub-coma shock “therapy,” none of us psychiatric inmates had an advocate or a lawyer to turn to. We had no rights. And, even today – and despite the excellent advocacy and public education initiatives of this committee and of other advocates and “rights advisors” – most people labelled “mentally ill” do not know their legal rights. They have no idea that, under the law, they have the right (as long as they're deemed “capable”) to

refuse any psychiatric procedure, as well as the right to appeal their involuntary committal, forced treatment and/or stigmatizing labels – including the damning word “incapable.” One right they should have, but do not, is the right to appeal their incarceration during the first seventy-two hours of “observation and assessment.”

Once locked up in a psychiatric facility, you are a prisoner of psychiatry. Often, you become a human guinea pig for high-risk psychiatric experiments funded by multinational drug companies. Like all other marginalized and oppressed people, psychiatric “patients” are easy targets for misinformation, disinformation and stereotyping. They are kept down by myths about how dangerous, violent or “incapable” they are; by stigmatizing, pseudo-medical labels; and by what playwright Tennessee Williams called “mendacity” – in this case, the psychiatric lies of “mental illness,” “safe and effective medication,” “life-saving electroshock,” “clinical improvement,” “biochemical imbalance,” and the fraudulent labels of “schizophrenia,” “bipolar mood disorder,” “attention deficit hyperactivity disorder” (ADHD) [14] and other non-existent medical conditions.

From 1970 to 1972, I worked here as a community psychologist. I’m not proud of that. But I was very fortunate to meet Harvey “Alf” Jackson during that time. In 1977, Alf, Bob Carson and I founded the first self-help group for psychiatric survivors in Ontario: On Our Own.

I had known for a long time that such a group was needed – partly because, in the course of my work at Queen Street, I witnessed torture, such as the administration of the “cold wet pack”: a particularly brutal form of physical restraint. They’d soak bedsheets in cold water and then wrap them tightly around the inmates, by force. They would tie the corners of the sheet to the ends of the bed, and then leave the inmates there, immobilized, for hours at a time, to cool them down. Literally.

I received no support from other psychologists when I protested against the “pack” as a form of torture. I also witnessed the forced drugging and daily humiliation and degradation of many patients. In September 1972, I resigned from my job here. (Queen Street stopped using the

“pack” six months after my resignation.) Shortly after that, I stopped calling myself a psychologist.

More than twenty years later, in the mid-1990s, I witnessed more instances of psychiatric abuse and torture in this place. I saw my good friend Mel Starkman being overdressed and physically punished (“restrained”), and languishing in “seclusion” (solitary confinement) on one of Queen Street’s locked wards. Mel was finally released, thanks not only to his strong will to survive, but also to the collective advocacy of lawyer Marshall Swadron, former community legal worker Lilith (now Chava) Finkler and myself, as well as a public protest organized by members of the political action group Resistance Against Psychiatry.

Mel is here in the audience today. He deserves to be recognized and respected as a courageous survivor and activist. He was lucky to get out of Queen Street alive. Many have died here. I think of nineteen-year-old Aldo Alviani, [40] who died thirty-six hours after admission to Queen Street in 1980, from prescribed overdoses of Haldol [38] and other neuroleptics (“antipsychotics”). Carla McKague, [7] one of the award recipients who unfortunately can’t be here today, is my very close lifelong friend – and one of my few heroes. I first met Carla in 1978. She was a law student, working at Queen Street’s Student Legal Aid Office. She was also an electroshock survivor.

I admit I was a big pain in the ass, because I bugged her almost every day. At the time, she was working day and night, trying to remove the stigmatizing label of “incompetence” that psychiatrists had unjustly imposed on Evelyn Parm, a feisty elderly woman languishing on one of Queen Street’s geriatric wards. After Carla succeeded in getting that label removed from Evelyn’s medical records, and Evelyn was released, we celebrated. It was a thrilling victory for all of us.

Carla taught me a lot about Ontario’s Mental Health Act and Canadian “mental health” legislation – she would later co-author a book on the latter [41] – and particularly about the medical-model bias inherent in such legislation. For those labelled “mentally ill,” these laws are the psychiatric equivalent of Nazi Germany’s anti-Semitic Nuremberg Laws. All mental health

legislation should be challenged as unconstitutional. Mental health laws discriminate against people who are given psychiatric diagnoses. They advocate coercion and obstruct justice. They violate a number of human rights guaranteed under the Canadian Charter of Rights and Freedoms, including the right to freedom of movement and the right to due process.

Involuntary committal is a form of preventive detention – a practice prohibited by international disability and human-rights laws. Nevertheless, that’s exactly what every mental health act authorizes: locking citizens up with no court hearing or trial. Depriving them of their freedom on the basis of the belief that they *might* commit a dangerous or criminal act.

“Consent and capacity” boards, like “mental health review” boards, are a cruel joke. These government-appointed boards are psychiatrically biased and anti-democratic. They perpetuate injustice. A review board hearing is a kangaroo-court proceeding in which the “clinical judgement” of psychiatrists invariably trumps inmates’ appeals for freedom, which are routinely minimized or dismissed as “unrealistic.”

Ontario’s “Community Treatment Order” (CTO) law, passed by the Harris government in December 2000 as an amendment to the *Mental Health Act*, authorizes forced outpatient treatment. It enables “mental health professionals” to forcibly drug people at “community mental health centres” and even in citizens’ own homes. Some activists call this “chemical incarceration,” or psychiatry’s “leash law.” CTOs authorize indefinite psychiatric probation; many people have suffered under them for years. I hope this Committee, or any group of lawyers, sues the Ontario government and challenges CTOs as a violation of Canada’s Charter rights.

I also want to talk about the struggle against electroshock (ECT) [2] that has been the focus of most of my activism over the past twenty-five years. I’m proud of being a part of this human-rights struggle. Most people are stunned when I tell them that electroshock is on the rise, and is more dangerous than ever. Today, more electrical energy (up to 300 volts) is required to induce the seizure through which ECT “works” – which is like the seizures suffered by people with

epilepsy. The voltage needs to be high enough to override the higher seizure thresholds resulting from the drugs used in conjunction with ECT.

Despite what the Canadian Psychiatric Association claims in its position papers on this subject, every shock treatment causes small hemorrhages and sudden rises in blood pressure. ECT also causes a host of other problems, including physical weakness and muscle pain, migraine-type headaches and, above all, brain damage, resulting in permanent memory loss, difficulty in concentrating and learning new material, and a host of other problems.

The shock doctors call the grand-mal seizure caused by ECT “therapeutic.” But no neurologist views seizures as therapeutic; part of their job is trying to *prevent* seizures, which is why they prescribe anticonvulsants to people with epilepsy. (Ironically, these drugs are also used as “mood stabilizers,” and can actually cause seizure disorders upon withdrawal.) Only shock doctors and their apologists believe this nonsense.

The ECT statistics I’ve collected for more than twenty-five years from Ontario’s Ministry of Health clearly show that the use of electroshock has increased over the past ten years. In 2003-2004, more than 14,000 shocks were administered. About 70 percent of the “patients” shocked were women (two to three times more women than men are shocked). Roughly half were at least sixty years old. I don’t have the figures for CAMH, because they’re virtually inaccessible. I believe they are not even reported to the Ministry.

Electroshock is a form of elder abuse – another example of how psychiatry preys on the vulnerable.

In 1983, a number of shock survivors, together with feminist activist, author and academic Bonnie Burstow, [10] decided to take action against ECT. Together, we started the Ontario Coalition to Stop Electroshock, whose first action was a public forum at Toronto City Hall. One after another, survivors – including Carla – courageously testified about their horrendous ECT experiences, and urged a total ban. The next day, the Coalition demonstrated in front of the Clarke Institute of Psychiatry, Toronto’s shock mill.

In December 1983, the Coalition supported Carla while she represented “Mrs. T.” [21] in the Supreme Court of Ontario. Mrs. T. was incarcerated at Hamilton Psychiatric Hospital, where her psychiatrist was repeatedly threatening to shock her, despite her competent refusal and the refusal of her husband and brother. Although the case was lost on a technicality, Mrs. T was never shocked, thanks to her supportive husband, Carla’s brilliant advocacy, and Coalition members who packed the courtroom.

The Mrs. T case triggered national media attention; neither the public nor our political leaders, including then NDP (New Democratic Party) leader Bob Rae, had even known that ECT could be forcibly administered.

The Ontario Coalition to Stop Electroshock and its successor, Resistance Against Psychiatry, proceeded to organize a number of well-attended protests, demonstrations and acts of nonviolent civil disobedience. In the summer of 1984, three of us staged a “sit-in” in the office of then Tory health minister Keith Norton. Along with electroshock in general, we were protesting Norton’s refusal to appoint Carla to the sixteen-member, doctor-dominated ECT Review Committee. Two months later, Carla was finally appointed to the Committee. She was the only member who was also a shock survivor – and the only one who recommended a total ban.

In October 1985, OCSE held two days of public hearings on ECT [48] – arguably the most controversial and health-threatening procedure in psychiatry – after the Ontario government had flatly refused to do so. About fifty people, including many shock survivors and their relatives, spoke out against shock and advocated an immediate ban.

Thanks to the Mrs. T. case, public pressure, and the informed-consent recommendations in the Ontario government’s 1985 report on ECT, Ontario’s *Health Care Consent Act* now prohibits the administration of ECT without consent, as do some other pieces of “mental health” legislation in Canada. However, the principle of informed consent in psychiatry is a sham – patients are virtually never informed about “treatment” risks and alternatives – and this fact must be publicly exposed and challenged.

In May 1988, shock survivor Jack Wild and I tried to hand out factual information on shock inside the Clarke Institute of Psychiatry. We wanted to supply patients with some real facts about ECT, in order to combat the usual misinformation and lies. When “Big Nurse” forbade us to distribute the information on the ward during visiting hours, we sat down in front of the elevators in protest, arms linked. We were soon arrested and charged with trespassing. We appealed, but lost.

The Coalition Against Psychiatric Assault is now organizing an arts-based anti-shock march and demonstration – “Stop Shocking Our Mothers and Grandmothers” – to be held on Mother’s Day. It promises to be big, noisy, entertaining and empowering. More than twenty-five organizations have endorsed the protest, and similar anti-shock demonstrations will be held in Ireland and Montreal. I invite everybody here today to participate in this peaceful and historic event.

Psychiatric survivors and our allies – including social-justice and human-rights activists – will not be silenced. We must continue speaking out, acting out, and protesting against the psychiatric system, until electroshock, forced drugging and other health-threatening atrocities masquerading as psychiatric “treatments” are outlawed as serious violations of our civil and human rights.

Psychiatry certainly won’t be abolished in my lifetime. Nevertheless, I’m convinced that, with the support of survivors, activists, and women’s and human-rights organizations across Canada and around the world – and of advocates like yourselves – we can abolish the memory-destroying, brain-damaging psychiatric procedure of electroshock.

Thank you again for this award, which I will proudly share with other activists.

Revised from a speech delivered on April 27, 2007, at the Centre for Addictions and Mental Health (CAMH), Queen Street site, Toronto.

Psychiatric Bias and Bigotry in Mainstream Corporate Media

by Don Weitz

In a democratic system of thought control... [it is] necessary to take over the entire spectrum of opinion, the entire spectrum of discussion, so that nothing can be thinkable apart from the party line; not just that it be obeyed, but that you can't even think of anything else.

– Noam Chomsky, linguist and political activist

The myths and stereotypes surrounding “mental illness” and the “violent mental patient” are unfortunately alive and well. Medical reporters and columnists, editors and producers in the mainstream, corporate-controlled media in Canada and the United States constantly parrot psychiatry’s discredited medical model of “mental illness,” “mental health,” “safe and effective medication” and “lifesaving” electroshock as though they were proven scientific facts. I charge the corporate-controlled media with promoting fraud – presenting psychiatric opinion and “mental health” ideology as “medical science.” They air psychiatric propaganda – psychobabble – almost every day, repeating like a mantra that “schizophrenia” is a brain disease; that “bipolar mood disorder” is caused by a “chemical imbalance in the brain”; that “Attention Deficit Hyperactivity Disorder” (ADHD) is a neurological disorder. So-called objective and balanced articles and TV specials on “mental illness” or “mental health” broadcasts by the Canadian Broadcasting Corporation (CBC) and published in *The Toronto Star*, *The Globe & Mail* and the *National Post* never cite credible medical or scientific evidence to support such claims – because there is none.

I also charge the corporate-controlled media with elitism and bigotry. Personal statements, and in particular psychiatric survivors’ testimony, that criticize forced drugging and electroshock and promote non-medical alternatives are routinely dismissed as “anecdotal” or not credible, or, even more commonly, edited out of major news stories on “depression,” “schizophrenia” and “mental health.” Where are the balance and fairness on which the media pride themselves?

When reporting on research findings that support psychiatric claims of the alleged safety and effectiveness of psychiatric treatments, the media generally oversimplify them and overstate their scientific credibility and social significance. Challenges of such claims are extremely rare. At the same time, studies whose findings do challenge – or flatly contradict – the notion that these treatments work and are safe are glossed over. For example, studies that expose the fraudulent diagnostic label “ADHD” and the addictive effects and violent behaviour triggered by the amphetamine-type drugs used to “treat” this so-called disorder (such as Ritalin and Adderall) are rarely or never cited, much less discussed. Although scientific studies conducted over the last ten years have proven conclusively that Prozac, Paxil and other SSRI antidepressants frequently trigger “suicidal ideation,” suicide attempts, and mania in young people and others, the media did not even begin reporting on these alarming “side effects” until three or four years ago.

The Toronto Star’s 1998 “Madness” series provoked considerable outrage in the psychiatric survivor community, because it demonized psychiatric survivors, and especially those of us who are poor and homeless, by portraying us as violent or “potentially dangerous.” Several survivors and other critics of the psychiatric system, including one from the United States, wrote strong letters of protest to the editor. Because they published a few of these letters, *Star* editors erroneously believed that they had done justice to public criticisms of media bias against, and vilification of, this population.

On February 9, 1998, Dr. Bonnie Burstow and I lodged a formal complaint against The Toronto Star with the Ontario Press Council. We accused The Star of displaying “a consistent biomedical model bias, to the exclusion of other major models or perspectives on human crises labeled as

‘mental illness,’” and of promoting “the common stereotype and myth of the “dangerous mental patient” through the selective and sensationalist reporting of violent or criminal acts committed by people deemed “mentally ill”:

We see the bias in The Star series as doing considerable harm and injustice to a vulnerable and already-stigmatized community. A possible remedy..is a second series of articles which addresses the topic from a non-medical perspective (including an antipsychiatry perspective) Despite this valid and powerfully-worded criticism, the Press Council ruled against our complaint after flatly refusing to listen to us...

In March 1999, increasingly annoyed with the media, I wrote and sent an open letter citing critical quotes from several mental health professionals titled “Who’s Really Dangerous? Media Bias-Forced Drugging-Outpatient Committal” to several Canadian media, including the Toronto Star, The Globe & Mail, The Toronto Sun, and the CBC. No one replied, the letter was never published. Here is an edited excerpt:

The belief that most psychiatric survivors are more dangerous or violent than so-called “normal” or “sane” people is a common myth and stereotype propagated by the mainstream media, biological psychiatrists like E. Fuller Torrey (who wants to lock up and forcibly drug “the mentally ill homeless”) and family “advocacy” organizations such as the Schizophrenia Society of Canada and the National Alliance for the Mentally Ill in the United States. Since there has never been any substantial scientific evidence to support this view, it [can legitimately be seen as] a false belief or delusion.

The CBC, Canada’s government-funded flagship, is also guilty of promoting a pro-psychiatry bias, uncritically accepting psychiatry’s medical model of “mental illness” and electroshock (ECT). In 2008, CBC’s Radio One broadcast an interview with Edward Shorter by its science reporter Bob McDonald, host of “Quirks and Quarks”. Shorter is a University of Toronto historian who recently co-authored, with psychopharmacologist David Healy, the book *Shock Therapy: A History of Electroconvulsive Treatment of Mental Illness*. The interview was blatantly one-sided; it sounded like a promotional for electroshock and his pro-shock book.

In a 2008 letter to CBC Producer Jim Handman, I wrote, *If CBC radio is seriously interested in telling the truth about electroshock and growing international resistance, and correcting its pro-shock bias, it should start interviewing shock survivors*. Handman completely ignored my suggestion that he invite shock survivors, activists or critics on a future program. So much for “fair and balanced” programming re electroshock and psychiatry on CBC Radio. J88

Psychiatric propaganda including drug and “mental health” promotionals and the myth of “mental illness” continue to be churned out as scientific fact or “medical science” by mainstream corporate-controlled media, psychiatry’s cheerleaders. The corporate media’s many distortions and lies about “mental health”, psychiatry and its “safe and effective treatments”, such as brain-damaging drugs and electroshock, are alarming. Equally alarming is the media’s continuing refusal to interview psychiatric survivors and its exclusion of anti-psychiatry and non-medical perspectives – this is not just censorship, it’s bigotry. The corporate media’s medically biased coverage of “mental health” issues together with its promotion of psychiatry’s discredited medical model of “mental illness” and “treatment” and the latest diagnostic labels (e.g., ADHD, Social Anxiety Disorder, Internet Addiction Disorder..) must be directly and forcefully challenged and publicly denounced as fraud. More psychiatric survivors, dissident health professionals and other critics should be blogging, exposing this global disinformation campaign organized by psychiatry and the transnational drug companies (Big Pharma) and shamelessly parroted by the corporate media. It’s time more of us spoke truth to power.

PART FIVE

Electroshock:

A Crime Against

Humanity

A Wake-Up Call on Electroshock

Many people only know about electroconvulsive “therapy” (ECT) [2] from the 1975 film *One Flew Over the Cuckoo’s Nest*. Most assume that electroshock was banned a long time ago. Unfortunately, the use of ECT is on the rise. In Ontario alone, a total of 14,034 ECTs were administered to 1,656 citizens in 2001-2002. Almost three quarters of these citizens were women, and women sixty-five years and older were shocked three times more often than men of the same age. According to feminist activist, author and academic Bonnie Burstow, [10] ECT is not only a form of elder abuse but also a feminist issue.

Electroshock is a physically invasive procedure first introduced in Europe in 1938. In 1941, psychiatrists began electroshocking people in Canada and the United States. In the decades since, ECT has injured millions of people throughout the world. Many have been permanently disabled. Both the American and Canadian Psychiatric Associations, along with many other shock proponents, claim that ECT is safe, effective and life-saving. The evidence, however, shows the exact opposite. Many studies in the medical literature – and, more importantly, the personal testimony of numerous shock survivors – clearly show that electroshock causes brain damage, permanent memory loss, intellectual disabilities, and physical, emotional and mental trauma. In a small but significant number of patients, ECT directly causes death.

During each shock session, the “patient” is anesthetized and an oxygen mask is placed over her mouth. While unconscious, she is injected with a so-called muscle relaxant (succinylcholine, which actually paralyzes all of her muscles, including the diaphragm – whose function is necessary to the process of breathing). Two electrodes are placed on her head. In unilateral ECT, both are placed on one temple. In bilateral ECT, one is placed on each temple. The psychiatrist then pushes a button on the shock machine, which instantly delivers up to 300 volts of electricity to her brain, for a period of between half a second and two seconds. Sometimes the voltage is even higher. (So far, at least in North America, shock machines have never been tested for safety.) Note that, every time a psychiatrist pushes that button, he is paid for administering the “treatment.”

The drugs administered before the electricity is turned on raise the brain's seizure threshold, so that more electrical energy is needed to trigger the "therapeutic seizure" – actually a grand-mal seizure, no different from those experienced by people who suffer from epilepsy.

On awakening from this electrically induced coma (usually about fifteen minutes post-shock) in a hospital "recovery room," the "patient" generally feels dazed, as if punch-drunk. She frequently experiences other disturbing effects, including a migraine-type headache, muscle weakness and muscle pain, confusion, and nausea. In his 1997 book *Brain-Disabling Treatments in Psychiatry*, [42] Peter Breggin [18] asserts that the "high" or euphoria many survivors experience post-ECT is actually an indication of brain damage. Breggin refers to electroshock as an "electrically induced closed-head injury."

Memory loss from electroshock is often both severe and permanent. Inability to remember events in your life that occurred prior to ECT (long-term memory loss, or "retrograde amnesia") is very common. So is forgetting new knowledge and recent events (short-term memory loss, or "anterograde amnesia"). Problems in concentration and reading are also common, and may be permanent.

Wendy Funk, Wayne Lax and Sue Clark-Wittenberg [43] are three of the many Canadian shock survivors who have publicly testified against ECT and called for it to be banned.

In 1989, Wendy Funk was shocked forty times at a hospital in Lethbridge, Alberta. Fifteen years later, she still can't recall approximately thirty years of her life – they've simply been erased. The shock "treatments," all administered against her will, ruined Wendy's promising social-work career, and her hopes of attending law school vanished. Wendy's 1998 book, *What Difference Does It Make? (The Journey of a Soul Survivor)*, should be required reading for medical students and for all the psychiatrists, nurses, and other health professionals who have remained silent.

Wayne Lax lives in Kenora, Ontario. Over a twenty-year period ending in 1992, doctors treated his alcoholism by prescribing eighty shock treatments and massive amounts of drugs. Today,

Wayne still suffers from memory loss and other shock-related disabilities, yet is active in self-help and advocacy groups.

Sue Clark-Wittenberg, who lived in Ottawa, also suffered from severe trauma and permanent memory loss, as a result of five shock treatments forcibly administered approximately thirty years ago in Brockville Psychiatric Hospital. She wrote about her psychiatric experiences, and was passionate about organizing resistance against ECT. Tragically, Sue died, too young, on August 7, 2015.

In many countries, including Canada and the United States, psychiatric survivors and our allies have organized and participated in public protests and acts of nonviolent civil disobedience, as part of our resistance against electroshock. All of our protests feature riveting survivor testimony on the many horrendous effects of shock and on psychiatrists' violations of our human rights – particularly the right to be fully informed and the right to refuse shock.

It's time to expose the real truth about ECT. This barbaric procedure should have no place in a country such as Canada, which calls itself compassionate and humane. There have always been alternatives to shock, including self-help and support groups, counselling, holistic practices, and safe and supportive housing. Given the political will, Canada could be the first country that officially bans this destructive and inhumane procedure. Short of that, every provincial and territorial minister of health should call for a moratorium, as the Toronto Board of Health did way back in 1984.

Electroshock is an urgent public-safety and human-rights issue that demands government action, now.

Revised from a May 25, 2005 submission to the "Opinion" section of the Ottawa Citizen



Standing up against ECT – even when you need to sit down. May 12 2018 “Stop Shocking Our Mothers and Grandmothers” demo at Queen's Park (Toronto's legislature), Toronto. Photo by Graeme Bacque

Thirty-five Years of Resistance Against Electroshock: An Annotated Chronology

1982

May 17: Sixteen American psychiatric survivors carry out an act of nonviolent civil disobedience – a sit-in at the Sheraton Centre Hotel in Toronto, where the American Psychiatric Association (APA) is holding its annual convention – to protest the APA’s policies and practices of forced treatment, including forced electroshock. All are arrested and later released.

November 2: In Berkeley, California, shock survivors and other activists protest the mass electroshocking of “patients” at Herrick Hospital and other psychiatric facilities. The Berkeley Committee to Stop Electroshock (BCSE) – led by shock survivors Ted Chabasinski [44] and Leonard Roy Frank [45] – succeeds in putting a shock ban referendum on the city ballot. [9] After BCSE collects 2,452 names on a petition, 61 percent vote to ban shock in Berkeley. [Unfortunately, the California State Supreme Court overturns the shock ban forty-one days later, and Herrick immediately resumes shocking patients.]

1983

May 4: At the annual convention of the APA in New York City, former US Attorney General and human-rights advocate Ramsey Clark states: “Electroshock is violence.” Activists hold a counterconference. Seven of us psychiatric survivors chain ourselves to the front doors of Gracie Square Hospital, one of New York’s notorious shock mills. (Inside, APA psychiatrists are arranging “live demonstrations” of electroshock on two psychiatric inmates.) All of us, including Judi Chamberlin [6] and Leonard Roy Frank, are arrested and released the same day. No charges are laid.

May 23-24: Activists attend the 11th Annual International Conference for Human Rights and Against Psychiatric Oppression, held in Syracuse, New York. Thirteen psychiatric survivors chain ourselves to the front doors of Benjamin Rush Psychiatric Center, to protest its frequent

use of electroshock on both adults and children. After fifteen hours, we are all arrested. [46] Once again, we are released the same day, with no charge. [Our protest is part of a larger effort that finally forces the hospital to stop administering electroshock three years later, in 1986.]

October 21-22: On October 21, the newly formed Ontario Coalition to Stop Electroshock (OCSE) puts on the first Public Forum on Electroshock and Other Crimes of Psychiatry. Shock survivors and their supporters testify at Toronto's City Hall. The following day is proclaimed as the North American Day of Protest Against Electroshock. [47] Psychiatric survivor, antipsychiatry and human-rights groups in Toronto, Denver, San Francisco, Boston and Syracuse stage demonstrations, vigils, rallies and educational events.

December 1-2: The electroshock case of "Mrs. T" [21] is heard in the Ontario Supreme Court. After her psychiatrist and a hospital review board threaten to shock "Mrs. T" against her will, electroshock survivor and lawyer Carla McKague [7] advocates for her, arguing that ECT is a form of psychosurgery, as defined in Ontario's Mental Health Act, since both cause brain damage. Although Carla loses the case on a technicality, "Mrs. T" does escape electroshock. On paper, this is a major victory. However, shock doctors continue to violate patients' right to informed consent.

1984

January 17: At a public meeting of the Toronto Board of Health, seven OCSE members convince the Board to call a moratorium on ECT in Ontario. Unfortunately, Health Minister Keith Norton refuses to enforce the moratorium.

July 3-6: On July 3, three OCSE members stage a sit-in at Norton's office. Norton refuses to meet with us. Although our protest is peaceful, security guards force us out of the building. On July 6, OCSE issues a press release criticizing Norton and demanding he appoint a shock survivor to the ECT Committee.

September

Norton finally appoints Carla McKague to the sixteen-member Committee.

October 7, 14, and 21: OCSE organizes three days of public hearings at Toronto City Hall. [48] About fifty people – predominantly survivors, as well as a few of their relatives – testify about the devastating effects of permanent memory loss and brain damage. All but one of the survivors urge a total ban .

1986

October 8: Members and supporters of OCSE speak out against the Canadian government in Ottawa, protesting its refusal to reimburse the legal expenses of nine Canadian victims of psychiatrist Ewen Cameron’s brainwashing experiments, [49] who are suing the CIA.

Letters

Psychiatry Bears Guilt in Brainwashing Tests

To the Editor:

Congratulations for "The C.I.A. and the Evil Doctor" (Op-Ed, Nov.7) by Leonard S. Rubenstein, a lawyer who represented the plaintiffs in a case settled out of court last month that involved the Central Intelligence Agency and Dr. D. Ewen Cameron's unethical brainwashing experiments in the 1950's. As Mr. Rubenstein explains, "The research project tested the theory that a person could have some of the contents of his mind obliterated and replaced by ideas of the researcher's choosing."

The late Dr. Cameron's psychiatric tortures were chiefly funded by the Canadian Government, specifically the Department of National Health and Welfare. From 1950 to 1964, Health and Welfare gave Dr. Cameron approximately \$500,000 in "mental health" grants; most was targeted for his brainwashing research, which the government knew about or should have known. (The C.I.A. gave Dr. Cameron roughly \$65,000 from 1957 to 1961.)

Like the C.I.A. and the Canadian and United States psychiatric establishments, the Canadian Government still denies legal and moral responsibilities to all of Dr. Cameron's brainwashed victims. Last January, the Canadian Government announced it was paying each of the nine victims in the case a mere \$20,000 — for their legal costs only!

Dr. Cameron's torturous, mind-control methods were the logical extension of biological psychiatry, which still promotes the myth of "mental illness," including "schizophrenia," and which still inflicts brain-damaging procedures such as electroshock therapy, psychosurgery and psychiatric drugs upon millions of people. Such "treatment" is actually social control.

Dr. Cameron's failure to obtain informed consent from his guinea pig "patients" was no aberration. He clearly and knowingly violated the Nuremberg Code for medical experimentation. In psychiatry, forced treatment is the rule, not the exception.

Dr. Cameron had the support of many psychiatrists and psychiatric

residents, whom he trained or worked with, and not one had the guts or integrity to speak out or criticize his brainwashing methods. The Canadian Psychiatric Association and American Psychiatric Association are also culpable for refusing to denounce Dr. Cameron or his experiments.

It is not only Dr. Cameron, the C.I.A. and the Canadian Government that should be on trial in these experiments, but psychiatry itself. This pseudoscience, particularly institutional psychiatry, is destructive and immoral, and the Dr. Camerons are still among us.

DON WEITZ

Toronto, Nov. 9, 1988

The writer, a psychiatric-patients' rights advocate, is co-editor of a book, "Shrink Resistant: The Struggle Against Psychiatry in Canada."

Brainwashing, Brain Damage and Ewen Cameron - Recommended Readings
Compiled by Don Weitz

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1988

May 2: During an OCSE anti-shock protest in front of “the Clarke” (Toronto’s Clarke Institute of Psychiatry, [20] where more than a thousand people have been electroshocked over the previous ten years), shock survivor Jack Wild and I stage a sit-in and try to hand out ECT fact sheets to inmates on one of the wards. We are both are charged with, and later convicted of, trespassing and “refusing to leave premises when directed.” We appeal, unsuccessfully, and end up having to pay hundreds of dollars in fines.

1989

January 28: Resistance Against Psychiatry (RAP, which succeeded the Ontario Coalition to Stop Electroshock) organizes a protest at Toronto’s Sheraton Hotel, where the Ontario Psychiatric Association is holding its annual conference. The protest targets electroshock, forced drugging and diagnostic labelling.

1990

May 14: Some fifty demonstrators protest ECT in front of the Clarke.

1993

August 10: Prisoner Justice Day. About seventy-five psychiatric survivors and supporters protest ECT and other psychiatric “treatments” in front of the Queen Street Mental Health Centre, where many thousands of inmates are forcibly drugged, physically restrained, and subjected to solitary confinement (“seclusion”). One of the people suffering inside as we demonstrate is my close friend Mel Starkman, a shock survivor and one of the first members of On Our Own.

September 1: The Texas Legislature amends its Health and Safety Code to require hospitals and physicians administering ECT in the state to submit quarterly reports. (Appallingly, state hospitals are excluded from this requirement.) The new law includes very specific criteria for informed consent; requires mandatory reporting of every ECT “treatment”; and explicitly acknowledges the risks of permanent memory loss, brain damage, and death.

1995

May: An appellate court judge in Illinois rules in favour of eighty-one-year-old nursing-home resident Lucille Austwick, [50] affirming her right to refuse electroshock. In this precedent-setting judgement, the court ruled that shock would not be in Austwick's best interests and cited "substantial" risks, including broken bones, memory loss and death.

1996

March: Nurse Stacie Neldaughter [51] is fired for speaking out against ECT and trying to protect the rights of elderly patients (mainly women) forcibly electroshocked at St. Mary's Hospital in Madison, Wisconsin. An independent investigation by the Wisconsin Coalition for Advocacy finds "serious deficiencies" in the hospital's procedures for obtaining informed consent to electroshock.

1997

January 1: Dissident psychiatrist Peter Breggin [18] calls for a shock ban in his book *Brain-Disabling Treatments in Psychiatry: Drugs, Electroshock, and the Role of the FDA*. [42]

2000

January: Clinical psychologist John Breeding publishes his critical article "Electroshock and Informed Consent" in the prestigious *Journal of Humanistic Psychology*. [52] Breeding points out that "genuine informed consent for electroshock is nonexistent because psychiatrists deny or minimize its harmful effects and, as long as the threat – overt or covert – of involuntary treatment exists, there can be no truly voluntary informed consent." He also provides an annotated review of the relevant research to back up each of his assertions about the medical effects, and the lack of efficacy, of ECT.

2001

May 18: Breeding delivers a scathing indictment of ECT in testimony to the New York Assembly Hearings on Forced Electroshock, in which he states: "I am convinced that

electroshock is dangerous, harmful, and unnecessary. Doctors who perpetrate this procedure on their patients are committing a gross violation of their sacred Hippocratic Oath, to ‘First, do no harm.’” [53]

December 7: Psychiatrist Jaime Paredes is fired after sending a report to British Columbia’s Minister of Health, in which he exposes the excessive use of ECT on elderly patients at Riverview Hospital (B.C.’s provincial psychiatric institution). [54]

2005

April 9-10: The Coalition Against Psychiatric Assault (which succeeded Resistance Against Psychiatry) holds public hearings on ECT in Toronto City Hall’s Council Chambers, as part of its “Inquiry into Psychiatry” event. [12] Only shock survivors are permitted to speak. Based on their testimony, an independent panel writes a report entitled *Electroshock Is Not a Healing Option*.

June: In the first successful ECT malpractice case in the United States, Nurse Peggy Salters of Columbia, South Carolina, sues her doctor for medical negligence resulting in permanent disability and is awarded \$635,177. [55]

2006

April 24: The Coalition for the Abolition of Electroshock in Texas organizes a public rally and march to protest ECT, demanding that Seton Shoal Creek Hospital in Austin, Texas, stop shocking patients.

June: Leonard Roy Frank posts his e-book, *The Electroshock Quotationary*, online. [56]

2007

May 13: On Mother’s Day, simultaneous anti-shock demonstrations are held in Toronto, Montreal, and Cork, Ireland (the latter demonstration is organized by MindFreedom Ireland, an affiliate of MindFreedom International), with the theme, “Stop Shocking Our Mothers and Grandmothers.” These protests highlight the fact that women – and particularly elderly women, and young women diagnosed with “postpartum depression” – are the primary targets of electroshock. [57]

2008

May: “Stop Shocking Our Mothers and Grandmothers” protests are held in Montreal, Ottawa, and Cork, Ireland.

2009

January: Shock survivor and anti-shock activist Linda André [58] publishes her brilliant and comprehensive critique, *Doctors of Deception: What They Don’t Want You to Know About Shock Treatment*.

May 10: “Stop Shocking Our Mothers and Grandmothers” protests are held in Toronto and Montreal.

May 11: Ontario New Democratic Party Member of Parliament Cheri DiNovo introduces a private member’s bill in the legislature to de-fund ECT in all public hospitals, and holds a press conference. [The bill is not passed.]

May 31: An anti-shock protest is held in Cork, Ireland.

2010

May 7 and 8: The Coalition Against Psychiatric Assault presents PsychOUT: A Conference for Organizing Resistance Against Psychiatry, [59] held at the Ontario Institute for Studies in

Education, University of Toronto. The need to ban electroshock is highlighted, and an anti-shock resolution is passed unanimously.

May 9: A “Stop Shocking Our Mothers and Grandmothers” march and protest is held in Toronto.

May 30: Another protest is staged in Cork, Ireland.

2011

January: As a result of demands made by MindFreedom International and other advocacy and human-rights organizations and activists in the United States and Canada, Elizabeth K. Ellis [60] – a sixty-seven-year-old teacher incarcerated in Anoka Psychiatric Hospital in Minnesota, who has persistently refused ECT while judged competent – is released.

January 27-28: The U.S. Food and Drug Administration (FDA) holds two days of public hearings on a proposed reclassification of electroshock machines. (The FDA has listed these machines in Class III – unsafe, or high-risk – since 1978, but has never actually tested them.) After receiving written submissions from several health professionals – including a particularly damning article by psychologist John Breeding [49] – as well as hearing powerful personal testimony from many shock survivors, the FDA rules to keep designating shock machines as unsafe and recommends “vigorous testing.”

May 7: A “Stop Shocking Our Mothers and Grandmothers” protest is held at Toronto’s Queen’s Park.

June 20-21: A second PsychOUT Conference [61] – this one hosted by We the People in New York City – includes an anti-shock protest.

August 15: Feminist activist, author and academic Bonnie Burstow organizes a Health Care Professionals Against Electroshock Speakers’ Bureau. [62] The Bureau issues a statement that

“mainstream psychiatry has flagrantly and persistently misrepresented both this procedure and the vast body of research surrounding it.”

2012

May 6: An Occupy Psychiatry event is organized by CAPA and the Toronto Occupy Movement. Psychiatric survivors and other antipsychiatry activists speak out against electroshock, forced drugging, Big Pharma and capitalism.

2015

April 1: Bonnie Burstow publishes *Psychiatry and the Business of Madness: An Ethical and Epistemological Account*, which includes a powerful chapter on ECT: “Electroshock: Not a ‘Healing’ Option.” [63]

May 16: International Day of Protest Against Electroshock. In Toronto, CAPA holds a public protest in front of the Sheraton Hotel, where the APA is holding its annual convention. Cheri DiNovo (see 2009, above) joins shock survivors and activists in delivering powerful anti-shock speeches. In all, thirty cities in eight countries across three continents stage demonstrations, rallies and other special events to protest ECT.

2016

May 7: Comité Pare-Chocs [64] holds a protest against ECT in Montreal.

May 10: MindFreedom Ireland again protests ECT in Cork.

2017

May 13: Comité Pare-Chocs again protests ECT in Montreal.

May 14: Another MindFreedom Ireland anti-shock protest in Cork.

What's next in the fight against ECT?

As I write this, plans are being made for anti-shock rallies and protests to be held on Mother's Day, 2018. Once again, our theme will be "Stop Shocking Our Mothers and Grandmothers."

I hope that this chronology inspires some of you to

- educate yourself further about ECT
- tell your own shock story – or help others tell theirs – to investigative reporters in various media
- write critical letters to editors, and comments on websites, in response to pro-shock articles
- lobby politicians to ban ECT
- meet with shock survivors and join, or help start new, anti-ECT groups
- organize or join anti-shock protests in front of hospitals and centres that subject people to ECT
- organize or join class-action lawsuits against perpetrators of ECT
- stand up to those who claim that electroshock is safe, effective, or a legitimate treatment, and who deny that it always causes brain damage.

You can find more information on ECT, as well as ideas about organizing, at various empowering websites. For starters, check out the International Campaign to Ban Electroshock (www.intcamp.wordpress.com), ECT Justice! (www.ectjustice.com), and ECT.org (www.ect.org).

STOP SHOCK NOW!

April 2018

An earlier version of this chronology appeared in my 2011 e-book, Rise Up/Fight Back: Selected Writings of an Antipsychiatry Activist. [65]

COALITION AGAINST PSYCHIATRIC ASSAULT (CAPA)
ANTI-ELECTROSHOCK DEMO
(A "TREATMENT" GIVEN PRIMARILY TO WOMEN)

END STATE-SPONSORED
VIOLENCE AGAINST WOMEN!

**DAY BEFORE
MOTHER'S DAY
Saturday,
May 12, 2018**

**QUEEN'S PARK
12:00 PM
(111 Wellesley Street West)**

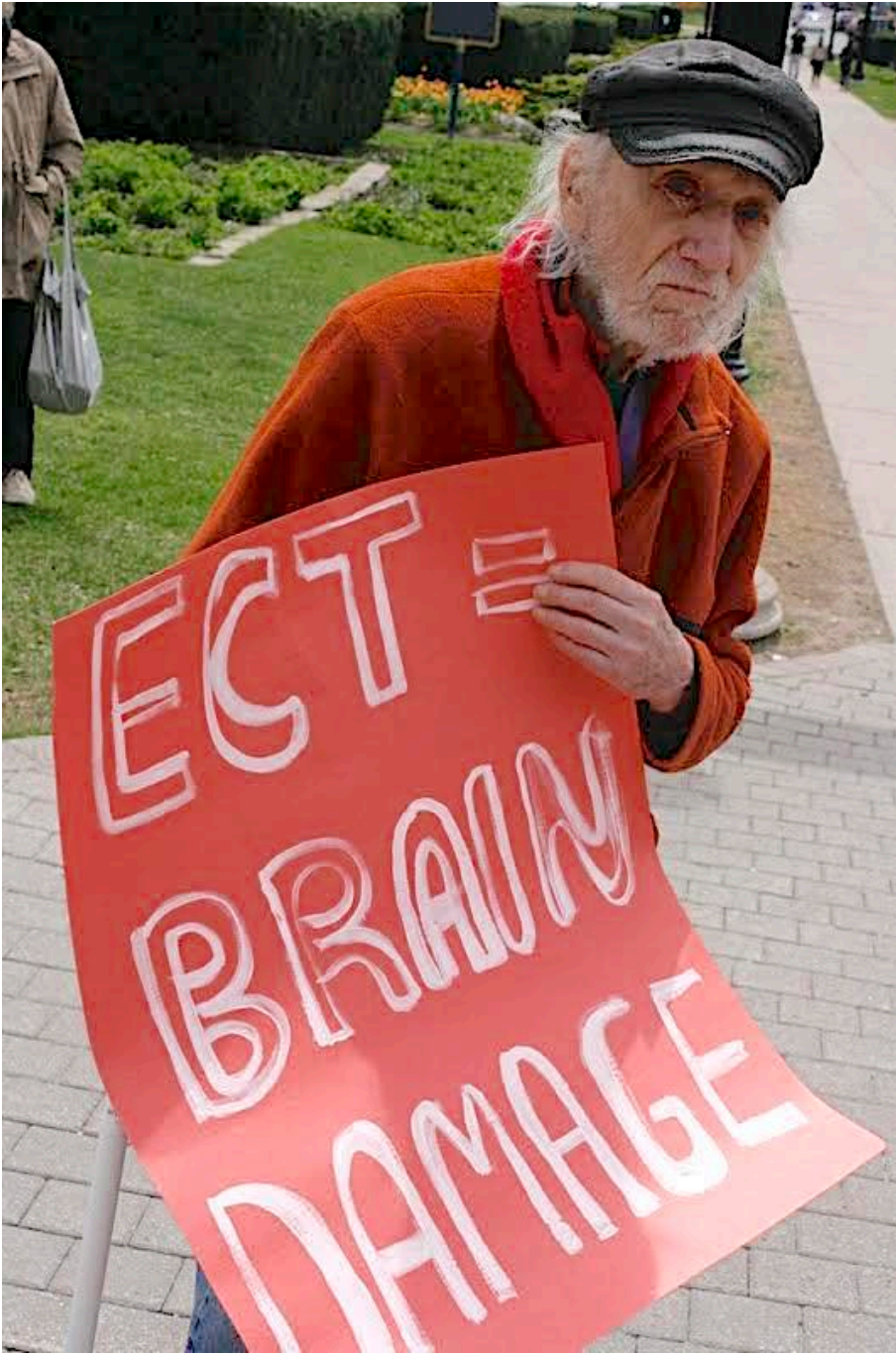
- ❖ **Anti-Shock
Proclamation**
- ❖ **Testimonials by
Electroshock Survivors**
- ❖ **Speeches by Activists**
- ❖ **Music**

**STOP
SHOCKING OUR
MOTHERS +
GRANDMOTHERS!**



Join us for this family event!
Rally will include testimony by ECT survivors!
For further information, please contact:
Dr. Bonnie Burstow @
bonnie.burstow@utoronto.ca





“Stop Shocking Our Mothers and Grandmothers” demo at Toronto’s Queen’s Park (which houses the Ontario legislature), May 12, 2018. Photo by longtime activist Graeme Bacque

Shock Doctors Who Can't Wait

For Carla McKague, [7] Linda André, [58] Elizabeth Ellis, [60] Connie Neil, [66] and all the other courageous women who have survived electroshock "therapy" – my sisters

wake up everybody
it's shock day every monday-wednesday-friday
in psychoprison Anoka
where 67-year-old Elizabeth Ellis
waits in silence, refuses to talk to
doctors who can't wait
to label her "catatonic"

doctors who can't wait
to fire 300 volts
into her fragile aging brain

doctors who can't wait
to perform electrical lobotomies on her sisters
doctors who can't wait
to commit elder abuse
doctors who can't wait
to commit psychiatric rape
doctors who can't wait
to conspire with sons and husbands
to lock up and shock
daughters, mothers, grandmothers, wives, lovers, friends
doctors who can't wait
to traumatize, re-traumatize, stigmatize
women labelled
depressed

bipolar
manic
histrionic
schizophrenic
post-partum
premenstrual dysphoric disorder

doctors who can't wait
to erase memories
to inflict
“side effects”
“collateral damage”
doctors who can't wait
to damage brains
doctors who can't wait
to destroy careers and lives

your daughter
your sister
your mother
your grandmother
your friend
could be next

or it could be you

doctors who can't wait
to silence the voices of “noncompliant patients” – freedom fighters
doctors who can't wait
to con health officials into funding shock mills
like Anoka, CAMH, Hamilton, Riverview, Bellevue

McLean, Langley-Porter, Rockland State
doctors who can't wait
to lie to patients, prisoners, families, lawyers, reporters
about "safe, effective, life-saving ECT"
to lie to an uncaring disconnected world
ignorant, betrayed, brainwashed by
nazis in white coats [67] who torture/lie/whitewash
in the name of the *DSM*
in the name of mental health

time to rise up, fight back
against psychiatric fascism
MAYDAY! MAYDAY!

Originally titled "MAYDAY!" – the distress call sent out by the captains of ships or the pilots of planes when facing imminent danger – this rant was first read aloud by Connie Neil at an anti-shock demonstration in Toronto. I later read it aloud, first at Toronto's Mayworks Poetry Marathon on May 1, 2011, and then at the "Stop Shocking Our Mothers and Grandmothers" demonstration on May 7 of that year. This is a revised version.

PART SIX

Write On!

Resisting State- Sponsored Oppression

Nameless Homeless

Dedicated to the far-too-many missing and murdered Indigenous women and to the countless homeless and sexually assaulted women and trans people across Canada

i see you i hear you
at the worst corner in town
i see you i hear you
in and out of the filthy crowded shelters the city wants to shut down
save the schoolhouse save the schoolhouse
where are the women's shelters
safe havens for courageous survivors
of unspeakable poverty homelessness rape
i see you i hear you
women alone and lonely
beaten or worse in dark alleyways
all over this fucking stolen land
vancouver
where 1000 Indigenous sisters are
missing or dead
thanks to the genocidal colonialism
of people like stephen don't-give-a-shit harper
and the sexist racist canadian state
where are the safe women's shelters the 24/7 crisis centres
damn city councils for refusing to act
i see you i hear you
freaking out in the boarding-house district
near the psychoprison where you're drugged and shocked
i see you i hear you
desperate mad
your voices medicalized

as “symptoms of mental illness”
i see you i hear you
Indigenous Black refugee immigrant psychiatrized
sisters and brothers
murdered by cops
i see you i hear you
struggling young people in nunavut
where polar bears are also homeless
oh kanata
your corrupt politicians
your final solutions for homelessness
your mass evictions mass arrests riot squads
pepper spray tasers tear gas bullets prisons
your criminal just-us system
your mental death system
i see you i hear you
i fear you not
i am with you
my sisters and brothers
we stand we march against injustice
and for human rights

I originally wrote this rant in 2010. A revised version was published in Resistance Poetry 2, the anthology of the 2012 International Festival of Poetry of Resistance. I read several excerpts aloud at Toronto’s International Day for the Elimination of Violence Against Women, November 25, 2014 and at the 2014 Homelessness Memorial. This (much shorter) version was published by Irit Shimrat (editor of this book) in the Fall 2015 issue of The Networker, the newsletter of the West Coast Mental Health Network. [68]

A Legacy of Government Genocide against the First Nations of Canada

April 12, 2016

Re: “Suicides Plague Attawapiskat First Nation in Canada” [69]

Attention: *New York Times* Opinion Page Editor

I applaud the recent release of the historic Truth and Reconciliation Commission Report on Canada’s racist Residential School system, but it doesn’t go far enough. The corporate media and Justin Trudeau’s Liberal government have consistently failed to publicly acknowledge the connection between the policies of genocide and systemic racism of successive Canadian governments (dating back to Confederation in 1867) and the current epidemic of child and youth suicides on First Nations reserves. Only when Canadian media reported on April 9 that eleven Indigenous children – residents of the Attawapiskat First Nation reserve in Northern Ontario, some as young as nine years old – were planning to kill themselves (some had signed a suicide pact) were government officials finally moved to express alarm and investigate.

But what about the Third-World conditions on virtually all First Nations reserves? What about the many previous suicides and suicide attempts on Indigenous reserves rife with horrific poverty and homelessness over the past 150 years? Former Prime Minister Stephen Harper cruelly and deliberately cancelled the eight-billion-dollar Kelowna Accord, which would have provided desperately needed emergency health, sanitation, housing and educational resources to most First Nations reserves. Fortunately, our new federal government has restored this Accord. But will Trudeau act? The systemic indifference towards, and intentional neglect of, First Nations, on the part of every federal government Canada has ever had, is not just shocking and shameful. It is genocidal. It is a crime against humanity.

To their credit, Carolyn Bennett (Federal Minister of Indigenous and Northern Affairs) and Eric

Hoskins (Ontario Minister of Health) recently travelled to Attawapiskat to meet with and seriously listen to local First Nations leaders, band councillors, and a few of the traumatized children talk about the suicides and Third-World conditions. However, now that this issue is finally attracting official attention, it is being narrowly framed by government leaders, health officials, child welfare officials and corporate media as a “mental health crisis.”

It is beyond absurd to blame problems caused by policies of cultural genocide on chemical imbalances in the brains of Indigenous people.

Governments and media have acknowledged the sociopolitical factors “underlying” the national existential emergency happening now on many reserves. We know that First Nations citizens often live in substandard and overcrowded housing (many in flimsy wooden shacks) and that, in cities and towns, many are homeless. Many Indigenous Canadians are hungry; some are starving. Many lack running water (or, indeed, any access to clean water), flush toilets, accessible health facilities, and adequate (or, indeed, any) medical care. Hepatitis C, tuberculosis and pneumonia run rampant.

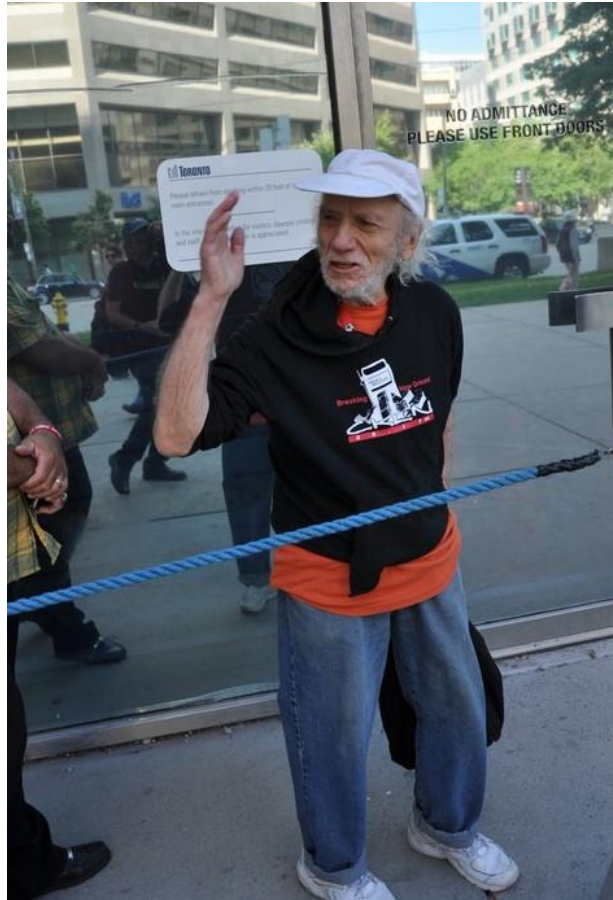
Thousands of young Indigenous Canadians are addicted to recreational and/or prescription drugs. What are they supposed to do with their lives? There is a serious shortage of schools, and specifically of courses taught in Indigenous languages. Unemployment rates are astronomical. And what is the response? The attribution of this existential emergency to “mental health problems” opens the door to the alarming prospect of psychiatrists, psychiatric nurses and “mental health” workers prescribing and administering brain-damaging and addictive drugs, electroshock, and psychiatric “hospitalization” (incarceration). What effect will this have on the bodies and minds of young people who are already vulnerable and traumatized?

I repeat: We are witnessing a national existential emergency 150 years in the making. Canada became a nation in 1867, after successive governments had stolen First Nations land and broken countless treaties. And yet, the word “genocide” never appears in the corporate-controlled media (e.g., the CBC, the *Toronto Star*, *The Globe and Mail*). In short, government and media continue to censor and sanitize the stories, both historical and current, that Canadians get to hear about our

First Nations.

In the midst of this darkness, Charlie Angus [70] shines a bright light. A hardworking and respected NDP (New Democratic Party) Member of Parliament and whistleblower, Angus represents the Northern Ontario federal riding of Timmins-James Bay – home to Attawapiskat and other First Nations reserves. Unlike most politicians, Angus is an intellectually honest, caring and courageous social-justice activist who bears witness to and speaks out against this ongoing, made-in-Canada legacy of genocide.

I hope people all over the world who care about justice, and indeed about humanity, will heed his voice.



At the memorial for Jack Layton (1950-2011), held at Toronto City Hall, who led the New Democratic Party, and also served as Member of Parliament for his district of Toronto, during the last years of his life. In a famous letter to National Chief Phil Fontaine, dated June 5 2007, Layton wrote: “After 140 years of attempted assimilation, being stripped of their lands, their rights, their hopes and their dignity, we understand the frustration in First Nation communities today. For far too long the Government of Canada has studied and made unfulfilled promises to address the neglect, abuse, social and economic inequality of First Nations in Canada. At a time when Canada stands as one of only two countries to vote against the United Nations Declaration on the Rights of Indigenous Peoples, I believe it is vital for Canadians of good conscience to take the steps necessary to set things right – once and for all.” If only there were more politicians of good conscience like Charlie Angus and Jack Layton, maybe Canada really could set things right.

Action Plan Needed for Homeless People

December 30, 2016

Re: “New project will keep track of all homeless deaths,” *Toronto Star*, December 23, 2016

Attention: *Toronto Star* letters editor

After ten years of lobbying by street nurse Cathy Crowe and other street workers and affordable-housing activists, including myself, city councillors have finally agreed that municipal government and public-health officials will start tracking the number of homeless people who have died on Toronto streets and in city shelters. According to the Church of the Holy Trinity’s Homeless Memorial List, more than 800 homeless men and women have died since 1985.

What about some concrete action, like building a helluva lot more affordable housing? What about putting a freeze on the construction of new condos for the rich in overcrowded communities and neighbourhoods? What about opening up the Moss Park and Fort York armouries so that fewer homeless and poor people freeze to death on Toronto’s streets this winter?

Affordable-housing and anti-poverty activists aren’t going to wait any longer for answers. We are going to take more direct action. We refuse to listen to more self-serving promises and hollow rhetoric from Mayor John Tory, Premier Kathleen Wynne and Prime Minister Justin Trudeau.

We need to see an action plan – not just a national strategy – that lays out timelines for building starts, completion dates, and locations of affordable housing for the 172,000 people on Toronto’s subsidized-housing waiting list, and for the thousands more on the street and in overcrowded shelters.

The 2017 inquest into the deaths of Brad Chapman and Grant Faulkner [71] will be another sham; another showcase for lies and inaction on homelessness and poverty.

Published in the Toronto Star, December 30, 2016.

Note: In the winter of 2017 the armouries were indeed opened up as shelters for homeless people. However, in 2018, Moss Park Armoury closed after a few weeks, and Fort York Armoury closed after a couple of months, due to lack of funding. Toronto still has no long-term strategy either for providing shelter for homeless people or for building affordable, accessible housing.



This photo was taken by Cathy Crowe on June 12, 2018. We had just attended the inquest into Grant Faulkner's death. From left: Ramata Tarawally, me, Cathy Crowe, Mike Creek, Tracy Heffernan, Karen Andrews, Lynn Anne Mulrooney

Amnesty International Fails Psychiatric Inmates

February 3, 2016

Re: Human-rights violations

Attention: Alex Neve, Secretary of Amnesty International Canada

I am writing to urge you, and Amnesty International (A.I.) generally, to speak out against the many human-rights violations perpetrated on Canadian citizens labelled “mentally ill.” These include the use of solitary confinement (“seclusion”), physical restraints (shackles), forced drugging (“medication” administered without consent), and electroshock (electroconvulsive “therapy”).

These so-called treatments are routinely used in Canadian psychiatric facilities and wards, as well as in many youth detention centres and prisons (“correctional centres”). Forced drugging is also a common practice in Ontario nursing homes.

A.I. has never taken a position against psychiatric torture. It’s time. Your mandate, and in particular its definition of torture, is too narrow. It excludes the cruel, degrading and life-threatening psychiatric “treatments” named above. As a psychiatric survivor of insulin-shock “therapy” and long-time social-justice, antipsychiatry and human-rights activist, I find A.I.’s inaction and silence on psychiatric human-rights violations unacceptable and inexcusable.

If A.I. Canada’s refusal to publicly denounce psychiatric torture is to continue, I ask you to forward this letter to the International Secretariat in the UK and to remove my name from A.I.’s online mailing list. I used to write letters and sign petitions in support of A.I. cases, press releases and international requests for political action – but no more.

I am copying this letter to Ontario Human Rights Chief Commissioner Renu Mundhane, among others.

I look forward to your reply.

Note: Neither Alex Neve nor any representative of A.I. ever responded to this letter.

Investigate Health Canada's Conflict of Interest!

April 14, 2014

Attention: *Toronto Star* Letters Editor:

I used to suspect, but am now certain, that Health Canada is a partner of Big Pharma – the conglomerate of transnational drug companies – and, as such, should be charged with conflict of interest (“Ottawa keeps drug reviews under wraps,” 4/12/14). That’s one major reason for its continuing and inexcusable secrecy, including its refusal to publish many of the adverse, health-threatening reactions (“side effects”) caused by various drugs, especially brain-damaging neuroleptics (“antipsychotics”) like Seroquel, which can cause stroke or death, particularly in elderly patients.

As the Canadian government’s health regulation agency, Health Canada is supposed to educate, warn and protect us with regard to the risks of drugs and “medical devices” (such as electroshock machines). Instead, it issues weak warnings (“advisories”) about serious drug risks, and flatly refuses to release the results of clinical trials of new, experimental or controversial drugs.

It’s time people realized that Health Canada is not, as it and former Health Minister Rona Ambrose have claimed, independent, transparent and accountable. A non-governmental scientific organization should conduct a full and independent investigation into Health Canada, with an emphasis on conflicts of interest. It’s long overdue.

Killer Cops: State-Sanctioned Murder

March 25, 2016

Attention: Letters Editor, Now Magazine [72]

The July 10, 2015, killing of forty-five-year-old Somali-Canadian Andrew Loku is the most recent tragic example of racism and mentalism on the part of Toronto police officers, and of the force's continuing incompetence and failure to de-escalate personal crises.

Many other racism-driven police killings have occurred in Toronto over the past twenty-five years. In 1988, Lester Donaldson was labelled "schizophrenic" and shot dead in his own home. In 2012, police swarmed and murdered Michael Eligon after he escaped from a psychiatric ward at Toronto East General Hospital. In 2013, police killed eighteen-year-old Sammy Yatim, firing eight shots as well as zapping him with a taser.

Andrew Loku had three strikes against him: he was Black, poor, and labelled and stigmatized as "mentally ill."

Virtually all racism-driven police shootings and killings of Black men in Toronto and in other major cities in Canada and the U.S. have been fraudulently attributed to the victim's "mental illness" and/or the "potential dangerousness" wrongly associated with skin colour. The alleged association between violence and "mental illness" – the myth of the violent mental patient – was thoroughly discredited by mental health professionals and lawyers more than twenty years ago. People labelled "mentally ill" are in fact *less* prone to violent behaviour (but much more likely to be victims of violence) than other citizens, and yet the stereotype persists.

It's time for activists, educators, administrators and community leaders to start promoting anti-racism and human-rights courses in every high school, college, university and community centre. It's time for mass public protests against police racism and violence across Canada.

Why are police, and in particular the Special Investigations Unit, refusing to disclose the name of the officer who killed Andrew Loku?

Welcome to the police state that Toronto has become.

Drugging in nursing homes is elder abuse

May 18, 2014

Attention: *Toronto Star* Letters Editor

Your recent in-depth reports of *Toronto Star* investigations into Ontario nursing homes – which rightly focused on the forced psychiatric drugging of elderly women disabled by dementia and other serious medical conditions (“Use of antipsychotics soaring at Ontario nursing homes” and “Did Zyprexa kill Aunt Gerry?” 4/15/14) – are deeply disturbing. Prescribing off-label, brain-damaging, potentially deadly psychiatric drugs (such as the “antipsychotics” Seroquel and Zyprexa) to elderly nursing-home residents is a serious breach of medical ethics. In fact, it constitutes both medical malpractice and elder abuse.

Forced drugging, not only in nursing homes but also in “mental health centres” and prisons, is a national disgrace and a crime, driven by racism, sexism, ageism, and the “mental health professionals” dealing in social control. This decades-old medical abuse of countless extremely vulnerable sisters and brothers is inexcusable. The forced and frequent drugging of elders – and, I reiterate, particularly of “senior” women with disabilities – is being committed by psychiatrists and facility staff, and condoned and covered up by administrators and government officials. Many psychiatrists and staff members should be fired, charged with assault, and sued for medical malpractice.

Immediate and coordinated action by Ontario Health Minister Eric Hoskins is long overdue. The prescription of off-label psychiatric drugs, and especially of “antipsychotics” and “antidepressants,” to residents of nursing and other long-term “care” homes should be immediately banned, and the ban strictly enforced. This practice is not only unethical; it discriminates against elderly and disabled citizens and violates their human rights.

“Locked Seclusion”: A Violation of Human Rights

March 9, 2016

Re: Solitary confinement

Attention: Ontario Human Rights Chief Commissioner Renu Mundhane

First, I am writing to congratulate you for writing a critical statement advocating the abolition of “segregation” (solitary confinement) in Canadian prisons. Second, and more important, I am writing to alert you to the alarming use of solitary confinement in the psychiatric (“mental health”) system, where it is euphemistically referred to as “seclusion” or “locked seclusion.” This serious and continuing human-rights violation should be immediately banned.

As you may be aware, many thousands of psychiatric patients imprisoned (involuntarily committed) in mental health centres and psychiatric hospitals and wards across Ontario and other provinces have been ordered (“prescribed”) “seclusion” or “locked seclusion,” supposedly as a form of treatment. Seclusion is not treatment. It is solitary confinement.

Surely you know that the practice of subjecting prisoners to solitary confinement has been condemned as torture by United Nations’ Special Rapporteur Juan E. Mendez in his 2011 report to the UN Committee Against Torture.

As a psychiatric survivor and antipsychiatry and social-justice activist, I know first-hand that countless psychiatric prisoners (“patients”) have been seriously traumatized while languishing for periods of hours, days, or longer, in small, airless, locked, barren rooms. Usually, they are being punished for such “noncompliant behaviour” as refusing or resisting psychiatric “medication” or electroshock “therapy” (ECT) or attempting to break ward rules (e.g., the restriction of telephone, visiting, or grounds “privileges”).

In the 1990s, a close friend was repeatedly incarcerated (“hospitalized”) at the Queen Street Mental Health Centre (now a “campus” of Toronto’s Centre for Addictions and Mental Health). I frequently visited him in a “locked seclusion” room on the ward. I was lucky to be allowed to do so – visitors are generally not allowed to visit inmates (“patients”) in solitary. But I was horrified by what I saw. My friend was frequently subjected to excruciating suffering through the use of physical restraints (“four-point” restraints, in which “patients” are immobilized by means of wrist and ankle shackles that bind them to a gurney). His psychiatrists kept ordering the use of restraints and “locked seclusion” in response to his “head-banging behaviour” – which was a reaction to the “medications,” not a behaviour in which he engaged intentionally. “Agitation” (unbearable restlessness, clinically known as akathisia) is a common adverse effect of “antipsychotics” (neuroleptics) and “antidepressants,” both of which my friend was forced to take.

Picture a small concrete box furnished only with one mattress on the floor, one sheet (no blanket) and a washbasin. There was a small, thick plexiglass window set high in the locked steel door, through which staff could observe inmates. There was no toilet; my friend had to press a “panic button” or repeatedly pound on the door to alert staff that he had to go to the bathroom. When they failed to come in time, as they often did, he had no choice but to soil himself. I know from other friends who have been psychiatrized more recently that “locked seclusion” rooms on most psychiatric wards today are no different: barren, grim and intimidating.

Commissioner Mundhane, I hope you can see that “locked seclusion” is not a form of treatment. It is solitary confinement: a cruel, degrading and torturous form of punishment.

As a follow-up to your excellent, hard-hitting report against the use of segregation in prisons, I urge you to strike an independent and proactive committee to investigate the use of “locked seclusion” in all psychiatric facilities in Ontario; issue a public report; organize a press conference; and ban this outrageous violation of human rights as soon as possible. The public has a right to know about the torturous use of psychiatry- and state-sponsored solitary confinement, both in psychiatric facilities and in prisons.

The use of “locked seclusion” is a serious and widespread violation of the human rights of “patients,” including several rights guaranteed to all citizens under the Canadian Charter of Rights and Freedoms. I am copying this letter to the Canadian and British Columbia Civil Liberties Associations, because these advocacy organizations have at times expressed serious concerns about, or taken legal action on, solitary confinement. Further, I enclose a copy of my article, “Struggling Against Psychiatry’s Human Rights Violations: An Antipsychiatry Perspective,” published in the journal *Radical Psychology* in 2008. [73]

I look forward to hearing from you.

Note: Neither Renu Mundhane nor any representative of OHRC ever responded to this letter.

solitary confinement

a rant dedicated to all prisoners

i escaped solitary
they couldn't lock up my spirit
while torturing me and other prisoners
with insulin shock at mclean [1] in the fifties

quiet rooms
side rooms
restraint rooms
seclusion
locked seclusion
segregation

forget the euphemisms

solitary confinement
prisons within prisons

mel languished in "locked seclusion" for months
in the '90s at camh
for "head-banging behaviour" –
a "side" effect of Haldol

ashley took her life
in segregation
at grand valley
after years in canada's cages

fighting for independence freedom life
locked up in claustrophobic cells
reserved for “non-compliant patients” and political prisoners
who refuse forced chemical lobotomy
refuse brain-damaging electroshock
refuse “mental health treatment”
by criminal nurses and shrinks

brothers and sisters left alone and lonely
in seclusion cages
out of sight
on every psych ward and forensic unit
where freedom fighters are labelled
as violent out-of-control troublemakers
by control-freak “doctors”
prescribing “safe and effective” torture
and by sadistic staff who
sanction and justify hellholes
solitary loneliness madness

prescribed suicide
torture chambers guarded by
genocidal fascists

you can smell
you can taste
you can feel
the violence on psych wards
in detention centres
in immigration centres
in jails

on prison ranges
where you're greeted by
blood
piss
vomit
shit
batons
beatings
pepper spray
tasers
cell extractions
suicide watches
interrogation rooms
the deafening slam of
cell doors shutting out
life and hope

for the ashley smiths and the mumias
locked up indefinitely
in "safe and secure segregation"
suicide cells and death rows
where prisoners get special treatment
a final solution
bodies
segregated
from mind
from spirit

hebb's social isolation experiments [74]
live enshrined in prison torture policy
approved by psychologists and psychiatrists [75]

hallucinations

nightmares

panic

madness

brain damage

suicide

death

sanitized “side” effects

collateral damage of

cameron’s brainwashing brutalities [48]

psychiatric police-state tactics

global “mental health” war

against freedom

independence

choice

human rights

waged by moral enforcers in hospital scrubs

only following superiors’ orders

just doing their job

doctors and nurses afraid to whistle-blow

afraid to report criminal colleagues to police

all the while destroying prisoners’

health

life

hope

murdering peace and justice

committing crimes against humanity

in the name of “mental health”

to protect
their own job security
their own safety

August 2015

Elsewhere in this book, I have written in detail about Mel, Ashley and Mumia. See “I can’t forget, I won’t forgive: A rant for Mel Starkman”; “How Canada’s Prisons Killed Ashley Smith: A National Crime and Shame”; and “Strong Black Brother, Beautiful Warrior: For Mumia Abu Jamal.”

State-Sponsored Psychiatric Fraud and Deception: The NCR Defence

March 4, 2009

Re: “Man pleads not guilty in bus beheading,” *Toronto Star*, December 23, 2016

Attention: *Toronto Star* letters editor

Regarding the recent trial of Vincent Li, I strongly oppose the legal defence of “Not Criminally Responsible” (NCR). The NCR defence perpetuates the myth and fraud of “mental illness” and allows the “mentally ill” accused person to avoid responsibility for the consequences of his or her actions.

Vincent Li was accused of murder and labelled “schizophrenic” after beheading Tim McLean in an unprovoked attack on a Greyhound bus. Now, Li, his lawyer and the psychiatrists serving as “mental health experts” are hyping the NCR defence in court, to avoid a prison sentence.

In a fast-tracked court trial in Winnipeg, Li’s lawyer, the prosecution (“the Crown”) and two psychiatrists (who gave identical testimony) conspired to urge the discredited and illogical NCR defence and promote the myth of “mental illness,” and, in particular, “schizophrenia.” Vincent Li was sentenced indefinitely to a psychoprison (forensic “hospital”), where he will be locked up and chemically lobotomized through forced drugging with highly toxic “antipsychotic medications.”

The NCR defence is just a sanitized version of the old NGRI (“Not Guilty by Reason of Insanity”) defence. Like anybody else who kills, injures or harms another person, Li should be held responsible for his actions. Regardless of whether or not he was hearing voices, or was “mentally ill” or “sane,” Li had to know that he was killing another human being.

Li should have been criminally charged with murder. In the psychoprison, the psychiatrist-jailers will have one more “mentally ill” human guinea pig whom they can torture and destroy with impunity, using brain-damaging “antipsychotics” and other harmful treatments, all in the name of “mental health.” Who benefits? Psychiatry and Big Pharma. What is sacrificed? Truth, justice, and the mind and health of Vincent Li.

Note: On February 10, 2017, the Manitoba Criminal Code Review Board granted Vincent Li an absolute discharge. I assume that he is still on psychiatric drugs, and am concerned that the effects of these drugs – or of withdrawal, should he stop taking them – could cause him to do further harm.

for Leo, panhandling on yonge

he crouches in front of tim horton's
head bowed as if praying
holding out an empty coffee cup
motionless not yet homeless
shivering but not complaining
he lifts his head up
his bright expectant eyes meet mine
thanking me godbless for
any sign any gesture any recognition
he knows i know his name
he knows I know he's not crazy
i give him a loonie
later, a blanket
when what he needs
is shelter
a room
a warm coat
a hot meal
a job
a hug
love
on
a cold
concrete
street
day
and
night

a human right
out of sight

2015

.

time to ban psychiatry: it matters

it matters you're in solitary
shouting out in solidarity
i'm here brothers and sisters
i'm here can you hear
speaking revolution
Black brown and red power
acting out and rising up
speaking truth to power
resist goddamit resist
it matters it matters

cops and guards too braindead to understand
while shrinks prescribe
meds shock lockup
tortures to cure "mental illness"
they can't see your visions
you're denied visitors lied to beaten
locked up in a cell
seclusion segregation solitary
no difference they're all hell
it matters it matters

it matters you didn't kill rape steal
it matters you're for real
labelled schizophrenic
you're not manic bipolar psychotic
no threat no danger
drugged in dungeons til you faint

shrinks lie calling it restraint
you never gave consent
damn glad you're a dissident
it matters it matters

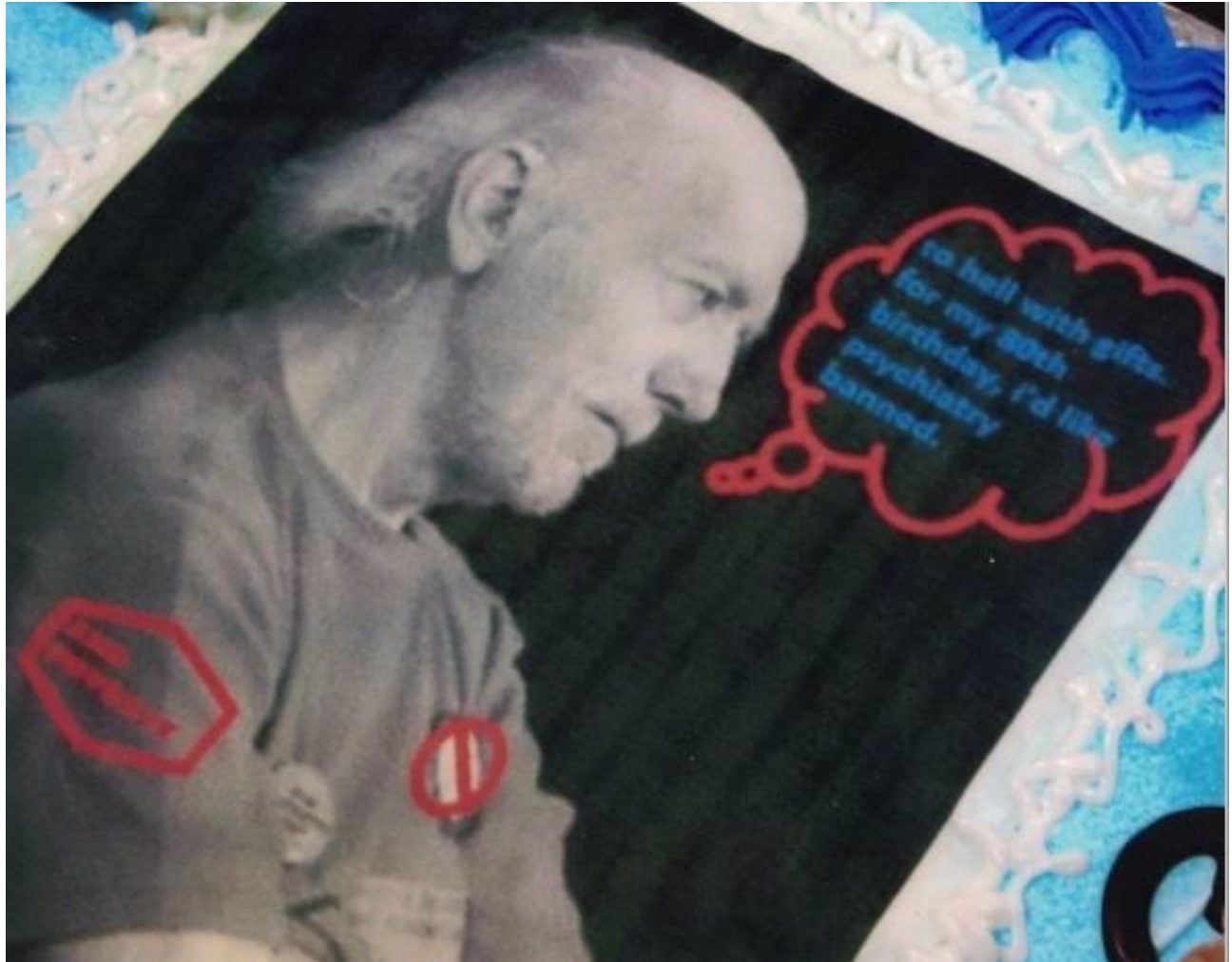
call it mental illness call it crime
either way you'll do hard time
to hell with *DSM* and criminal code
they're just a fucking fascist load
their boss texts [76] stigmatize and dehumanize
enforced by police and shrinks MPPs and MPs

remember to think speak write
damn well your human right
remember to march loud and strong

listen up brothers and sisters
it's time to fight for our right
to health to life to resistance
it's never wrong it shows insight
stay together in solidarity
time to ban psychiatry

it matters it matters

2017



My birthday cake, 2010: "To hell with gifts. For my 80th birthday, I'd like psychiatry banned."

CONCLUSION

A Radical Vision:

A World Beyond

Psychiatry

A Radical Vision: A World Beyond Psychiatry

Free at last! Free at last! Thank God Almighty, we are free at last!

– Dr. Martin Luther King, Jr. [77]

You may say I'm a dreamer

But I'm not the only one

I hope someday you'll join us

And the world will live as one

– John Lennon, 1971

There have always been alternatives to psychiatric “treatments”— just not enough of them. The main reason is a form of tunnel vision: “mental health” professionals, the public and mainstream media have been so indoctrinated into psychiatry’s medical model (“mental health” ideology) that they can’t imagine any non-medical, survivor-run alternatives for people in crisis. Psychiatry and Big Pharma have fraudulently medicalized ordinary personal crises as manifestations of “mental illness” or “mental disorder.” Psychiatric drugs, electroshock, physical restraints and locked psychiatric wards are then prescribed as “treatment” for the millions of us who “go crazy,” “freak out,” or behave in ways that others see as strange. This is not just medical fraud – it’s psychiatric oppression: a flagrant violation of our human rights.

Affordable Housing

Here's the grim context. Today, it's widely acknowledged that the lofty ideal of "deinstitutionalization" has been a total failure and fraud, right from the start. Why? Because of government incompetence and negligence, poor urban planning, and public indifference to "discharged" psychiatric survivors and other poor, marginalized and stigmatized people in our communities. More and more psychoprisons have closed since the 1960s, yet virtually no affordable, accessible housing is built for former inmates. The result is that countless people end up on city streets. As inner-city refugees, homeless psychiatric survivors – drugged, traumatized and discriminated against – have nowhere safe to live. For all too many, the street, a shelter or an emergency ward is the only alternative. This disastrous tragedy has escalated for more than forty years in major cities across North America. High-rise condominiums for the rich have become the top priority for the corporate CEOs and real estate developers who control and manipulate the "housing market." For these greedy capitalists, the bottom line is always profit, not people. Toronto today is so saturated with condos and expensive high-rises that it should be renamed Manhattan North.

As you read this, thousands of homeless psychiatric survivors are struggling to survive on the street or in violent, overcrowded shelters ridden with TB, HIV/AIDS and other communicable diseases. With no alternatives or community supports available to them, many are forced back into psychiatric wards, where they're drugged, degraded and traumatized all over again. On the street, survivors are easy targets for the psychiatric police. In Ontario, Assertive Community Treatment Teams (ACTT) and Mobile Crisis Intervention (MCI) Teams have been established by the provincial government to enforce its draconian Community Treatment Orders (CTOs), which authorize forced drugging of outpatients and the arrest of survivors who refuse psychiatric "medication" or "voluntary" hospitalization. (In the MCI program, a "team" consisting of a psychiatric nurse and an armed plainclothes police officer ride around in unmarked police cars.)

Ten years ago, at a public meeting of the Toronto City Council's Neighbourhoods Committee, I tried to convince councillors that affordable and accessible housing for psychiatric survivors and other marginalized people was urgently needed. I pointed out that such housing should replace *all* psychiatric facilities – and that government-funded housing initiatives could save many

thousands of lives, as well as millions of tax dollars, every year. All that was needed was political will.

There is still no national affordable-housing strategy in Canada. What I requested was apparently too radical for the Committee to even consider. After I and many other activists spoke, not one councillor asked a single question, or made so much as one comment. There was total silence from these politicians. They simply tuned us out.

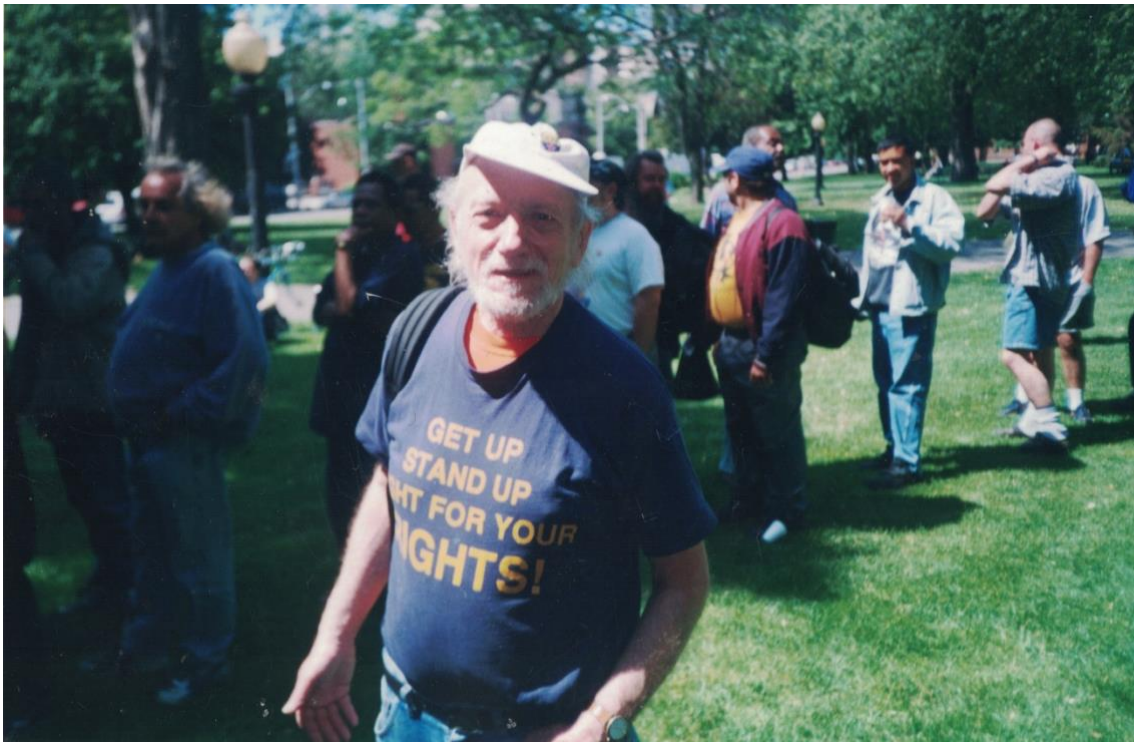
Maybe we were too idealistic, but at least we were sincere. We clearly articulated our issues and concerns, based on our close and continuing contact with hundreds of homeless and underhoused psychiatric survivors and other homeless brothers and sisters. We frequently participated with homeless people in the occupation of vacant buildings, as well as other direct actions, to bring attention to Toronto's escalating homelessness crisis. We demanded, and continue to demand, political action.

Since then, I and many other social-justice activists have delivered similar messages to various City officials. Predictably, we never have never gotten a firm commitment; there has been no official announcement of building plans or timelines. Over the past five years, fewer than 5,000 affordable or "social housing" units have been built in Toronto, although at least 50,000 are needed. Before he decided not to run for re-election in 2010, Miller paid lip service to the fact that building 3,000 affordable housing units a year in Toronto was reasonable and necessary. Despite their publicly voiced concerns, however, Miller, the Toronto City Council and the Ontario government did virtually nothing, content to congratulate themselves on such token initiatives as building a few hundred affordable housing units a year, or releasing a few thousand dollars for renovating existing, rundown rooming houses and shelters.

At community meetings preceding the 2010 municipal election, not one candidate running for Toronto City Council proposed, much less demanded, an affordable-housing strategy for the city. It was simply not a priority issue. The current political climate of callous indifference to homeless and other poor people is highlighted by the glaring absence of any announcement of either target figures or housing strategies. The topic of supportive housing goals and strategies

for psychiatric survivors has not even been discussed. Meanwhile, more than 70,000 citizens have been languishing on Toronto's "social housing" waiting list for years. More than 140,000 individuals and families are on waiting lists across Ontario. Shamefully, Canada's population includes 1.5 million homeless people, and more than half a million children living in poverty. Those among the poor who are "lucky" enough to qualify for government welfare and disability-support programs must struggle to survive, as these programs are obscenely underfunded. A single person on assistance receives between \$375 and \$550 a month for rent – yet the average rent for a bachelor apartment in downtown Toronto is \$800!

Adding insult to injury, Ontario's Liberal government plans to eliminate its Special Diet Allowance (SDA) program. Conceived and initiated by the Ontario Coalition Against Poverty (OCAP), this program has been hugely successful, providing an additional, desperately needed \$250 monthly food allowance for many thousands of poor and unemployed people, including psychiatric survivors and others with disabilities or serious medical conditions. Many SDA recipients are immigrants and refugees from Somalia and other African countries. Another example of government-sanctioned injustice, racial discrimination and class prejudice in Canada's ongoing war against the poor. [78]



July 8, 2000 anti-poverty rally at Toronto's Allan Gardens

Imagine a world without psychiatry.

- A world where there are no fraudulent psychiatric labels that stigmatize, marginalize and demonize people; where no young person undergoing an existential identity crisis, a spiritual crisis, or any severe emotional stress ever ends up being treated for “bi-polar disorder,” “ADHD,” [14] or “schizophrenia”
- A world where there are no traumatizing, dehumanizing “mental health centres,” “youth assessment and detention centres,” maximum-security forensic units, locked wards, or “seclusion rooms” (solitary confinement cells)
- A world where children, teenagers, adults and elderly people going through their own personal hells are never forcibly drugged, electroshocked, lobotomized, physically restrained (shackled), or threatened with psychiatric hospitalization (involuntary committal)
- A world where parents and teachers are never coerced into drugging children with prescribed neurotoxins
- A world where people going through personal life crises can ask for and receive emotional, social, and economic support in their own communities or neighbourhoods, without ever feeling ashamed or apologetic, and without being criminalized, stigmatized, or pathologized
- A world where people who act and sound different are not patronized, ostracized or discriminated against; where, instead, they are treated as human beings worthy of dignity and respect
- A world where the human rights of every person are universally respected, affirmed and protected

In a world without psychiatry, humanity would finally be free of:

- The “mental health” system – a layer of bureaucracy eliminated
- “Mental health” acts, laws and regulations that authorize the incarceration (“involuntary committal”) of innocent citizens in psychiatric facilities, where today they are routinely degraded, humiliated, forcibly treated, and denied their human and civil rights
- Community Treatment Orders (sometimes called Involuntary Outpatient Committals; the euphemistic term used in British Columbia is “Extended Leave”) – regulations that authorize indefinite psychiatric parole, under which vulnerable people can be forcibly drugged, electroshocked, targeted for surveillance in their communities, and locked up again if they disobey psychiatrists’ orders
- Maximum-security “forensic” units – extremely restrictive, brutal, punitive and dehumanizing psychoprisons
- “Consent and capacity boards” (sometimes called “mental health review boards” or “review panels” – psychiatrically biased tribunals at which a psychiatrist’s “clinical judgement” invariably trumps an inmate’s appeal for freedom, choice, personal autonomy and other human rights
- *DSM* [15] labels like “schizophrenia,” “psychopathic personality,” “sociopathy,” “bipolar affective disorder,” “borderline personality disorder” and “ADHD.” The utterance of such pejorative, stigmatizing terms in public would be judged and punished as hate speech.

- “Doctors” with the power to judge people in crisis as “incompetent” or “incapable,” to diagnose them with made-up “illnesses,” and to lock them up and forcibly drug and/or electroshock them
- Psychiatrists being given “expert witness” status in any legal proceedings, including court trials
- Psychiatric facilities. All existing ones would be converted into drug withdrawal centres, crisis centres and affordable-housing units, including co-ops and safe houses.

Alternatives

Many safe, non-medical, non-coercive, community-based alternatives to the psychiatric system exist in the United States, and there are a few in Canada as well. Most are controlled by psychiatric survivors, others by a partnership of survivors and supportive health workers and/or other allies. We need many, many more such resources for people trying to overcome personal crises or recover from the damage done by psychiatric abuses, including doctor-inflicted trauma, brain damage, and all kinds of disabilities. Those that do exist are worth examining and emulating, with the goal of creating enough such alternatives that all of us can avoid psychiatric “hospitalization” and “treatment” and reclaim our lives.

We need many more survivor-controlled support groups in all major cities and communities. I don’t mean drop-ins or “clubhouses” managed by professional “mental health” staff, such as members of the Canadian Mental Health Association. These places keep survivors down by promoting psychiatry’s medical model. I’m talking about groups that provide peer support to combat survivors’ feelings of alienation, isolation, discrimination and stigmatization; groups that offer genuine emotional and social support to those going through crisis or trauma; groups that encourage self-empowerment. (See my description of On Our Own in “Rant for Mel.”)

Sound Times Support Services [79]

Founded thirteen years ago, Sound Times (based in Toronto) is one of the largest groups in Ontario, with more than 400 members. It is totally controlled by psychiatric survivors, and provides free food and clothing, computer training, and a limited amount of legal advice and advocacy. It also helps members find affordable housing and apply for welfare or disability benefits.

Parkdale Activity and Recreation Centre (PARC)

This social agency/drop-in was started in 1980 by a handful of psychiatric survivors and community activists who wanted to provide community support for survivors in the Parkdale neighbourhood of downtown Toronto, where “Queen Street” [20] is located and where many of its former inmates still live. In the wake of failed “deinstitutionalization” initiatives, hundreds were and still are homeless, unemployed, poor and forced to survive on minimal, if any, financial aid.

PARC’s staff is a mix of community workers and survivors. At least 50 percent of the board members are survivors. The agency offers its members: “a shower, clothing from our clothing bank, emergency food support, a daily meal, a warm place to sit, people to talk to, internet access, computer assistance and training from other members, volunteer support, transportation assistance, laundry facilities, art-supply subsidies, emergency housing/shelter referral and assistance, emergency warming supplies, outings to local cinemas, and many other activities.” PARC workers are strong advocates of affordable housing and antipoverty initiatives. One of PARC’s current housing projects is Edmond Place, a resident-controlled house named after Edmond Wai Hong Yu [80] and funded by the City of Toronto; it includes twenty-four “self-contained units” for psychiatric survivors.

24-hour walk-in crisis centres

Right now, there is no free-standing, independent 24-hour walk-in crisis centre in Toronto, despite the obvious need. People should not have to go to hospital emergency wards or clinics for non-medical crises. We need many community-based, non-medical crisis centres – completely independent of, and separate from, hospitals, emergency departments and medical clinics – that unconditionally welcome people in crisis. Such centres would accept personal crises as real and meaningful, rather than medicalizing them as “symptoms of mental illness.” People in crisis could walk in anytime, night or day, and talk with an empathic, respectful worker. Currently, psychiatry medicalizes normal human crises: despair caused by eviction; intense fear or panic; “depression” (including suicidal ideas and suicide attempts); grief at the death of a loved one; loneliness; and, notably, the excruciating effects of withdrawing from psychiatric drugs (see “Withdrawal Centres,” below). As well as being open twenty-four hours a day, seven days a week, these centres must be completely accessible, centrally located, physically comfortable, aesthetically pleasing and non-threatening. They should be staffed mainly with psychiatric survivors trained in crisis and trauma counselling, as well as street nurses. External medical doctors (GPs) can serve as professional back-up, to be contacted in medical emergencies or for medical consultation.

These centres should have four main objectives:

- Providing emotional and social support as well as crisis counselling
- Preventing psychiatric treatment and hospitalization
- Providing relevant, practical health information
- Referring people to safe and supportive alternatives in their own communities. Staff and volunteers should be aware of such community alternatives as safe houses, community health centres, withdrawal centres, drop-ins, community centres, co-ops, advocacy groups, support groups and legal-aid clinics. Referring any person to a psychiatric facility would be strictly prohibited.
- *Withdrawal Centres*

There is an urgent need for safe houses or centres whose main purpose is to support people in withdrawing, gradually and safely, from psychiatric drugs. There is currently no such place in Canada. These centres should be located in all communities. They must be easily accessible. Psychiatric drugs are extremely potent and addictive, and it's dangerous to come off them abruptly, or on your own. Many survivors end up back in hospital after suddenly stopping "antidepressants" like Prozac or Paxil; neuroleptics like Zyprexa (olanzapine) [25] and Risperdal (risperidone); anti-seizure drugs used as "mood stabilizers," like Depakote (valproic acid) and Tegretol (carbamazepine); or "minor tranquillizers" ("anti-anxiety" drugs) like Ativan (lorazepam), Xanax (alprazolam) and Valium (diazepam).

Knowledgeable critics of psychiatric drugs, such as Peter Breggin [18] and Joseph Glenmullen [81] have warned that abrupt ("cold turkey") withdrawal from these drugs – and, indeed, from virtually any psychiatric drug – is almost certain to trigger a "rebound effect," making people feel like they're going mad again. Do yourself and your friends a big favour by always coming off psychiatric drugs as gradually as you need to – usually reducing the dose in tiny increments, over a long period of time. How long it takes will depend in part on how long you've been on the drug or drugs. (If, like most people, you have been made to take many different psychiatric drugs at once, you should withdraw from them one at a time.) Ideally, your withdrawal process should be guided and supervised by a knowledgeable and supportive health professional – a doctor or nurse. However, since it is very difficult to find a professional to support you in withdrawing, it's a good idea to tell a few close friends and/or supportive relatives of your decision to withdraw. They should support your decision, and should be available to be contacted, or even to stay with you, if necessary. Finally, do everything you can to take good care of yourself, physically and emotionally, while coming off psychiatric drugs. Withdrawal will be hard, especially if you have been on the drug(s) for many months or years. You need to expect a lot of frustration and many setbacks. It may take months, or even years. But it's well worth the struggle and time. It is your right to be drug-free, and to feel healthy, whole and human again. [82]

Sanctuary Houses

A disproportionately large number of women, and particularly elderly women, undergo electroshock, which causes severe physical and emotional trauma. Many more women than men suffer from cognitive impairments caused by ECT, such as major gaps in long-term memory; severe difficulties in concentrating, reading or learning; and loss of skills. Women shock survivors suffer more brain damage, including permanent memory loss, than men. Conventional psychotherapy, self-help support groups, and community rehabilitation programs do not address the special problems experienced by women shock survivors. [57] The report *Electroshock Is Not a Healing Option* (which documented public hearings on ECT held in Toronto in 2005 as part of the Coalition Against Psychiatric Assault's "Inquiry into Psychiatry" event), [12] specifically recommended the creation of a healing centre for shock survivors.

Although there are rape crisis centres in Canada and the United States, I am not aware of any feminism-oriented houses or centres intended to help traumatized women, and women in crisis, work through the deep emotional wounds resulting from electroshock.

These sanctuary houses should be centrally located and physically accessible. They should exist in all communities. They should be administered and staffed mainly by women shock survivors trained in trauma or crisis counselling, and residents should have access to the services of feminist health professionals. Each house should develop and abide by its own set of principles, based on the needs and preferences of residents. Staff and volunteers should validate women's experiences of, and disabilities caused by, electroshock and other psychiatric abuses. They should support women's struggles for healing, emotional and social support, and self-empowerment. In addition to trauma and crisis counselling (for those who want it), non-psychiatric alternatives could include holistic therapies, massage, nutritional counselling, exercise, meditation, yoga, tutoring, classes in various skills, and job or career counselling. Women's organizations, including feminist health and advocacy centres, could provide funding.

Obviously, as long as psychiatry continues to damage people, we will need sanctuary houses for other groups it particularly targets, including children and adolescents; "seniors" and people labelled with various kinds of disabilities; Indigenous people and other people of colour; immigrants, migrants, refugees and anyone who doesn't speak a country's dominant language or

who is otherwise “different.” However, I feel that houses for women victims of ECT are needed even more urgently.

Berlin’s Runaway House (Weglaufhaus) [83]

This empowering alternative is a community refuge for psychiatric survivors. The Runaway House (Villa Stöckle) in Berlin was set up in 1996, after ten years of lobbying and organizing. Still going strong, it is located in a residential area outside the city core. Residents must refer themselves, on a totally voluntary basis; hospital or other medical referrals are not accepted. Residents and workers share an antipsychiatry philosophy; there are no doctors or psychiatrists in the house. The staff-to-resident ratio is roughly one to one: usually there is a total of twelve to fifteen workers, including a few students, and a maximum of thirteen residents. Approximately half the workers are psychiatric survivors. Residents range in age from eighteen to sixty-five; most are between thirty and thirty-five. Residents can stay up to six months, but most leave after about seven weeks. About 30 percent come directly from hospitals; 20 percent are homeless; and the rest arrive from social institutions or from their own homes.

At any given time, there are two workers in the house. The workers are selected mainly for their personal qualities, rather than professional qualifications. The desired characteristics include openness, flexibility, understanding, empathy and a non-judgemental attitude. The staff – men and women in equal number – act mainly as “facilitators,” rather than as counsellors or therapists. No resident is pressured to withdraw from psychiatric drugs, but staff provide emotional and social support for those who do wish to withdraw. The need for very gradual withdrawal is strongly emphasized, and residents are free to consult with outside therapists or doctors, or anyone they like.

The house is run in a non-hierarchical manner. There is no therapy program; daily issues and problems are dealt with informally, as they arise. There is no specific measure of “success,” but it has been noted that the longer a resident stays, the more likely she is to stay out of hospital.

Soteria [84]

Soteria (the word means “deliverance” in Greek) is a courageous social experiment: community residences intended primarily for young people saddled with the label of “schizophrenia.” Thanks to the leadership and wisdom of dissident psychiatrist Loren Mosher (1933-2004) and his dedicated co-workers, two such houses – Soteria and Emanon – were established in the Bay Area of California. They survived for twelve years: from 1971 to 1983. The houses provided a non-medical, non-coercive, flexible, supportive and humane living environment without which the youngsters staying there would have been hospitalized, forcibly drugged with neuroleptics, and otherwise abused and tortured in psychiatric hospitals or wards. Independent studies clearly showed that, after two years, the experimental group of Soteria residents were healthier and more stable (more “together”) than a control group of hospitalized “schizophrenic patients,” as measured by various psychological and social-interaction tests. Furthermore, three-quarters of the Soteria residents successfully withdrew from “antipsychotic” drugs; it was clear that they didn’t need these neurotoxins.

To us psychiatric survivors, it is not surprising that human interaction proved significantly more effective than psychiatric drugs and hospitalization. But this finding was such an unacceptable challenge to the psychiatric establishment’s biomedical model that the National Institute of Mental Health cut off all funding. In 1983, Soteria was forced to close.

“Soteria [and Emanon] worked ... because of ... the intangible and immeasurable qualities of the dedicated people who chose to work there.... staff saw the residents they were there to help as valuable, if flawed and unhappy, individuals whom they expected to improve. Probably the single most important part of why residents at Soteria became less damaged was the direct result of the relationships established among the participants – staff, clients, volunteers, students, anyone who spent a significant amount of time there.... Soteria was a homelike, nonmedical and unmedicated, normalizing place with a quiet, safe, supportive, protective, and predictable social environment.... Five characteristics of Soteria and Emanon set them apart from the hospitals: The houses avoided codified rules, regulations, and policies; they kept basic administration time

to a minimum, to allow a great deal of undifferentiated time; they limited intrusion by outsiders; they worked out social order on an emergent face-to-face basis; [and they] followed a non-medical model that did not require symptom suppression.”

Advocacy and Education

Phenomenal strides have been made in these areas by ECT.org, *Phoenix Rising* [8], MindFreedom International (MFI) ; and many others, including:

- The Antipsychiatry Coalition
- Auntie Psychiatry
- The Campaign to Support CRPD Absolute Prohibition of Commitment and Forced Treatment
- The Canadian Medical Marveller
- ECT.org
- The Empowerment Council
- The Hearing Voices Network
- The Inner Compass Initiative
- Leonie’s Blog (all things iatrogenic)
- Mad in America
- Madness Radio
- The National Association for Rights Protection and Advocacy
- The National Empowerment Center
- Our Voice/Notre Voix
- The Psychiatric Medication Awareness Group
- *Spotlight on Institutional Psychiatry*:
- The Western Mass Recovery Learning Community

I have provided links to each of the above at the end of the Notes section of this book [85] and also in the section entitled “Bibliography and Recommended Reading, Viewing and Listening.”

Inevitably, I will have left out a large number of important organizations and websites; I hope that this list will inspire you to look for more.

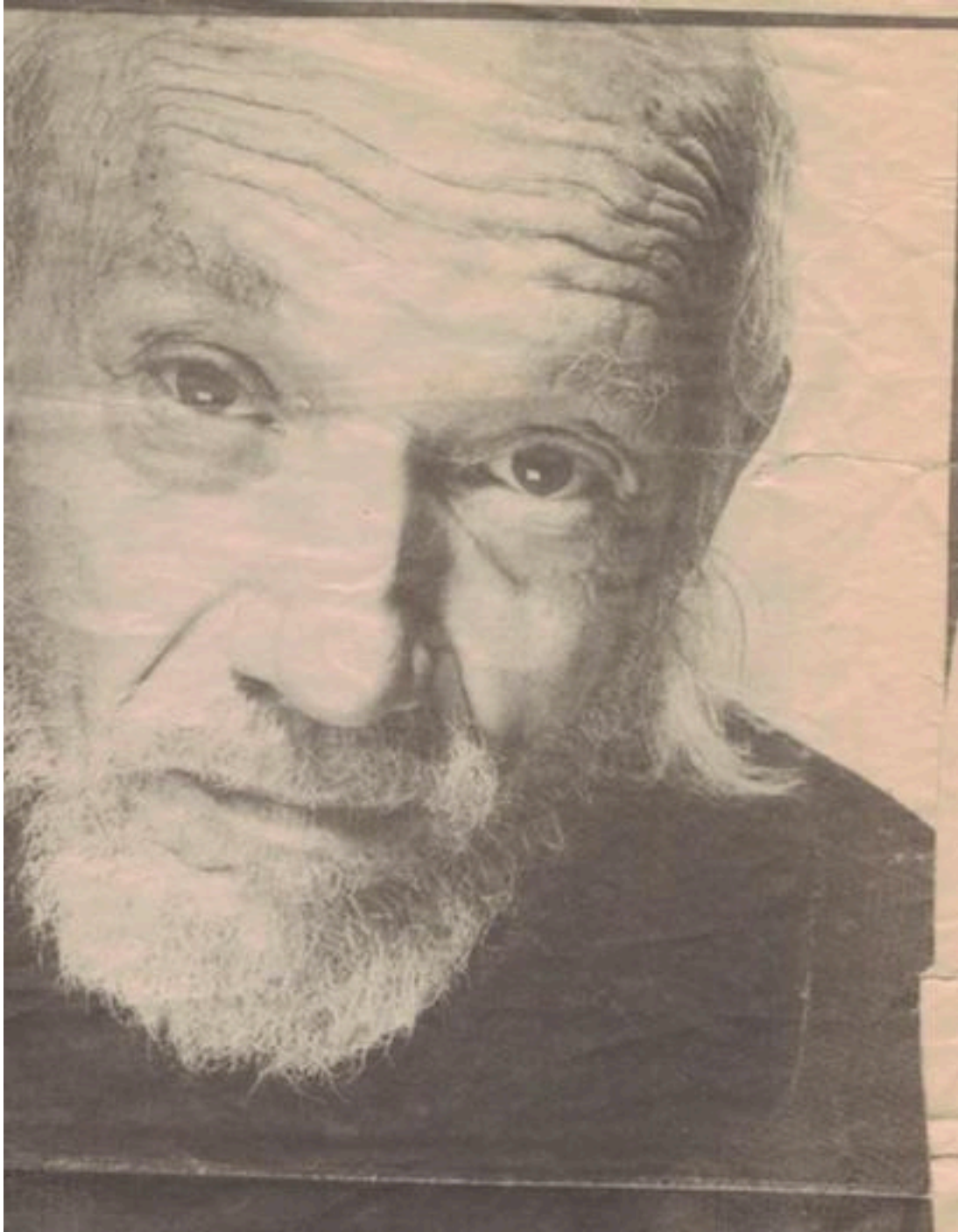
For many years, such initiatives have provided empowering legal advice and grassroots education on mental health laws, as well as supporting many self-help groups and fighting for the civil and human rights of psychiatric survivors locked up, forcibly drugged and electroshocked in psychoprisons (psychiatric institutions and wards), and for other brothers and sisters struggling to survive in the community. As long as psychiatry's dehumanizing psychoprisons and traumatic and damaging procedures exist, human-rights and other advocacy organizations, and massive educational efforts – as well as empowering, non-medical alternatives – will continue to be desperately needed.

Homes – Not Psychoprisons!

We need to abolish all psychiatric facilities and replace them with decent and affordable housing and other non-medical, community-based alternatives. In 2009, Ontario's mental health budget was an astronomical 34 billion dollars. What a waste of money! What a tragic waste of people's health and lives! For a fraction of that amount, we could not only build as many affordable, accessible dwellings as are needed, but also found many 24-hour crisis centres, withdrawal centres, survivor-run drop-ins, and sanctuary houses where people could recover from the harm done by psychiatry. We could eliminate homelessness in Canada. We could save billions in health funding. Most importantly, we could save thousands of lives each year.

A Vision Worth Fighting For

A world without psychiatry? Obviously, we're nowhere near that yet. But I am hopeful that the day will come when we live in such a world. All it would take is for psychiatric survivors, antipsychiatry activists, antipoverty and housing advocates, social-justice and human-rights activists and other allies and supporters to come together in an unstoppable global movement for freedom – freedom from psychiatric oppression and for human rights. That is a vision worth fighting for.



***NOW* Magazine, December 1999: "9 Heroes for 99"**

Notes

1. McLean Hospital, located in Belmont, Massachusetts, is a private psychiatric institution closely affiliated with Harvard University Medical School and Massachusetts General Hospital. McLean has “treated” many celebrities, and is regularly advertised in such high-end magazines as *The New Yorker*. Although it treats the rich with tender loving care, McLean never stops devising new torture techniques for the rest of us. Its website boasts of “new technology-based methods for diagnosing, monitoring, and treating psychiatric disorders.” For more details on my own experiences at McLean, see B. Burstow and D. Weitz, Eds., Vancouver: New Star Books (1988), pp. 277-279.
2. ECT. Electroconvulsive “therapy,” more commonly and correctly referred to as “electroshock.” For more information on ECT and the resistance against it, see André, L., *Doctors of Deception: What They Don’t Want You to Know About Shock* (Piscataway, NJ: Rutgers University Press, 2009); Breggin, P.R., *Electroshock: Its Brain-Disabling Effects* (New York: Springer, 1979); Frank, L.R., Ed. *The History of Shock Treatment* (self-published, 1978); Friedberg, J., *Shock Treatment Is Not Good for Your Brain* (San Francisco: Glide Publications, 1976); Morgan, R.F., Ed., *Electroshock: The Case Against* (Toronto: Morgan Foundation Publishers: International Published Innovations, 1994); Neil, C., *Aftershock: Raised Consciousness Crumbles SHAM Psychiatric System* (2016 – see www.conneil39.wordpress.com/aftershock). See also the websites of the International Campaign to Ban Electroshock (www.intcamp.wordpress.com); ECT Justice! (www.ectjustice.com); ECT.org (www.ect.org); and the Coalition for the Abolition of Electroshock in Texas (www.endofshock.com).
3. Thomas Szasz (1920-2012) was a prolific and incisive critic of psychiatry, looking at the profession from the inside and seeing it for what it is. *The Myth of Mental Illness* (1961) was one of the books that radicalized me. Another was *The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement* (1970). A complete list of Szasz’s books can be found at www.szasz.com/publist.html. I have listed many of them in the “Bibliography and Recommended Reading, Viewing and Listening”

section of this book (below), mainly because I want you to get a sense of how tireless and ferocious Szasz was in exposing psychiatry's lies and the harms they cause.

4. The Mental Patients Association (MPA) was founded by Vancouver psychiatric survivor activist, publisher and writer Lanny Beckman in 1971. As Canada's first self-help group run by and for psychiatric survivors, MPA provided safe, stable housing and a 24-hour drop-in. In 1974, a group of MPA members and others founded the Vancouver Emotional Emergency Centre (VEEC), where survivors could find safety, comfort, and real help – and where no psychiatric drugs were used. VEEC lost its funding just two years later; its great success in helping survivors work through their emotional crises was too threatening to the “mental health” establishment. For the same reason, and at around the same time, MPA was co-opted by the system. It persists as a generously funded medical-model “service” organization, whose acronym now stands for the Orwellian phrase “Motivation, Power and Achievement.” You can learn more about the original MPA (and much else) at the History of Madness in Canada website (www.historyofmadness.ca); read about the group's aspirations and accomplishments at “MPA: The Inmates' Utopia” (see www.historyinpractice.ca/en/node/28#MPATheInma). And be sure not to miss the exciting and empowering 2013 documentary, *The Inmates Are Running the Asylum* (2013) (www.youtube.com/watch?v=JwyaRU1svrA). This testament to MPA's early days was co-created by university professors Megan Davies, Marina Morrow and Geertje Boschma, working together with former MPA members and a team of talented and supportive students.
5. Read more about On Our Own here: “On Our Own: A Self-Help Model,” *Phoenix Rising*, Vol. 3. No. 4 (Spring 1983), at www.psychiatricurvivorarchives.com/phoenix/phoenix_rising_v3_n4.pdf.
6. To read more about Judi Chamberlin (1944-2010), see www.en.wikipedia.org/wiki/Judi_Chamberlin. Judi's book, *On Our Own: Patient Controlled Alternatives to the Mental Health System*, was first published in New York by Hawthorn Books in 1978. A second edition was issued by MIND UK in 1988.

7. Carla McKague (1939-2015) co-founded of Toronto's Advocacy Resource Centre for the Handicapped (ARCH, now called the ARCH Disability Law Centre – see www.archdisabilitylaw.ca). For more about Carla see www.jemh.ca/issues/v9/documents/JEMH_Open-Volume_Hindsight_Carla-McKague-Nov23-2015.pdf
8. *Phoenix Rising: The Voice of the Psychiatrized*. Canadian antipsychiatry magazine, published from 1980 to 1990. (Irit Shimrat, editor of this book, edited *Phoenix* from 1986 to 1990.) See www.psychiatricsurvivorarchives.com/phoenix.html. You can read many gripping stories about the intersection of psychiatry and sexual orientation in *Phoenix's* final issue, at www.psychiatricsurvivorarchives.com/phoenix/phoenix_rising_v8_n3_n4.pdf.
9. For more on the Berkeley shock ban, see *Phoenix Rising*, Vol. 8 No.2 (Fall 1983) at www.psychiatricsurvivorarchives.com/phoenix/phoenix_rising_v7_n2.pdf, p.24. See also www.nytimes.com/1983/01/15/us/judge-voids-berkeley-ban-on-electroshock-therapy.html.
10. Bonnie Burstow is a dedicated scholar, educator, feminist and antipsychiatry activist, as well as being a brilliant and prolific author. Her work should be required reading for all health professionals, and for anyone interested in psychiatry and human rights. Bonnie's most recent book, as of this writing, is the phenomenal novel *The Other Mrs. Smith* (Toronto: Inana Publications, 2017). Her superb nonfiction books include, most recently, *Psychiatry and the Business of Madness: An Ethical and Epistemological Account* (2015) and *Psychiatry Interrogated: An Institutional Ethnography Anthology* (2016), both published by Palgrave Macmillan. In 2016, Bonnie founded the world's first antipsychiatry scholarship program, at the Ontario Institute for Studies in Education,

University of Toronto, where she teaches. For details on this, and much more of Bonnie's work, see www.madinamerica.com/author/bizomadness.

11. You can listen to Anti-Psychiatry Radio at www.radio4all.net/index.php/series/Anti-Psychiatry+Radio.
12. Read more about the Coalition Against Psychiatric Assault's "Inquiry into Psychiatry" hearings at www.coalitionagainstoppsychiatricassault.wordpress.com/events/past-events/inquiry-into-psychiatry-2005. Read the ECT panel report, *Electroshock Is Not a Healing Option*, at www.coalitionagainstoppsychiatricassault.files.wordpress.com/2010/09/shockreport.pdf
13. Find out more about PsychOut at www.individual.utoronto.ca/psychout/table-panels.html and at www.mindfreedom.org/member-folder/as/act-archives/inter/coalition-against-psychiatric-assault/psychout-news. Read the paper I presented, "Electroshock Must Be Banned," at www.individual.utoronto.ca/psychout/panels/weitz_paper.pdf. You can also read the abstract of "Strategies to Ban Electroshock," which describes the shock panel proceedings and which I co-wrote with Mary Maddock, founder of Mindfreedom (see note 20) Ireland, and Linda André, at www.individual.utoronto.ca/psychout/abstracts/weitz-et-al.html.
14. ADHD stands for "Attention Deficit Hyperactivity Disorder." This fraudulent diagnosis, which pathologizes normal childhood behaviour, has resulted in the massive drugging of an ever-increasing number of children, some as young as two years old, whose brains and bodies cannot develop properly as a result. But that is just the physical aspect of the damage. The social, emotional and psychological harm resulting from the ADHD diagnosis devastates the lives of countless children and adolescents. For one of many recent critiques, see www.madinamerica.com/2018/02/scientism-attention-deficit-hyperactivity-disorder.

15. *The Diagnostic and Statistical Manual of Mental Disorders (DSM)* is North America's "bible" of psychiatric diagnoses. For more on the *DSM*, see Baughman, 2006; Breggin, 2008; Burstow, 2015; www.madinamerica.com/?s=dsm.
16. Neuroleptic drugs, also called major tranquilizers or phenothiazines, are most often referred to by the fraudulent term "antipsychotic medications." They do not, as falsely claimed by psychiatrists, treat "psychosis" by "correcting" your brain chemistry. Rather, they suppress cognitive function and cause terrible suffering. These are the drugs most commonly administered by force, to tranquilize troublesome "patients." To read more about neuroleptics, see, for example www.mindfreedom.org/kb/psychiatric-drugs/antipsychotics/neuroleptic-brain-damage; www.madinamerica.com/?s=neuroleptics; www.breggin.com/neuroleptics-page.
17. Neuroleptic malignant syndrome (NMS) is a grave neurological disorder caused by "antipsychotic" drugs. It results in death in up to 30 percent of cases.
18. Peter Breggin, a renowned and outspoken pioneering psychiatrist, has been publicly critiquing the unfounded principles and deadly practices of biological psychiatry for decades. It is Breggin's view, which I and many others accept, that brain damage and the ensuing dysfunction are the *intended effects*, rather than "side effects," of all psychiatric drugs and also of electroshock. See www.breggin.com.
19. MindFreedom International (MFI – originally named Support Coalition International)) is a worldwide coalition of human-rights organizations that advocate for the human rights of all psychiatric inmates and survivors, and against all forced psychiatric procedures. See www.mindfreedom.org. For details on the MindFreedom hunger strike, see www.mindfreedom.org/kb/act/2003/mf-hunger-strike/hunger-strike-news;

www.mindfreedom.org/kb/act/2003/mf-hunger-strike/hunger-strike-debate/mfi-2nd-reply-to-apa

20. The Queen Street Mental Health Centre (“Queen Street”), Toronto’s notorious provincial mental hospital (psychoprison), is now part of CAMH (see note 29). The Clarke Institute of Psychiatry (“The Clarke”), which many former inmates remember with terror, revulsion and rage, is now part of CAMH (see note 29).

21. For more on the “Mrs. T” case, see D. Weitz. “Shock Case: A Defeat and Victory,” *Phoenix Rising*, Vol. 4 No. 4 (April 1984), Electroshock Supplement, p. 9A and pp. 28A-30A, at www.psychiatricurvivorarchives.com/phoenix/phoenix_rising_v4_n4.pdf.

22. John Africa, born Vincent Leaphart, founded the Black liberation organization MOVE in Philadelphia in 1972. He was fatally shot during an armed standoff with Philadelphia police. See www.ultraculture.org/blog/2013/05/06/john-africa-move-organization.

23. For more about MOVE, see www.onamove.com. To read about the Black Panther Party (BPP), see www.blackpast.org/aah/black-panther-party.

24. For more on Judge Max Szabo – see www.huffingtonpost.com/2015/05/08/san-francisco-arrests-officers-racist-texts_n_7245864.html.

25. Olanzapine, sold under the brand name Zyprexa, is an extremely powerful and dangerous neuroleptic (“antipsychotic”) drug that causes many serious diseases and disorders, including tardive dyskinesia and diabetes.

26. Branson Hospital, in North Toronto, where Mel was incarcerated in the 1970s, was also the first place this book's editor, Irit Shimrat, my close friend and the, was locked up, in 1978, at age 20. She and Mel were friends on the ward.
27. CAMH. The Centre for Addiction and Mental Health, into which "Queen Street" [see note 20] and "The Clarke" [see note 21] have now been amalgamated. CAMH is one of Canada's main innovators in psychiatric experimentation and torture techniques.
28. Haldol (haloperidol) is an extremely debilitating drug – possibly the most hated and feared of all the neuroleptics ("antipsychotics"), thanks to its agonizing "side effects" and notorious deadliness. (See, for example, www.canhr.org/stop-drugging/archives/910.)
29. Four-point restraints. Shackles (cuffs) by means of which the wrists and ankles of psychiatric inmates are pinned down to a gurney or bed. This primitive and torturous practice continues to be routinely used as a means of control and intimidation, and of course to make staff's work easier.
30. "Iatrogenic" means caused by doctors (i.e., by medical treatment).
31. Parkinson's disease is a long-term degenerative disorder of the central nervous system (CNS) that causes tremor, rigidity and motor difficulties. One of the extremely common adverse effects of neuroleptics ("antipsychotics") is parkinsonism: a syndrome identical to Parkinson's disease, resulting from one of the ways in which these psychiatric neurotoxins attack the CNS.

32. Amygdalotomy is a particular kind of “psychosurgery” (lobotomy) – a surgical process in which a portion of the brain is intentionally destroyed.
33. Sylvia Plath was an immensely gifted poet and writer. In her semi-autobiographical novel *The Bell Jar* (1963), Plath graphically describes her own electroshock treatments. In the 1950s, Plath was locked up for six months at McLean Hospital (see note 1, above), where both Hope and I were also incarcerated, at different times.
34. Worcester State Hospital is located in Worcester, Massachusetts. In 1975, a group of ex-mental patients, mental health workers and prisoners’ rights groups came together to form the Coalition to Stop Institutional Violence, in part to combat the creation of a “special unit for violent women” at Worcester State. As a result of the Coalition’s grassroots campaign and government lobbying efforts, which triggered a public hearing and strong public opposition, this “special unit” never opened. Worcester State closed in 1991, but new “recovery” and “intensive treatment” units and patient programs have since been established in Worcester.
35. “Suicide gowns” are made from fabric that cannot be torn.
36. For more on the inquest, see www.en.wikipedia.org/wiki/Ashley_Smith_inquest.
37. See Howard Sapers, *Report of Correctional Investigator Howard Sapers and CSC National Board of Investigation into the Death of an Inmate [Ashley Smith] at Grand Valley Institution for Women on October 19, 2007* (February 2008), at www.ocibec.gc.ca/rpt/oth-aut/oth-aut20080620-eng.aspx.

38. Personal communication, September 30, 2013. My thanks to Child and Youth Advocate Lee Tustin and to lawyer Richard Macklin for this list of additional institutions in which Ashley was incarcerated.
39. See Human Rights Tribunal decision: Braithwaite v. Ontario (Attorney General), 2006, HRTO 15 (CANII), at www.canlii.org/en/on/onhrt/doc/2006/2006hrto15/2006hrto15.html.
40. See “The death of Aldo Alviani,” *Phoenix Rising*, Vol. 1 No. 3 (Fall), 1980, at www.psychiatricurvivorarchives.com/phoenix/phoenix_rising_v1_n3.pdf; and “The Aldo Inquest and After,” *Phoenix Rising*, Vol. 1 No. 4, 1981 (Winter), at www.psychiatricurvivorarchives.com/phoenix/phoenix_rising_v1_n4.pdf.
41. Carla and Harvey Savage co-wrote *Mental Health Law in Canada* (Toronto: Butterworths, 1987).
42. Peter Breggin’s astounding book *Brain-Disabling Treatments in Psychiatry* (New York: Springer, 1997) was later re-issued with the subtitle *Drugs, Electroshock, and the Psychopharmaceutical Complex*. Note that Breggin first warned against the dangers of ECT in a book he’d published eighteen years earlier: *Electroshock: Its Brain-Disabling Effects* (New York: Springer, 1979).
43. You can read some of Sue Clark-Wittenberg’s work at www.psychiatrybuster.blogspot.ca/2007/06/antipsychiatry-websites.html.

44. To learn more about Ted Chabasinski's remarkable activism, see www.mindfreedom.org/personal-stories/chabasisnskited and www.madinamerica.com/author/tchabasinski.
45. Leonard Roy Frank (1932-2015) was a dear friend and highly respected shock survivor, activist, editor and author. See www.madinamerica.com/2015/01/memoriam-leonard-roy-frank and www.en.wikipedia.org/wiki/Leonard_Roy_Frank.
46. For more on the protest and arrests at Benjamin Rush, see *Phoenix Rising*, Vol. 4 No. 1 (Summer 1983), pp. 14-18, at www.psychiatricurvivorarchives.com/phoenix/phoenix_rising_v4_n1.pdf.
47. To read about the North American Day of Protest Against Electroshock, see *Phoenix Rising*, Vol. 4 No. 2 (Fall 1983), p. 26, at www.psychiatricurvivorarchives.com/phoenix/phoenix_rising_v4_n2.pdf.
48. See E. Froede and S. Baldwin (1999), "Toronto public hearings on electroshock: Testimonies from ECT survivors – Review and content analysis," in *International Journal of Risk and Safety in Medicine*, Vol. 12, pp. 181-192. See also my chapter on ECT, "Electroshock: Torture as Treatment," in B. LeFrancois, R. Menzies and G. Reaume (Eds.), *Mad Matters: A Critical Reader in Canadian Mad Studies* (Toronto: Canadian Scholars Press, 2013), pp.158-169.
49. Ewen Cameron's notorious brainwashing experiments were funded in part by the CIA. Most of the funding, however, came from grants issued by two Canadian government bodies: the Department of Health and Welfare and the Department of National Defence. In the 1950s and early 1960s, Cameron worked at the Montreal psychoprison known as the Allan Memorial Institute. There, he administered torturous "treatments" to inmates,

most of whom were women labelled “psychoneurotic” or “schizophrenic.” His methods included the forced administration of huge numbers of electroshocks; massive doses of both psychiatric drugs and LSD; and his special invention, “psychic driving”: forcing his victims to listen, thousands of times, to recordings of personalized, emotionally devastating messages, in order to “re-program” them after breaking them down with shock and drugs. For detailed accounts of Cameron’s appalling experiments, see D. Weitz, “A Psychiatric Holocaust,” *Phoenix Rising*, Vol. 6 No. 1 (June), pp. 8-14, 36-39, at www.psychiatricurvivorarchives.com/phoenix/phoenix_rising_v6_n1.pdf; B. Burstow and D. Weitz (1986), “The Cooper Report: Another Government Whitewash,” *Phoenix Rising* Vol. 6 No. 2 (October), pp. 36-37, at www.psychiatricurvivorarchives.com/phoenix/phoenix_rising_v6_n2.pdf. See also A.E. Schwartzman and P.E. Termansen (1987), “Intensive Electroconvulsive Therapy: A Follow-Up Study,” *Canadian Psychiatric Association Journal*, Vol. 12 No. 2, pp. 217-218; and N. Klein (2008), “The Torture Lab,” in *The Shock Doctrine*, pp. 27-55

50. Read Lucille Austwick’s story at www.ect.org/news/austwick.html

51. Read more about Stacie Neldaughter’s whistleblowing, and its consequences, at www.newint.org/features/1997/04/05/whistle.

52. Read John Breeding’s article “Electroshock and Informed Consent” (*Journal of Humanistic Psychology*, Vol. 40 (Winter 2000), pp. 65-79) at www.ect.org/resources/informedconsent.html.

53. Read Breeding’s public statement on forced ECT at www.wildestcolts.com/psych_opp/d-electroshock/2-shock_ny1.html.

54. For details on Jaime Paredes’s firing, see www.ect.org/news/riverviewfiring.html.

55. Read about Peggy Salters's lawsuit at www.ahrp.org/landmark-decision-jury-awards-635177-damages-for-memory-loss-from-electroshock.
56. Read Leonard Roy Frank's outstanding *Electroshock Quotationary* at www.endofshock.com/102C_ECT.PDF.
57. For more on women and ECT, see Burstow, B. "Understanding and Ending ECT: A Feminist Imperative," *Canadian Woman Studies*, Vol. 25 Nos. 1 and 2 (2006); Burstow, B., "My Radical Beginnings," in B. Burstow and D. Weitz, Eds., *Shrink Resistant: The Struggle Against Psychiatry in Canada* (Vancouver: New Star Books, 1988), pp. 277-279; Burstow, B. "Electroshock as a form of violence against women" (2006) at www.psychrights.org/Research/Digest/Electroshock/2006Burstow-ElectroshockAsViolenceAgainst%20Women.pdf); Blackbridge, P. and Gilhooley, S., *Still Sane* (Vancouver: Press Gang Publishers; 1986). See also Sackeim, H., Prudic, J. et al., "The Cognitive Effects of Electroconvulsive Therapy in Community Settings," *Neuropsychopharmacology* Vol. 32 (2007), pp. 244-254 (the most comprehensive retrospective study to date proving that women and the elderly suffer significantly more brain damage and memory loss from ECT than others).
58. Linda André (see www.en.wikipedia.org/wiki/Linda_Andre) directs the Committee for Truth in Psychiatry (see www.ect.org/ctip_about.shtml). Read more about *Doctors of Deception* at www.ect.org/?p=803.
59. Find out more about PsychOut at www.individual.utoronto.ca/psychout/table-panels.html and at www.mindfreedom.org/member-folder/as/act-archives/inter/coalition-against-psychiatric-assault/psychout-news. Read the paper I presented, "Electroshock Must Be Banned," at www.individual.utoronto.ca/psychout/panels/weitz_paper.pdf. You can also

read the abstract of “Strategies to Ban Electroshock,” which describes the shock panel proceedings and which I co-wrote with Mary Maddock, founder of Mindfreedom (see note 20) Ireland, and Linda André, at www.individual.utoronto.ca/psychout/abstracts/weitz-etal.html.

60. Read about Elizabeth Ellis at www.mindfreedom.org/elizabeth.

61. You can find the program for the second PsychOut conference at www.psychrights.org/Education/PsychOut2011/PsychOUT2011Program.pdf.

62. For more on Health Care Professionals Against Electroshock, see www.electricshocktherapy.info/health-care-professionals-against-ect.html.

63. See “Electroshock: Not a ‘Healing’ Option,” in Burstow, B., *Psychiatry and the Business of Madness: An Ethical and Epistemological Account* (New York: Palgrave Macmillan, 2015), pp. 201-227.

64. Read about Comité Pare-Chocs at www.facebook.com/comite.parechocs.

65. Read *Rise Up/Fight Back* at www.amazon.ca/Rise-Up-Fight-Back-Antipsychiatry-ebook/dp/B007EIBK0K.

66. Connie Neil is the author of *Aftershock: Raised Consciousness Crumbles SHAM Psychiatric System* (2016). See www.conneil39.wordpress.com. See also www.absoluteprohibition.org/2016/03/15/aftershock-by-connie-neil
67. The phrase “Nazis in white coats” is a reference to the title of Lenny Lapon’s 1986 book *Mass Murderers in White Coats: Psychiatric Genocide in Nazi Germany and the United States*, published by the Psychiatric Genocide Research Institute.
68. The West Coast Mental Health Network (WCMHN) still exists in 2018, despite all funding having been cut by the Vancouver Coastal Health Authority (VCHA) in December 2013. VCHA has also de-funded other survivor-controlled organizations, in order to funnel more of its millions into psychiatric incarceration and forced treatment. This removal of funding from groups that are run by psychiatric survivors directly contravenes the Convention on the Rights of Persons with Disabilities (CRPD), which Canada signed and ratified in 2010. The CRPD explicitly states that governments *must* fund organizations run by and for persons with disabilities, including those with “real or perceived psychosocial disabilities” – in other words, psychiatric survivors.
69. See www.nytimes.com/2016/04/12/world/americas/suicides-plague-attawapiskat-aboriginal-community-canada.html.
70. Read about Charlie Angus at [www.ourcommons.ca/Parliamentarians/en/members/Charlie-Angus\(25470\)](http://www.ourcommons.ca/Parliamentarians/en/members/Charlie-Angus(25470)).

71. For details about the deaths of Brad Chapman and Grant Faulkner, see www.thestar.com/news/canada/2016/11/24/ontario-coroner-calls-inquest-into-deaths-of-two-homeless-toronto-men.html.
72. *Now Magazine*, Toronto's free weekly paper, describes itself as an "alternative news, entertainment and restaurant source." See www.nowtoronto.com.
73. You can read "Struggling Against Psychiatry's Human Rights Violations: An Antipsychiatry Perspective" at: www.psychrights.org/Countries/Canada/StrugglingAgainstPsychiatrysHumanRightsViolationsWeitz2008.pdf
74. Donald O. Hebb was a prominent Canadian psychologist and researcher who used to chair Montreal's McGill University's psychology department. In the early 1950s, as the Cold War was raging, the Canadian government commissioned Hebb to develop high-risk "sensory isolation" experiments whose main purpose was to investigate the effects of severe sensory deprivation for Canada's Department of National Defence. (The program was based on some of the methods the Chinese Army had used to brainwash prisoners during the Korean War.) Every one of the McGill students who entered the experiment as a paid volunteer quit within seventy-two hours. After forty-eight hours, most had started hallucinating and had become deeply disturbed ("psychotic"), due to being locked up in a small room and deprived of their normal senses of vision, hearing and touch. Hebb's experiments have been cited as reasons to limit (but not to abolish) solitary confinement, which is beginning to be recognized, in prisons – though not, tragically, at psychiatric facilities – as an instance, not only of cruel and unusual punishment, but of actual torture.
75. Several members of the American Psychological Association (APA) have been publicly exposed and criticized for participating in the torture ("enhanced interrogation") of prisoners in the widely condemned Guantanamo and Abu Ghraib prisons, and for

colluding with CIA psychologists, the Pentagon, and the Department of Defense. All the prisoners have been further tortured through the use of indefinite solitary confinement. No psychologist has been criminally charged. At its annual meeting in August 2015, the APA voted to ban all psychologists from participating in “enhanced interrogation.” See J. Risen, “Outside Psychologists Shielded U.S. Torture Program, Report Finds,” *New York Times* July 10 2015, at

76. “Boss texts” is the institutional ethnography term aptly used by Bonnie Burstow (see note 11) to describe the orders and directives in which psychiatrists authorize diagnosis and forced psychiatric interventions, such as involuntary committal, physical and chemical restraints, electroshock and seclusion. Bonnie first used the term in her powerful book, *Psychiatry and the Business of Madness* (New York: Palgrave Macmillan, 2015).

77. Famed U.S. civil rights leader and Nobel Peace Prize winner Dr. Martin Luther King, Jr. said these words in his stirring speech, “I Have a Dream...” (see www.archives.gov/files/press/exhibits/dream-speech.pdf), delivered in Washington, D.C. on August 28, 1963. I strongly recommend that readers listen to Dr. King’s 1967 speech on “creative maladjustment” – see www.youtube.com/watch?v=nDbm6Cv6tSA&feature=related.

78. For personal stories of the devastating effects of poverty and homelessness on psychiatric survivors, as well as accounts of grassroots activism in Toronto, see Cathy Crowe’s 2007 book, *Dying for a Home: Homeless Activists Speak Out* (Toronto: Between the Lines Books). Crowe, a Toronto street nurse, co-founded the Toronto Disaster Relief Committee (1998-2014) with Beric German. See also “1% Solution,” at www.tdrc.net/1-solution. For more on homelessness in Canada, see Sheila Baxter’s *Under the Viaduct: Homeless in Beautiful B.C.* (Vancouver, New Star Books, 1991). For well-researched critiques of the housing crisis and urban solutions, see *Finding Room: Policy Options for a Canadian Rental Housing Strategy*, edited by David Hulchanski and Michael Shapcott

(Toronto: CUCS Press, 2004), as well as the video *Shelter from the Storm* (M. Connelly, Brink Inc., 2003). To read about many successful anti-poverty and housing actions, see the website of the Ontario Coalition Against Poverty (www.ocap.ca).

79. To read more about Sound Times Support Services, see www.soundtimes.com.
80. Edmond Wai Hong Yu, a homeless psychiatric survivor, was shot and killed by the Toronto police in 1997. To read about Edmond, see Chapter 11 of my 2011 e-book *Rise Up Fight Back* at www.amazon.ca/Rise-Up-Fight-Back-Antipsychiatry-ebook/dp/B007EIBK0K. For more on Edmond Place and PARC, see www.parc.on.ca/edmond-place.
81. Find out more about Joseph Glenmullen's work at www.drglenmullen.com.
82. For information on how to safely withdraw from psychiatric drugs, see The Withdrawal Project (www.withdrawal.theinnercompass.org), which is part of psychiatric survivor activist Laura Delano's Inner Compass Initiative (www.theinnercompass.org). See also the International Institute for Psychiatric Drug Withdrawal (www.iipdw.com); Peter Breggin's (see note 18) withdrawal guide (www.breggin.com/a-guide-for-prescribers-therapists-patients-and-their-families); Mad in America (www.madinamerica.com/?s=withdraw); Chapter 10 of Peter Breggin and David Cohen, *Your Drug May Be Your Problem* (New York: Perseus Books, 1999); Chapter 2 of Joseph Glenmullen, *Prozac Backlash* (New York: Simon & Schuster, 2001); Peter Lehmann (Ed.) *Coming Off Psychiatric Drugs* (Berlin: Peter Lehmann Publishing, 1998).
83. For more on the Runaway House, see www.weglaufhaus.de/literatur/ma/runaway_house.html; Iris Holling, "The Berlin Runaway House –Three Years of Antipsychiatry Practice," published in *Changes: An International Journal of Psychology and Psychotherapy*, Vol. 17 No. 4 (Winter 1999),

pp. 278-298 – see www.peter-lehmann-publishing.com/articles/others/iris_eng.htm; Petra Hartmann and Stefan Braunling, “Finding Strength Together – The Berlin Runaway House,” in P. Lehmann and P. Stastny (Eds.), *Alternatives Beyond Psychiatry* (Berlin: Peter Lehmann Publishing, 2007), pp. 188-199.

84. For more on Soteria, see Loren R. Mosher, Voyce Hendrix, and Deborah C. Fort, *Soteria: Through Madness to Deliverance* (Bloomington, Indiana: Xlibris Corporation, 2004), pp. 267-268. See also Loren Mosher, “Non-hospital, non-intervention with first episode psychosis,” in J. Read, L.R. Mosher and R.P. Bentall, *Models of Madness: Psychological, Social and Biological Approaches to Schizophrenia* (New York: Brunner-Routledge, 2004), pp. 349-364.
85. Links to some online advocacy and education initiatives (of course these are just a few of many, and more are being created all the time):

Antipsychiatry Coalition: www.antipsychiatry.org

Auntie Psychiatry: www.auntiepsychiatry.com/Auntie%20Psychiatry.html

Campaign to Support CRPD Absolute Prohibition of Commitment and Forced Treatment: www.absoluteprohibition.org

Canadian Medical Marveller: www.mycanadianshield.ca

Center for the Human Rights of Users and Survivors of Psychiatry: www.chrusp.org

ECT.org: www.ect.org

Empowerment Council: www.empowermentcouncil.ca

Hearing Voices Network: www.hearing-voices.org

Inner Compass Initiative: www.theinnercompass.org

Leonie’s Blog (all things iatrogenic): www.leoniesblog.com

Mad in America: www.madinamerica.com

Madness Radio: www.madnessradio.net

MindFreedom International: www.mindfreedom.org (see note 19)

National Association for Rights Protection and Advocacy: www.narpa.org

National Empowerment Center: www.power2u.org

Our Voice/Notre Voix: www.ourvoice-notrevoix.com

Phoenix Rising: The Voice of the Psychiatrized:

www.psychiatricurvivorarchives.com/phoenix.html (see note 8)

Psychiatric Medication Awareness Group: www.psychmedaware.org

Spotlight on Institutional Psychiatry: www.mycanadianshield.ca/spotlight/spotlight-on-institutional-psychiatry.pdf

Western Mass Recovery Learning Community: www.westernmassrlc.org

[Withdrawal Project: www.withdrawal.theinnercompass.org](http://www.withdrawal.theinnercompass.org)

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Note: Activist websites noted above were accessible as of June 1, 2018. I hope that by the time you read this there will be many more!



**With anti-homelessness activist Greg Cook, speaking out the 2018 Homeless Memorial in Toronto.
Resistance matters!**

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