Definitions and Divisions: Disability, Anti-Psychiatry and Disableism

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I am here today as a disabled person and organizer. I am here because I want to take part in the conversation about how people who identify as disabled and psychiatric survivors can move forward together to fight for social justice. In order to move forward, however, I do think it is important to put forward a constructive critique of the anti-psychiatry movement's organizing up to this point. My criticisms come with the utmost respect for the movement and, in particular, its organizers, many of whom have been fighting the psychiatric establishment for many years and have worked to bring in meaningful changes to the lives of people who are psychiatrized. I come here in the spirit of the words of Bonnie Burstow:

> Social moments have always needed to say what to a lot of people would be unspeakable. When we stop being able to say those things we're no longer at the cutting edge of anything. We've been bought and sold[1].

I'd like to begin with a question. What is disability? Disability is a social construct, an identity invented to describe and invent deviance from a conscripted, historically-contingent social norm. I reject the notion that impairment or disability is a biological reality. This does not mean that biology is not at play in our lives; however, biology is constructed by and deeply imbued with social meaning, so much so that the two are indistinguishable. Poverty is hereditary[2]. Women are nervous and hysterical[3]. Black people are genetically lazy[4]. These are just a few things that biology once "proved" true. Today's biology is no more immune from social influence than it was when science upheld these beliefs.

Strong social meanings are imposed onto our minds and bodies. It is these social contexts that create disability. We are labeled as disabled by those in power to their own advantage. Who counts as disabled – and what counts as disability - depends on the time, culture and context.

In a world without stairs, wheelchair users would be perceived very differently than they are here and now. Many wheelchair users might not be considered disabled at all, or perhaps even be understood to have an advantage over non-wheelchair users as they would never have to worry about finding a seat.

According to, Gale Huntington, when speaking about his community in Nora Ellen Groce's book *Everyone Here Spoke Sign Language*, Martha's Vineyard was a predominantly sign language speaking community around the turn of the last century. Huntington said the towns people "didn't think anything about them [Deaf people], they were just like everyone else"[5]. Deafness was perceived very differently in a community where not everyone knows sign language[6].

And our ideas of intellectual disability have changed over time and as we moved from an agrarian to industrial society[7]. These ideas about disability all shift, depending on their contexts.

Further, what is considered disability shifts depending on what power dictates, oftentimes in contradictory ways. The most widely used and affecting definitions are those used by government to determine access to social benefits. As a general rule, when there are real or substantial benefits, specifically relating to resource allocation, government excludes many, if not most of us, from the categorization of disability and uses a strict, demeaning medical definition[8].

The medical definition and the medical model of disability are necessarily flawed, as they empower an external body to label disability and ignore the social realities of discrimination and oppression. The medical model limits our realities to what the medical establishment defines as biological and physiological experiences rather than reflecting what our lives are like and what happens to us in the world at large.

Psychiatry, as many people here are well aware, has been used as a tool of social control for centuries. Under slavery in the United States, many slaves were diagnosed with 'drapetomania'. This, according to Dr. Michael Greger, was defined as, "'an irrestrainable propensity to run away.' For slaves with drapetomania…a simple procedure – amputation of the toes – was used."[9]

It goes without saying, in this context, at least, that for a person being held and forced into slave labor, one of the more sane actions one could take would be to run away. Here psychiatry was being used to legitimize the torture and punishment of slaves and to legitimize the racist slavery system as a whole. For more on this particularly explicit connection between racism, slavery in the Americas and institutional psychiatry, it's worth looking up the work of Suman Fernando.

Slaves were not the only group to be targeted for social control by the medical/psychiatric profession. According to prominent psych-survivor activist, Don Weitz:

> 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 catalogue of negative moral judgments which psychiatrists use to medicalize, target and stigmatize dissidents and alternative ways of perceiving, interpreting or being in the world. [10]

The *DSM* has become a reference book for psychiatrists to use to legitimize the moral decisions they make about deviance, difference, and diversity in society. Moral judgments by the medical establishment, however, extend well beyond psychiatrization. Epilepsy was once viewed by doctors as being caused by "ungoverned temper" among other things, including alcohol and sex[11]. Groups including intersexed people, trans people, fat people and women are also medicalized through moral judgment.

In the 1960s, organized gays and lesbians created an active rights movement to resist medicalization, making it one of, if not the first anti-psychiatrization movements. Homosexuality was considered pathological - a disability - beginning in the late 19th century. One of the key aims of the struggle was to establish homosexuality as, in their words, a "minority group" rather than a disability.

One of the most well known American gay rights activists, Frank Kameny, noted that the "entire homophile movement" would "stand or fall" on the issue of psychiatrization of queer people[12].

The mainstream gay rights movement criticism was not of pathologization or the oppressive nature of the classification of disability in general, simply that those in power had erred in classifying *them* as disabled. This strategy actually worked to maintain ableist oppression and the status quo while negotiating privileged homosexuals' co-optation.

In 1973, the mainstream gay rights movement was successful in getting homosexuality de--listed as a psychiatric disability. One activist called it "the most important achievement of the Gay Liberation Movement"[13].

Around the time of the APA decision on homosexuality, the psychiatric survivor and anti-psychiatry movement began coming into its own. This movement also began working to remove itself out from under the disability umbrella. According to Beresford, Gifford and Harrison in *Speaking Our Minds: Personal Experience of Mental Distress and its Consequences*:

> Many psychiatric system survivors are unwilling to see themselves as disabled. They associate disability with the medicalization of their distress and experience. They reject the biological and genetic explanations of their distress imposed by medical experts. They may not see themselves as emotionally or mentally distressed either, but instead celebrate their difference and their particular perceptions.[14]

Liz Sayce, in *From Psychiatric Patient to Citizen: Overcoming Discrimination and Social Exclusion,* suggested additional reasons that some psychiatric system survivors do not identify as disabled including:

> (1) "Disabled people (some user/survivors believe) have a tangible impairment, for example, being unable to walk or see. A diagnosis of mental illness is much more in the eye of the beholder; it is not clear that there is something 'wrong'"[15], that (2) "Mental distress is not a disability because it is not something that you are born with and it is not permanent; people recover, they are 'survivors'"[16], and that (3) "taking on the term 'disability' means taking on another stigma. Having one stigma is bad enough"[17].

I would like to address these three positions from a radical disability perspective. Firstly, what is labeled as disabled is not always immediately apparent. More importantly, however, these labels depend on the time, culture and context that they are being assigned within.

Who and what counts as disabled shifts depending on what power dictates. One of the primary reasons we are categorized as disabled is because we are considered to be unproductive or under productive in the capitalist system. As what is viewed as socially acceptable or desirable shifts, so to does who is considered disabled. That is why homosexuality is no longer considered a psychiatric disability.

With respect to the permanence of disability, 80% of disabled people acquire our disabilities and are not born with them[18] and many of us shift in and out of the disability identity. Practically everyone will experience some sort of disability label at some point in their lives.

Lastly, in regards to some psychiatric survivors not wanting to adopt another stigma by identifying as disabled, I would argue it is irrelevant whether or not people want to be stigmatized or be associated with the disability stigma. The reality is that that stigma exists, and like people with physical disabilities and cognitive disabilities, it is already imposed upon psychiatrized people.

I would argue that there is no difference between a psychiatric survivor perspective one and a radical disability perspective. All of us view ourselves as people with whom there is nothing fundamentally wrong and who make meaningful contributions to our communities. The reason for this commonality is simply that there is nothing fundamentally wrong with us; rather, the problem is rooted in the way we are labeled, viewed and treated by society.

Similar to the early mainstream gay and lesbian rights movement, many psych survivors and the anti-psychiatry movement rallied against the notion of disability with respect to *them.* There is a patent rejection of the idea of disability being applied to psychiatric survivors.
While psych survivor groups have gotten to the point where they reject what are considered to be 'impairments', 'flaws' or disabilities by the medical establishment, they continue to uphold those judgments against other disabled people. At times, the attempts of some psychiatric survivors to remove themselves from the disability umbrella manifest itself as active and overt disableism. Griffin Epstein in *Extension: Towards a Genealogical Accountability* says that there is a “national mandate for the formerly marginalized to pick up the mantle of the oppressor in exchange for the rights and privileges of citizenship”[19.] In the psych survivor struggle for dignity and respect, people sometimes carry the disableist mantle.

In doing so, many activists talk about disability in wholly negative terms. One commonly heard affirmation by psychiatric system survivors is something like “I am not disabled, I was targeted by an oppressive system, and there is nothing wrong with me.” As a disabled person, when I hear statements like that, I hear, “There is nothing wrong with me, but there is something wrong with you, and I do not want to be associated with that.” Positions like this actually work to legitimize medicalization and that it is okay to decide who is an acceptable person and who is unacceptable, they only reject that that system has imposed negative assumptions onto them.

This dynamic frequently plays out when anti-psych activists are talking about the problems with psychiatry. For example, the way people talk about psychiatric drugs. One of the main reasons to stop psychiatric drugging is that it creates more of *us*, disabled people. Dr. Peter Breggin's *Brain-Disabling Treatments in Psychiatry* is one of the most commonly cited books by the anti-psychiatry movement. In a submission to the *U.S. Presidential Consultation Regarding Community Mental Health Services*, six prominent anti-psychiatry activists wrote: “Psychiatric drugs such as the neuroleptics do not cure and are not meant to cure or relieve disease but to disable and disempower through their unique disabling effects”[20]. And, Don Weitz's “25 Good Reasons Why Psychiatry Must Be Abolished” has reason #1 as: “Because psychiatrists frequently cause harm, permanent disabilities, death - death of the body-mind-spirit”[21].

Douglas A. Smith, when talking about the “disabling effects” of psychiatric drugs, in “Janelle's Story” says that Janelle is “wheelchair-bound by her drug-induced physical disability” and that “despite” this “her husband, Greg, fell in love with her and married her”[22]. Smith implies that both the creation of disabled bodies is a tragedy and that wheelchair users are unattractive, undesirable and have to be "exceptional" in order to attract partners. While talking about psychiatric drugs works to reinforce the idea that psych survivors are not disabled, it also establishes disability, and by extension disabled people, as wholly negative, undesirable and where we can be prevented, we should be prevented.

Of course, not all psych survivors and anti-psychiatry activists see things this way. Gisella Sartori, founder of the Second Opinion Society, says of her organization, “we came to the point of saying 'Yes. We're disabled; we don't have an inherent disability, but the system has made some of us disabled.'"[23] This statement is about the side effects of psychiatric drugs, however, rather than the system that imposes disability identities on people.

I would argue that anti-psychiatry activists, academics, psychiatric survivors and mad pride activists all need to re-think not just the way they talk about disability but also the way they conceptualize disability. Yes, I think that the negative value put upon disability by anti-psych activists is problematic and needs to change and people need to find ways to talk about harm without reinforcing disableist ideas. But, more significantly, I think it is important for people to recognize that none of us are disabled because there is something wrong with us, rather because this political identity is imposed upon us. Whether or not we want the stigma, whether or not we view ourselves as disabled is, frankly, irrelevant because it has no impact on whether or not we are labeled as disabled.

There is an element of self-interest for psychiatric system survivors in adopting this position as well. Removing a group out from under the disability umbrella while leaving the mechanisms in place that allow disability labels to be placed on people will leave people at constant risk of repathologization if it suits those in power. Announcements are made about what are the biological causes of gayness, transsexuality, and what is called "mental illness" on a regular basis. New developments in these areas constantly bring forward new and innovative ways to pathologize people. What leads to repathologization, however, is not the latest study; it is the social and political context.

Because the psychiatric survivor and mainstream gay rights movements have worked to reinforce the idea that disability and, by extension, disabled people are bad and undesirable, they will be left with few political options should a push for their repathologization take place.

Unless the mainstream gay rights movement and anti-psychiatry movement break out of the organizing model of separation and division, it will only be able to, once again, rally against medicalization on those in power's terms - a fight that may not be successful. Should it be successful, however, there would always be the risk of re-repathologization.

Anti-psychiatry is at a crossroads. Either the movement can continue down the road it has been going and fight to remove psychiatrized people out from the disability umbrella, which means working to uphold the oppression of those of us who are left behind, or it can apply many of the thoughtful and thorough analyses it has of psychiatry to the entire medical establishment and recognize that psychiatrized people are disabled solely because those in power say that they are. This is not to say that the burden falls solely on the anti-psychiatry movement. There is a long history of activists in the disability rights movement excluding, demeaning and discriminating against people who are or have been psychiatrized. These issues too must be addressed and remedied. However, should we be able to deal with our histories of mutual oppression, I believe that, from there, we can use this understanding as a point of unity to build a broad based social justice movement that is far more inclusive and can win fundamental change.

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[2] Rafter, Nicole H. "Claims-Making and Socio-Cultural Context in the First U.S. Eugenics Campaign." *Social Problems,* vol. 39, no. 1, 1992, 21.

[3] Ehrenreich, Barbara and Deirdre English. *Complaints and Disorders: The Sexual Politics of Sickness*. New York: The Feminist Press, 1976. 22.

[4] Beckwith, Jon. "A Historical View of Social Responsibility in Genetics." *Bioscience,* vol. 43 no. 5, 1993, 327.

[5] Groce, Nora Ellen. *Everyone Here Spoke Sign Language: Hereditary Deafness On Martha's Vineyard.* Cambridge: Harvard University Press, 1985. 2.

[6] The Deaf community is another group that has worked to set itself apart from disabled people by arguing that Deaf people are a linguistic minority rather than a disabled group. While it is true that Deaf people are a linguistic minority, this is not related to the fact that they are considered disabled, that this label is externally imposed on people and out of their control.

[7] Gobel, Colin. "Dependence, Independence and Normality." *Disabling Barriers, Enabling Environments*. Eds. John Swain, Sally French, Colin Barnes, Carol Thomas. Thousand Oaks, CA: Sage, 2004. 41.

[8] See, for example, the *Ontarians with Disabilities Act* and the *Ontario Disability Support Program Act.*

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[10] Weitz, Don. "25 Good Reasons to Abolish Psychiatry," "*What Difference Does it Make?" (The Journey of a Soul Survivor)*. Ed. Wendy F□□k. Cranbrook, B.C.: Wildflower, 1998. 159.

[11] *The Cincinnati Medical And Surgical News,* v. III, 1863. 158

[12] Kameny, Franklin E. "Civil Liberties: A Progress Report." *New York Mattachine Newsletter,* July 1965, 12. Retrieved from: http://www.rainbowhistory.org/kameny75b.pdf

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[15] Sayce, Liz. *From Psychiatric Patient to Citizen: Overcoming Discrimination and Social Exclusion*. New York: St. Martin's Press, 2000. 133.

[16] Sayce, Liz. *From Psychiatric Patient to Citizen: Overcoming Discrimination and Social Exclusion*. New York: St. Martin's Press, 2000. 134.

[17] Sayce, Liz. *From Psychiatric Patient to Citizen: Overcoming Discrimination and Social Exclusion*. New York: St. Martin's Press, 2000. 135.

[18] "The Politics of Women's Health: Prenatal Testing and Disability Rights," *Our Bodies Ourselves Health Resource Center* retrieved April 29, 2010 from: http://www.ourbodiesourselves.org/book/companion.asp?id=31&compID=43

[19] Epstein, Griffin. *Extension: Towards a Genealogical Accountability (The Critical [E]raci[ing] of Mad Jewish Identity),* unpublished thesis, OISE, University of Toronto, 2009. 33.

[20] McCubbin, Weitz, Spindel, Cohen, Dallaire, Morin. "Submissions for the President's Consulation Regarding Community Mental Health Services," *Radical Psychology.* Retrieved April 22, 2010 from: http://www.radpsynet.org/journal/vol2-2/submission-mccubbin.html

[21] Weitz, Don. "25 Good Reasons Why Psychiatry Must Be Abolished" retrieved April 22, 2010 from: http://www.antipsychiatry.org/25reason.htm

[22] Smith, Douglas A. "Jenelle's Story" retrieved April 22, 2010 from: http://www.antipsychiatry.org/jenelle.htm

[23] Sartori, Gisella. *Call Me Crazy: Stories from the Mad Movement*. Ed. Irit Shimrat. Vancouver: Press Gang, 1997. 131.