

Planet Earth Gets Mad Pride!

or

**Unite Local Activism with Challenging Psychiatric Globalization
for a Nonviolent Revolution in Mental Health and Beyond!**

Keynote Address

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Thank you to all the organizers and supporters of this historic gathering to resist extreme and overwhelming human rights violations by the psychiatric industry and to replace it with a vision of humane empowering well being. From the start, I could tell this is a rare conference that considers activism to be crucial.

I join you today in calling for international nonviolent direct action - both civil disobedience and cultural disobedience - to psychiatric globalization, both locally and globally, in a way that unites with all movements for justice and the environment. Gandhi said it was important to try dialogue. It was then important to purify ourselves, in our own way, and then to nonviolently resist - to end cooperation. We have tried dialogue. It is time – in our own ways – to prepare. And then it is time to go within this system, and in creative nonviolent ways, shut it down.

Forty-one-years ago, in 1969, what many of us think of as the “mad” or “psychiatric survivor” movement began. Thirty-four years ago, in 1976, I began my work as a psychiatric survivor activist. Twenty-eight years ago, more than half my life ago, in 1982, at the age of 26, I was here in Toronto, helping with many others to organize the 10th International Conference for Human Rights and Against Psychiatric Oppression. Next year will be MindFreedom's 25th anniversary.

If some mad cell phone were available today that would allow me to whisper lessons to myself here in Toronto, 28 years ago, what would they be?:

Train! David, in your youth, you're skeptical of training, about running nonprofit groups and social change. Demand that training. It's your right!

Unite! Unity does not mean the purity of powerlessness. Connect the gears of mutual support and activism. Seek nonviolent revolution, not just reform. If madness exists, everyone is mad. What type of madness is the question. The type of madness mistakenly called “normal” is one of the most dangerous.

Remember the history of this movement, which was not, if anyone is surprised, from government grants. The civil rights movement talked about a “beloved community of all movements”. Cherish that community around you.

Be kind. Rage is a little like Niagara Falls--powerful but overwhelming. Charge admission, but do not jump in.

Independence does not mean isolation. Yes, build the independent movement, that is, the wing without system funding. But also work closely with good groups that are system funded. Don't denounce, unless they really oppress. Firmly remind them that the independent movement needs support.

Work "in a spirit of mutual cooperation." It's okay to hold movement groups to the same standards to which we hold the system. Verbal abuse and bullying are over the line. The line needs to be smart, compassionate, flexible, forgiving... but it's okay to have a line and say "no" to abuse within the movement.

THE MOVEMENT TURNS OUT TO BE RIGHT. The Movement – capital T capital M - applies to all social and environmental movements, not just the mad movement. What the movement is saying is right about everything from the ecological disaster to the spread of psychiatric drugs,

which will be advertised on TV and given to one year olds.

Something called "the Internet" is coming. It's mainly a valuable tool. Use it, but go beyond the screen. E-mail is not a substitute for relationships and activism.

There ought to be a clear voice by survivors of abuse in the mental health system. Never, ever, ever give up.

As I have done many times in recent years, I must ask you all, "Do any of you believe you are normal?"

Do not panic! There is a rumor of an outbreak of normality among attendees of this conference. I need to do a normality screening with my rubber chicken. This is like airport security screening.

You are doing great.

This normality screening was devised by a clown troupe of my friend Patch Adams, who is a clown and physician. We have had more than 1,000 normality screenings. My rubber nose is squeaking!

Please answer these screening questions, everyone, at the same time: "Are you alive?"

"Why does broccoli play hockey on Saturn?"

"Can you make a loud animal noise?"

Please do so now. Really. Louder.

However you replied, even if you did not respond, you are officially free of normality. Congratulations. All rumors of normality turn out to be false.

I am free of normality too. Some of you have heard my story. In brief, in the 1970s, I was a college student from a working class family on the south side of Chicago. All of my grandparents were immigrants from Lithuania. Both of my grandfathers were coal miners. I attended Harvard on scholarships. I had severe mental and emotional problems. I thought the CIA was making my teeth grow. I thought the voice of God was on the radio. I thought technology, including the TV, was a living force on Earth that talked to me. I saw a spaceship hovering in my bedroom.

In college, I was locked up in psychiatric institutions five times. Some psychiatrists labeled me "schizophrenic". Others, "manic depressive", now known as "bipolar". In the psychiatric label bible -- the *Diagnostic and Statistical Manual* -- these are types of psychosis.

I was locked up in Harvard's psychiatric institution, McLean, as was our hero Don Weitz. Mental health workers would hold me down on a bare mattress in an empty cell. They forcibly injected a powerful psychiatric drug into my butt. I spent days alone in the cell, and I remember pounding my fist at the impenetrable steel mesh on the windows. I vowed, "When I get out of here I am going to help change this mental health system." That cell turned into my recruitment room for my career.

In my senior year at Harvard a volunteer agency referred me to a grassroots group near campus. The group had sprung from the social change turmoil of the early 1970s: Mental Patients Liberation Front. I managed to graduate from Harvard in 1977, cum laude psychotic.

Since then I have had the privilege of working with thousands of fascinating human beings all over the world who have been given a psychiatric label or who are allies. I like to say I have had a front seat watching the human spirit come back over and over again.

There's little agreement about the best language for us. "Psychiatric survivors" for me means that we are individuals who experienced human rights violations in the mental health system and lived to tell about it. But I have a request. Do not call me *mentally ill*. You can call yourself that, but calling me by that phrase lends too much power to an already-powerful medical model.

Not all of us here have a "crazy label." Among us are dissident mental health workers, curious researchers, courageous advocates, compassionate family and concerned members of the general public. All are welcome as leaders.

When we unite, I glimpse democracy shaping the mental health system. It is time to hear about mental and emotional well being from the perspective of those of us on the sharp end of the needle. We have tips that could help save your mind, your life and even your planet.

Today a few experts might mistakenly call me normal. I have not used the psychiatric system for more than thirty years. I'm married to a wonderful, loving woman, Debra. We are homeowners with a nice garden and a quirky cat Bongo. For these past 24 years, I've directed a respected nonprofit human rights group in this field, MindFreedom International, that unites 100 sponsor and affiliate groups.

I suspect, though, that many of my beliefs would still be labeled by some psychiatrists as nuts.

- I believe tens of thousands of us so-called "mad citizens" and allies are making history by transforming how we as a society approach the whole subject of the mind.
- I believe the global psychiatric industry would like to screen everyone for mental and emotional problems and place hundreds of millions of new customers onto their powerful drugs.

Please understand that I am pro-choice about your personal health care decisions. If you know the risks, if you have alternatives, if you willingly choose prescribed pharmaceuticals, that is your own private business and nobody else's. I know what it's like to beg for a psychiatric drug. I also know what it's like to quit psychiatric drugs, and care must be taken to do this well.

- I believe many of these psychiatric drugs can be addictive, brain damaging and deadly, but much of this information is covered up from patients and families.
- I believe the psychiatric industry is acting as a bully, lying and choking out non-drug, humane options for mental health care. I believe some need to be put in prison.
- I believe there is no scientific evidence for claims by some in the psychiatric industry that a "chemical imbalance" is the basis for mental disorders. I believe we are more complex than that!

- I believe that much of the mental health industry is traumatizing, damaging and even killing millions of mental health clients who are, by some measures, among the most powerless in our society.
- I believe these human rights violations amount to a hurricane of unscientific psychiatric labels... psychiatric drugging without informed consent or non-drug options... torture in institutions using restraints, aversive therapy, electroshock... isolation in the community with segregation, impoverishment and discrimination... a lack of good housing and decent jobs.
- I believe developing countries ought to be warned that this psychiatric hurricane is invading their nations now and that this globalization of corporate psychiatry's human rights violations could impact hundreds of millions of people.
- I believe those of us who society perceives as having gone over the edge of sanity and who have since returned have something valuable to offer to citizens who are commonly considered normal.
- I believe our society is in extreme, global catastrophe such as the climate crisis; yet humanity seems transfixed in a hypnotic trance of passive conformity.
- I believe we so-called "mad" can help humanity wake up from this so-called "normality" and reach some of its highest goals of social and ecological justice.
- I believe this is Mad Pride!

For centuries there has been a war between those called "normal" and those called "mad". It is time to say to both, "Let's talk." When people are unfairly divided by skin color, that racism causes trauma. When people are unfairly treated because of gender, that sexism causes suffering. But humans often define ourselves as the thinking or rational animal. The minority of us perceived as irrational is considered inferior in our most basic essence—our chemistry, our genes. There is a name for this prejudice. I do not hear this word much. Have you all heard it? It is sanism. Sanism has a long history.

Psychiatric institutions have existed only for centuries. It is revealing that it was mainly in the fairly recent 1800s that the huge psychiatric institutions were first built. For better or worse, the Western world was eager to urbanize, colonize, industrialize, globalize. What to do about us eccentric citizens who do not fit in the Great Globalization? Country folk who spout bizarre beliefs? Joan of Arcs when they have no army?

Witches? Head injured? Fools? Developmentally disabled? Shamans? In the 1800s we strange others on the margins were seen as impediments in the great rationality.

The extreme of this oppressive approach can be seen in how those of us given psychiatric labels were treated in Europe. In the 1930s, Nazi Germany targeted children diagnosed with mental disabilities as the very first group for mass murder. Psychiatrists helped develop the theory, methods and even the paperwork used in Nazi genocide. Never forget. Never again. Unjust deaths continue to this day.

A 2006 report by the USA National Association of State Mental Health Program Directors shows

that the life spans of those in the public mental health system are more than 25 years shorter than average.

Researchers say psychiatric drugs play a major role in this catastrophe.

And hope? Let's look at a few slides. The ferment of the 1960s civil rights, women's, anti-war movement and others encouraged citizen activism. This churning made community organizing seem natural and obvious. A spirit of liberation was expressed by Rev. Martin Luther King, Jr. Many times, MLK sounded a theme that seemed to anticipate our movement. He said, "psychologists today have a favorite word and that word is 'maladjusted.' And I say I am proud to be maladjusted. We ought to be maladjusted... Human salvation lies in the hands of the creatively maladjusted." In a speech on the First of September 1967, in front of the American Psychological Association, MLK said, "Thus, it may well be that our world is in dire need of a new organization, The International Association for the Advancement of Creative Maladjustment." He asked for this IAACM many times.

Only a few years after MLK's speech, the first psychiatric survivor groups in this era emerged, such as We Shall Overcome in Oslo, Norway, which I recently visited. And let's remember the tiny Insane Liberation Front in Portland, Oregon and Project Release in NYC. Organizer Howie the Harp composed a ballad for the new movement called "Crazy and Proud". I wrote for *Madness Network News* and *Phoenix Rising*.

We have new heroes, too. My friend Ray Sandford had more than 40 involuntary electroshocks against his will in Minnesota on an OUTPATIENT basis. I'm proud to say MindFreedom and our movement leapt forward. Shock survivor Linda Andre has written an excellent book blasting electroshock. It is so great we protest electroshock this Sunday on Mother's Day.

Among my new heroines is in Pune, India, my friend Bhargavi Davar. Or my friend Dan Taylor, prevented from being at this conference no doubt because of racism and sanism. One of the largest Mad Pride events was by MindFreedom Ghana Africa. Mad Pride Ireland has had more than one several-thousand person event. In the USA, Mad Pride has won national publicity.

Several groups, including MindFreedom International, have attempted dialogue with the World Psychiatric Association and the American Psychiatric Association. We will not give up, but with only a few exceptions, the door has largely been closed.

It is time to end cooperation. Peacefully, it is time to interrupt the oppression, to nonviolently enter and speak out as never before, using both civil disobedience and also cultural disobedience.

Allied mental health professionals play a role. It's one more reason we should not demonize mental health professionals or use the word "shrink." At about the time I was in a psychiatric cell, psychiatrist Loren Mosher was head of the USA National Institute of Mental Health's schizophrenia division. Loren created a model known as "Soteria House" where people could find mental and emotional support without the usual bullying and over-drugging so many experienced in the mental health system. In 1998, Loren famously resigned from the American Psychiatric Association, denouncing it as the American Psychopharmaceutical Association.

In the 1980s, government and mental health system funding helped start a few drop-in centers and other projects. Given how poor our constituency is, funding from the system is necessary. It's our tax dollars. But, on the other hand, this money has often co-opted or "cooled out" the fire

of activism and protest.

This is not a criticism of groups that accept funding from the system. However, those groups that receive government and mental health funds ought to pause and take care to acknowledge, appreciate and nurture an independent mad movement. After all, what would the environmental movement be if all of its activity were funded by BP?

Today our movement encompasses thousands, including you, and hundreds of diverse groups working for a voice for people in the mental health system. There are nowhere near enough of us, but psychiatric survivors and mental health consumers are running housing programs, peer support groups and advocacy systems. There are non-drug alternative clinics, networks of mental health professionals and authors criticizing the psychiatric system. There are newsletters, conferences, web sites and e-mail lists.

I am proud that next year, MindFreedom International celebrates its 25th anniversary as a united independent coalition, openly working for a nonviolent revolution in mental health. If I got a call now on that mad cell phone from a few years into the future, here's what I hope to hear:

Way to go connecting up with other movements – The Movement – including and especially the environmental movement.

Fine work, implementing the UN Convention on disability and other human rights treaties, and working with the cross-disability movement, such as the US International Council on Disability.

Great global handbook for psychiatric survivors and mental health consumers, in multiple languages, to support psychiatric survivors in poor developing countries.

Wonderful directory on human alternatives in mental health, and amazing that you actually held a global mental health boycott of those who refused to agree.

Thank you for getting out thousands of stories by psychiatric survivors.

Superb collaboration with Icarus, Bazelon, MDRI, ICSPP, WNUSP, CAPA, We The People and others.

Fantastic that Mad Pride events have broken out of the mad ghetto, reaching millions of people.

And wonderful entering an era of nonviolent direct resistance. Congratulations on protesting the *DSM*, psychiatry's label bible! I loved the May 2012 united nonviolent civil disobedience of the American Psychiatric Association Annual Meeting in Philadelphia in 2012! Amazing that you peacefully shut down the APA conference for a while!

In fact, great nonviolent civil disobedience and direct action in general.

I'm asked what changes I've seen in 34 years of mad movement work. There is some change for the better. When I meet with local mental health officials in our small city of Eugene, Oregon, USA, or globally, I witness some positive effects of our movement. We passed a City Resolution for choice in mental health. I hear new words from mental health leaders such as *empowerment*, *peer support*, *advocacy*, *trauma*, *alternatives*, *recovery* and *self-determination*. Today, in a policy meeting about us, it is not unusual to see us, such as an individual with a

psychiatric diagnosis, at the table.

We want more than buzz words, tokenism and a few model programs. Mild reform is a trap. We want a nonviolent revolution. Just like so many other social change movements, we must turn to activism and protest, in our own mad ways! I enjoy hearing about some of the creative protests and cultural events that educate the public that are sprouting up all over the world. For the past decade a Mad Pride movement has grown, similar to Gay Pride.

Mad Pride celebrates all of humanity's uniqueness and freedom with events in about a dozen countries. For example, a Mad Pride Bed Push won national publicity. In a Bed Push, activists dress as mental patients in hospital gowns and push a hospital bed on wheels that has a mannequin strapped in four-point restraints. The mad activists push the bed through the streets to escape the psychiatric system, educating thousands with humor.

What has changed during these decades? The warnings from our social change movement have come true. When I started this work, the monster of psychiatric oppression mainly terrorized the back wards of psychiatric institutions. Now, as we warned, that monster has crawled over the institutional walls, and is on your porch. Today it is found in our communities, in our neighborhoods, our homes, our schools. Our home ought to be our castle. But throughout the world, we find the atrocity of thousands of citizens court ordered to take powerful psychiatric drugs against their will while living in their own homes out in the community.

The psychiatric system is increasingly prescribing psychiatric drugs for children and marketing in our schools. There are mental health screening programs in many schools. These programs march thousands of young citizens to the front door of the mental health system without advocacy, information or alternatives.

When I entered the mental health system in the 1970s as a teen, I was almost broken by the experience. The forced drug injections in solitary confinement wore me down. The most powerful blow, though, was when a psychiatrist sat down with me, looked me in the eyes and claimed that I had a chemical imbalance and that I must take psychiatric drugs the rest of my life. That psychiatrist was wrong. Thirty years ago, our movement mainly focused on the human rights violations of force and fraud in the mental health system. What has changed is that today the mental health system harms the human rights of most citizens through a third "f," a special brand of fear, a fear that there is no alternative to the conventional mental health system.

Psychiatry has largely choked out choice in mental health. Families with a member in crisis deserve more than just a bag of pill bottles and a court order. There ought to be a full range of voluntary, humane, safe options and alternatives offered to all who choose to use them, including mutual support, jobs, housing, peer run programs, nutrition, advocacy, quality counseling and other holistic approaches. A range of choices to achieve mental wellbeing is not just a good idea; it's a right. Why does a young person who has major mental and emotional problems have to live in Finland to find alternatives?

The usual excuse is two words: "more money." But the real answer is "less bullies." One choice is no choice! The problem is deeper than "more money." Poor nations have something to teach the richer nations. In two major studies, World Health Organization researchers found that those in less developed nations were far more likely to fully recover and reintegrate back into society, than those in richer nations. In other words, nations with less money, less

psychiatrists and less psychiatric drugs appear to have a far better chance. More money is not enough. Robert Whitaker explained this in both *Mad in America* and now his new superb book *Anatomy of an Epidemic*.

Decades ago, mad movement activists in richer nations predicted that the labeling and overdrugging we saw in the back wards would some day target the general public. Our prediction came true. We have another prediction today. Please prevent this from coming true. The crisis of globalization of psychiatric human rights violations is increasing.

The developing world has been told they must be like the West. They must be modern and scientific. In mental health that means the medical model. Drugs are expensive. But electricity is everywhere. So if a poor developing country wants to be like the richer nation, that can mean more electroshock. That is what we are seeing. This modern approach to mental health is not as much a medical model as it is a domination model with a mantra of label, label, label, drug, drug, drug, shock, shock, shock. This domination model is globalizing rapidly. The World Bank and World Health Organization and other large agencies are promoting multi-billion dollar campaigns to bring western mental health to millions of citizens in poor developing countries. This newest Western export is missing something. This export package has labels, drugs and shock. But hardly ever does the package include advocates, alternatives and activists that exist in the West.

The globalization of psychiatry is a chemical crusade by pharmaceutical fundamentalism: pharmentalism. The WHO estimates that 450 million people in the world have a mental disability, and 400 million are not in "treatment." So our global Mad Nation has a population far larger than the U.S.A. Unchecked and unchallenged, world domination by this corporate medical model could mean that over the next few decades hundreds of millions of more people in our world -- so stressed by war, economic imbalance and ecological crisis -- could be put on psychiatric drugs or electroshocked without adequate advocacy, information and alternatives. Congratulations to author Ethan Watters for describing the globalization of corporate psychiatry through diagnosis, in his new book "*Crazy Like Us*." I particularly enjoyed his chapter on marketing depression in Japan.

Today, a child on Ritalin or Prozac is typically in the USA. The number of USA children prescribed psychiatric drugs skyrocketed. If the psychiatric drug industry has its way, the face of a child on psychiatric drugs will increasingly be from Asia, from Africa and from South America.

What has changed? When our movement began, we warned that psychiatric drugs could cause brain damage. Science has proven us right with the family of drugs that is typically given during forced psychiatric procedures, the type given to me: neuroleptics, also known as antipsychotics. They include dozens of drugs from Thorazine or Largactil, Haldol, Mellaril and Navane -- all of which I was given -- to newer neuroleptics such as Clozapine, Risperdal, Zyprexa, Seroquel and Abilify.

In the last few years, mainstream science has used modern research, MRI scans, CT scans, animal studies and autopsies to link high-dose long-term neuroleptics to structural brain change. Let me emphasize one kind. Many studies indicate that long-term, high-dosage neuroleptics can actually shrink the front of the brain -- our lobes linked to higher level functions. The shrinkage is so great it is visible in brain scans.

Just like with the climate crisis, some corporate defenders sow doubt about this brain crisis. But

studies cut through those smokescreens. Some defenders say the shrinkage is from underlying "mental illness." But many of these brain changes have also been produced in non-human animal studies. Some defenders even wonder if brain shrinkage may be good for us. But such changes are often linked to worse mental and emotional problems and can make it difficult to quit the neuroleptics. I read about neuroleptic brain changes in the medical literature. But I do not hear about neuroleptic brain damage in the media, mental health conferences, legislative assemblies or courtrooms.

Damage to the higher-level brain system places neuroleptics in the same ballpark as psychosurgery, as a lobotomy. Who will hear our alert, that the mental health system is causing an epidemic of chemical lobotomy to millions and is threatening to lobotomize millions more in poor countries?

We can easily be pigeonholed as simply anti-drug. But we are not in a civil war between choosing to take or not take a prescribed drug. There are MindFreedom members who willingly take prescribed psychiatric drugs. But we are united in overthrowing domination by any one model in the mental health system. If you personally believe spirituality helps your well being, I personally agree. But if the government pushes one form of prayer as the only answer for mental problems, if it suppressed non-prayer options, if it claimed science had proven its prayer was the only true way to healing, we would ask, "By what right? By what special evidence do you justify the bullying by this one model?"

Asking these questions would not make us anti-spirituality. Asking makes us pro-freedom. There ought to be an enormous united initiative throughout the health, human rights and disability fields to provide support and technical assistance so that the voices of psychiatric survivors can be heard, especially in poor and developing countries.

One of the most rewarding connections for me is with the environmental movement. Why? The jury is back. The numbers are crunched. The judgment is made. What is mistakenly called "normality" is shredding the very fabric of the whole planet's ecology. Before BP's oil leak in the Gulf, they claimed there was no possibility of a catastrophe. That is what is called "normal."

My friend Ken Kesey called the system, in his book *One Flew Over the Cuckoo's Nest*, "The Combine." There has been an emergent web of oppression. But there is an even bigger web emerging, encircling it, the global mind. The race is on as never before. Win, or lose, join in leading this global nonviolent battle.

Today there are revolutions throughout science. Complex emergence displaces mechanistic reductionism. Quantum theory posits we cannot absolutely "grip" reality. Physicists plumbing the depths of subatomic particles say that what we are call "reality" is weirder than they ever imagined. Mathematicians studying what they call "string theory" hypothesize hidden dimensions. What has been called "madness" is the core of the human experience. If any one of us is mad, all of us are in the same mad boat. We all need each other, every single one of us. Eliminating the Amazon rainforest may destroy a rare plant that is tomorrow's cancer cure. Eliminating all extreme mental states may destroy tomorrow's prophet.

People cannot dominate complex systems. But one can have influence in what is known as "the butterfly effect". The late scientist Edward Lorenz asked, "Does the flap of a butterfly's wings in Brazil set off a tornado in Texas?" Simple small actions have long-term unpredictable immense effects. We can teach citizens about the power of mutual support in unmuting their

mute button and reviving morale. We can teach citizens that not all strange thoughts are necessarily good, but all change for the good has begun with one strange thought such as, "Let us outlaw slavery."

In his best seller *Collapse: How Societies Choose to Fail or Succeed*, physician Jared Diamond finds that some cultures self-destruct, while others learn to think well enough as a group to survive. When I speak about the movement for nonviolent revolution, I am not speaking only about mental health. I am speaking about a global nonviolent revolution for social and ecological justice for all. Call me crazy, but I believe that the Mad Movement plays a role in a great global nonviolent revolution that must emerge. I conclude: What is your creative maladjustment? What is your role as a leader in a great global nonviolent revolution? Be truly mad enough to unite and lead MLK's International Association for the Advancement of Creative Maladjustment.

May I show you a bit of my madness? Join with me in calling – from local to global – massive nonviolent direct action – both civil disobedience and cultural disobedience – to directly shut down psychiatric oppression, as never before.

Who are the mad? We are the mad. We ought to ask, what is a human being?

Mad people experienced labels and drugs and restraints and shock and never gave up.

Mad people experienced discrimination and homelessness and poverty and never gave up.

Mad people took the worst hit the mental health system could give and never gave up. Who is the mad movement? The mad movement is composed of human beings for justice who cannot be stopped, who will not be stopped, you!

One of our nonviolent weapons is the mind itself. Our peaceful ammunition is inexhaustible: the human spirit.

As never before, we must join together with all the other movements for social justice and the environment, to take our place in the enormous changes that must take place. Thank you.

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