UNSETTLED: DISCOURSE, PRACTICE, CONTEXT, AND COLLECTIVE IDENTITY AMONG MAD PEOPLE IN THE UNITED STATES, 1970-1999

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ABSTRACT

This dissertation examines the process of the dynamic, relational development of collective identity among mad people by means of autonomous and culturally indigenous discourses, practices, and alternative institutions and projects. The dissertation recounts and analyzes the intriguing, yet heretofore insufficiently examined, history of the mad movement in the United States from 1970 to 1999, highlighting key aspects of the movement which contribute the study of collective identity.

The theoretical basis of analysis is critical process-oriented ethnicity theory. Challenging perspectives which maintain that ethnicity is a set of *properties* applicable only to specific groups (based on "descent and culture"), process-oriented ethnicity theory examines the construction and development of culture and collective identity as interactive and dynamic. The process-oriented view argues that beliefs, practices, and identity constructions are improvisational, dynamic, and contested, rather than fixed, undisputed, and/or "primordial."

While written by a scholar (albeit, one self-identified as a mad person), the dissertation emphasizes the testimonies, the reports, and other writings of mad people involved in and/or responding to the mad movement. Primary texts are privileged over secondary texts; the grassroots texts of movement papers and newsletters over the (re- or mis-)interpretations of madness and the mad movement by non-mad psychiatric and parapsychiatric professionals and scholars. This methodology attempts to give voice to people who – and writings which – have been sorely ignored and discounted by most psychiatrists, mental health professionals, and, unfortunately, by all but a few scholars.

The dissertation traces the history of the movement over three decades, following the efforts of both the original and later radical wings of the movement, and the later alternativist-reformist wing of the movement. Considered together, these various incarnations and wings of the movement realized three key achievements: (1) the assertion of strong and varied counter-discourses to psychiatric portrayals of madness, (2) the building of alternative political, social, work-related, and creative contexts by and for an increasing number of mad people; and (3) the creation of alternative mad identities. These achievements remained "unsettled" as of the end of the century. Nevertheless, they embodied authentic alternatives in terms of belief, practice, and both collective and individual identity.

DEDICATION

To my mother and father: Together and separately, my parents and I have traversed the terrain of psychiatry in so many ways. No doubt we would disagree about some of what is written here. But they have stood by me through so much, and for this I am grateful.

To my brother, a sensitive soul: Brilliant and creative, he nevertheless lost his way, committing suicide nearly twenty-five years ago. I still miss him.

To my partner, Tom: Is it not, after all, in the light of relationship – in the joy and the pain of knowing, loving, quarreling, and caring – that the phantasms of labels evaporate?

ACKNOWLEDGEMENTS

This work is deeply concerned with the issues of relationship, process, and context. Given my emphasis on these issues, it would be impossible for me not to acknowledge the importance of certain people and certain contexts which have been of tremendous importance to the overall process of my PhD studies and, in particular, the writing of this dissertation.

I must first acknowledge my department, the Faculty of Environmental Studies (FES) at York University. The PhD program at FES has a proud history of nurturing students whose ideas do not necessarily fit into customary moulds. At an interdisciplinary nexus, FES students are engaged in a wide range of endeavours. There is an activism to much FES scholarship not only around "traditional" environmentalist issues, but across the wide terrain of questions having to do with human immersion in, and relationship to, innovative conceptualizations of "environment." I am grateful and proud to be part of this corpus – and process – of innovation.

I also wish to offer profound thanks to all the members of my original PhD Committee and of my Dissertation Committee. In diverse and distinctive ways, each has contributed to challenging my intellect, opening up new avenues for exploration, and bolstering my confidence in myself a scholar. In particular, under the patient and wise stewardship of my Dissertation Supervisor, Geoffrey Réaume, and with the thoughtful, keen advice of Liette Gilbert and Kathryn Church, I have come thus far.

I wish to thank my parents for their support and encouragement over these (many) years of my graduate studies. They have made it possible for me, despite (and in part because of) the difficulties we have experienced and shared, to study issues whose threads in run deep through the history of my family. I am proud to have been, throughout my life, both a witness to, and a beneficiary of, their dedication to intellectual curiosity and exploration.

I offer my gratitude to the following organizations and individuals, who provided me with documents and leads for documents: the Psychiatric Survivor Archives, Toronto (PSAT); the National Empowerment Center (NEC); the National Mental Health Consumers' Self-Help Clearinghouse (NMHCSHC); the National Association of State Mental Health Program Directors Research Institute (NRI); the Gallaudet University Archives (and, in particular, its excellent staff); the Canadian Lesbian and Gay Archives (CLGA), with special thanks to archivist Alan Miller; Susan Rogers of the NMHCSHC, for documents and leads; Susan Stefan for leads; and Linda Morrison, for providing movement-related documents which I could find nowhere else.

I want to express a special appreciation to the Hylton family who, at a time when I was completely exhausted and driven from my living quarters due to the relentless noise of building construction, offered me their home as a place to complete the first full draft of this dissertation. The peaceful rooms – and excellent meals – they provided me got me over the finish line.

Finally, I wish to thank my partner, Tom Connelly, who instead of reading my dissertation, has, I would assert, *lived* my dissertation with me for the past three years. My ups, my downs, my frustrations, my exhaustion, my eighteen-hour stretches of writing, my falling asleep in his arms: through it all, both during and before the writing of my dissertation, he has supported one mad scholar with bountiful love and forbearance.

D. Scott Campbell
Toronto, Ontario

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LIST OF ACRONYMS

A/R: Alternativist-reformist (wing of the mad movement)
AFMH: Advocates for Freedom in Mental Health
ALMP: Alliance for the Liberation of Mental Patients
AMBHA: American Managed Behavioral Health Association
ASOTA: Altered States of the Arts
AU: Advocacy Unlimited, a Connecticut advocacy and training organization
BDA: Black Deaf Advocates
CAMI: California Alliance for the Mentally Ill
CLGA: Canadian Lesbian and Gay Archives
CMHS: Center for Mental Health Services, a division of SAMHSA (see)
CNMHC: California Network of Mental Health Clients
COSP: Consumer Operated Services Program
CSP: Community Support Program (a division of the NIMH [see])
CTIP: Committee for Truth in Psychiatry
DAM: *The Deaf American Monograph* (series)
DHHS: The United Stated Department of Health and Human Services
DPN: Deaf President Now! (protest at Gallaudet)
(GROW): (Not an acronym, but the name of an organization)
LA-NAPA: Los Angeles Network Against Psychiatric Assault
MCO: Managed Care Organization
MMHCAP: Montana Mental Health Consumers Advocacy Project
MNN: *Madness Network News*
MPRA: Mental Patients' Rights Association (Florida)
NAD: National Association of the Deaf
NAES: National Association of Electroshock Survivors
NAMI: National Alliance for the Mentally Ill
NAMP: National Alliance of Mental Patients
NAPA: Network Against Psychiatric Assault
NAPS: National Alliance of Psychiatric Survivors
NASMHPD: National Association of State Mental Health Program Directors
NBDA: National Black Deaf Advocates
NDMDA: National Depressive and Manic Depressive Association
NEC: National Empowerment Center
NECN: *National Empowerment Center Newsletter*
NFSD: National Fraternal Society of the Deaf
NIMH: National Institute of Mental Health
NMHCA: National Mental Health Consumers' Association
NMHCSHC: National Mental Health Consumers' Self-Help Clearinghouse
NMS: Neuroleptic Malignant Syndrome
NN: *Network News*, the publication of the CNMHC
NRI: National Association of State Mental Health Program Directors Research Institution
NSC: National Stigma Clearinghouse
NUMP: National Un-organization of Mad People
OISC: Oakland Independence Support Center
PSAT: Psychiatric Survivor Archives, Toronto
RAA: *Reaching Across with the Arts*
RC: Re-evaluation Co-counseling

SA: Schizophrenics Anonymous
SAMHSA: Substance Abuse and Mental Health Services Administration (a U.S. government agency)
SEPA: Southeastern Pennsylvania (in reference to a set of organizations and publications)
SK&F: Smith, Kline & French (pharmaceutical manufacturer)
SMHA: State Mental Health Agency
SN: *Silent News*
SSA: Social Security Administration
SSDI: Social Security Disability Income
SSI: Supplemental Security Income
SSP: The Second Step Players
TD: Tardive Dyskinesia or Tardive Dystonia (together: TD/TD)
TDA: *The Deaf American*
TURN: Tranquilizer User Recovery Network
WAPA: Women Against Psychiatric Assault
YC: *Your Choice*, a publication of the National Mental Health Consumers' Association

NOTES REGARDING CONVENTIONS

Regarding italics and other emphases:
In this dissertation, emphasis such as italics, bolding, and underscoring in quoted material are only indicated when I have added them to quotations. Such indications are made in the corresponding endnotes.

Thus, in quotations which originally contain an emphasis or emphases (italics, bolding, underlining, words in all capital letters, or any combination of these), corresponding endnotes will *not* mention "emphasis in original." Only when I have added any of these emphases will this be noted in the endnotes as "(emphasis added)."

Regarding fancy brackets in quoted material:
Fancy brackets – "{ }" – in quoted material indicate square brackets in the original text.

Regarding the presentation of single-name authors and pseudonyms:
Some authors in the publications I examined for this dissertation used single (usually given, or first) names to refer to themselves. Others used pseudonyms. In most cases, in the desire to respect the chosen self-representations of such authors, I refer to these authors without putting quotation marks around their names. In a small number of cases, when the nature of the author's single name or pseudonym is potentially confusing to readers, I have set such names and pseudonyms in quotes.

PREFACE

Early in the course of my Ph.D. studies in the Faculty of Environmental Studies at York University, I came across a publication entitled *IN CONTEXT: A Quarterly of Humane Sustainable Culture*. "Context," as noted by that publication's editor, Robert Gilman, is etymologically based on Latin words referring to "weave" and "together."[1] In what I believe to be the serendipity involved even in rigorous scholarship, the idea of context itself, as well as the notion of mindfulness regarding the contexts both in which we find ourselves and which we have a hand in creating, are threads woven deep into the text which I now present.

The subject matter of the publication Gilman edited – the confrontation of ecological and social problems on a local level in the interest of building a sustainable culture – is at some distance from an examination of the potential building, by mad people, of collective identity through discourse, practice, and the construction of relatively enduring autonomous sites of practice and service. Yet, sites of practice are contexts, and these, as well as the overall mad movement itself, were constructed in the midst of larger historical and social contexts which, as we shall see, had a significant influence on the course of the mad movement.

Environmental studies is commonly understood as the exploration of something called "nature," and, by implication, our human relationship to it. Strains of thought in the "social" side of environmental studies, from political ecology, to eco-marxist and eco-socialist variations, to ecofeminism, emphasize in diverse ways that human beings cannot ultimately be separated from environment or "nature." Not only is "human nature" social, but the human-nature relationship is social – not a relationship of some kind of "super-natural" being, existing "outside of" nature, to nature. In this sense, there is both a philosophical and emotional-psychological tension in which, while on the one hand, we can be considered to exist *in relation to* nature and environment, on the other hand, we are immersed in nature and ourselves constitute one aspect of environment. As James O'Connor writes in one of a number of relatively recent explorations regarding the relationships between ecology, green politics, and Marxism,

> Marx thought that labor humanizes nature and naturalizes human beings. ...[S]ensuous interaction with nature and the material world, part of the objective moment of labor, necessarily modifies the natural world. No species can use nature without changing it; birds do it, bees do it, human beings do it...Those greens today who speak of the "end of nature" mean precisely this: it is hard to find anything in the natural world that hasn't been humanized to a tiny or momentous degree.[2]

It must not be forgotten, however, that also at the core of Marx's discussion of the human relationship to nature was the idea of alienation which, for Marx, was the sense of separation that results from the very act of transforming nature through human labour. Marx started at the point of the relationship between human beings and nature, but shifted to the question of the implications of alienation among human beings in the context of the social environment. In ways not originally intended, my reading of Marx's early philosophical writings on alienation, at the core of my first set of Ph.D. Comprehensive Readings, are also woven into this dissertation.

Starting with Marx's consideration of alienation, I found myself shifting, in my Comprehensive Readings, towards an exploration of what Marx called the *aufhebung* (overcoming or supersession) of alienation. For Marx, a universalist transformation of human society constituted this overcoming. Though unconvinced of Marx's ultimate vision, I found myself curious about the experience of deepened human relatedness in efforts that were not universalist but, in fact, local.

This led me to an extensive study of the meaning of "community" – on a semantic level and in the study of various assertions, in practice, of community. Human beings, or at least some of us, yearn for a sense of transcendent belonging in a social context in which, it is hoped, contentiousness and divisions are replaced, or at least mitigated, by solidarity and love. Again and again, I found that community was written about, arguably like Marx's tentative sketches of communism, as a place or condition in which conflict disappeared or was (or would be) claimed to have done so. While some critical writers called such sanguine assertions into question, many others were not particularly critical.

Eventually, while I came to admire writers such as Jeremy Brent, for example, who was willing to declare and explore the meaning of "community without unity,"[3] I arrived at the notion that among many pluralities of people who assert that they constitute a "community," such an assertion is predicated on the condition of marginalization, or otherness, in which they have been placed by the wider society. Conflict, boundaries, and ostracism are at the core of the foundation of such "communities." In this sense, experiences of alienation from human social worlds is, I would assert, distinct from the human experience of alienation from nature. While on a philosophical or psychological level, we may experience separation from nature, nature has not intentionally excluded us. On the other hand, there is no shortage of examples of intentional acts by human beings to ostracize and marginalize other human beings – either on an individual basis or, as is most pertinent to this dissertation, on the basis of the categorization of pluralities of people as "the Other."

It was ultimately the literature of ethnicity, which I explore in Chapter 1, that allowed me to consider collective identity as a dynamic and (thus) historical social construction not fixed, but in motion – that is to say, a process. Certain pluralities of people are put in the position of the social Other – in a very real and transitive sense, they are *alienated* from the larger society. Asking the question of how it could be that such pluralities of people might construct redeemed identities in the face of social oppression, then, is a central aim of this dissertation. Ultimately, I chose to engage in the analysis of a plurality of people – mad people – whose movement in opposition to oppression was grounded in social contexts and assertions which profoundly challenge the notion that "ethnicity," understood as the process of construction of collective identity, is specific only to groups who have a shared "national" or "tribal" past.

A major argument in this dissertation, arrived at after the exploration of many possible ways of understanding social movements in general, the mad movement in particular, and the development of collective identity among marginalized groups, is that the creation of contexts – particularly, though not exclusively, relatively enduring contexts – are the most powerful basis upon which collective identity itself is built. The issue of whether or not and to what degree enduring contexts were constructed in and by the mad movement is of great importance in understanding what the movement achieved and did not achieve; moreover, it also has implications regarding the understanding of the development of collective identity generally.

Environmental studies asks the question, one could say, of the implications of acting upon that in which one is immersed. What becomes of that which is acted upon, and what becomes of the actor? The mad activists in this dissertation offer examples of what can happen when critical consciousness regarding one's situation leads to the development of practices and contexts which contest the "givenness" of both the practices and the ideas of larger social forces – in this case, psychiatry and, in a wider sense, the "mental health system," as well as general social attitudes which devalue and discredit people who experience various forms of madness.

In many ways, this dissertation constitutes a *text* not only in the ordinary sense of a "written work," but also in that woven into this document are a number of strands of thought which I myself might not have originally considered would be intertwined in this, the culmination of my doctoral efforts. Alienation, "community without unity," context: these concepts I have come to see as important and relevant to the exploration of the history of a plurality of people who, not only in the general society, but in academia, as well, have gone largely unacknowledged both as part of the fabric of social life and scholarly study.

On this account, I owe a great debt to the literature which formed the basis of the earlier parts of my Ph.D. project. I owe a similar debt, as well, to the Faculty of Environmental Studies at York University where I have been permitted to engage in the exploration of what occurs when the conceptual and canonical worlds of a number of traditional academic disciplines, and the lay writings of voices which have so often been dismissed, are both brought together and brought to bear on the question of collective identity and mad people found in the following pages.

INTRODUCTION

Focus and overview

In this dissertation, I will apply certain of the premises of constructionist and processual theory of ethnicity in relation to a plurality of people who, far from being considered an ethnic group – or even a "community" (the term often applied to some marginalized groups who have gained a degree of clout and respectability)[1] – are still generally considered to be unfortunate individuals, or categories of individuals, afflicted by illnesses. In this view, the efforts of such people should not be directed at fighting against discrimination or negative social attitudes, but rather at complying with the discourses and practices of psychiatry, in order that they "get well."

This dissertation demonstrates that *notwithstanding* the question of internal, intrinsic suffering, major efforts were made by some mad people to call into question received truths regarding madness, to change the way mad people were treated (in every sense of that word), and to change the ways mad people viewed themselves and their experiences. They did this by means of creating alternative discourses, practices, and autonomous and semi-autonomous contexts. For some mad people, these efforts produced alternative ways of understanding their identity as mad people – whether they used the term "mad," (psychiatric) "survivors," (psychiatric) "consumers," or a number of other designations. In general, these efforts produced the beginnings – in fact, significantly more than the beginnings – of the basis for the recasting of individual and collective identity. By the end of the twentieth century, these accomplishments were both genuine and, at the same time, unsettled.

A major original impetus for the mad liberation movement was the widespread and common set of practices of the social and (arguably) medical institution known as psychiatry

– and, more broadly, as the mental health system. The practices of psychiatry included (and to varying degrees in various places still include) years- and even decades-long removal from the general society, lobotomies and other surgeries which removed and/or destroyed parts of the human brain, electroshock, which has long been argued to cause memory loss and about which the question of brain damage has been hotly contested, and the administering of strong drugs which not only have, for some people, stupefying effects but which in some cases, at least, carry immediate life-threatening risks and/or the risk of long-term neurological damage.[2] The wider mental health system also included practices which were variously called treatment, therapy, or rehabilitation by professional service-providers.

The mad liberation movement was, in part, a response of outrage regarding some, or all, or the most egregious of these practices.[3] The movement was also a response to the fact that such practices could be and were routinely inflicted upon people against their will. From its earliest years, the mad liberation movement called into question not only the practices of psychiatry just enumerated, but the claims that such practices constituted medicine, the claims that they were helpful, and the claims that they were motivated by compassion. Furthermore, the early mad movement called into question whether, in fact, these alleged treatments were directed at "illness" or, instead, at certain behaviours and states of consciousness which were *labelled* illnesses on the basis not of any solid biological evidence, but on the basis of the discomfort they caused in *other* people.

These are just a few examples of the many discursive battles in which the mad movement engaged, battles expressed in a variety of practices, from demonstrations, to yearly conferences, to the writing and publishing of poems. Later chapters cover these and many other efforts at length. However, rather than simply recounting these battles, this dissertation explores their meaning and implications by considering them in the light of the relationships among discourse, practice, contexts, and identity. In this sense, supported by historical evidence, I show the mad movement to have been, in the years under consideration, not only the mobilization of activists dedicated to asserting a set of grievances and claims, but also as a process which stretches beyond some common conceptions of "movement." By means of efforts born in but also extending beyond political mobilization, a marginalized group of people, through a range of practices, constructed alternative resources and some forms of new, redeemed meaning for previously disparaged experiences and identities.

The importance of "ethnicity"

I have grounded this dissertation in the theory of ethnicity because I found in the literature of ethnicity what I consider to be a useful theoretical basis for the consideration of the social-historical issue of the development of group identity. This concept (as evinced in the literature exploring it) has the flexibility to touch on a wide variety of social events and contexts, from social movements to the usually less heady and dramatic events and practices of everyday life. Both dramatic collective efforts and the more mundane structures and practices of everyday life give evidence of and, in fact, can be understood to stand as major elements of, and bases for, collective identity.

I therefore present my exploration and analysis of the literature of ethnicity in Chapter 1, concluding that those scholars of ethnicity who have understood ethnicity not as the property of a group (or of a specific set of groups), but rather as the process through which some pluralities of people travel, offer powerful conceptual tools for exploring the development of collective identity. The collective identity of marginalized groups can variously be coded in terms such as "ethnic group," "race," "people," or "community." Ultimately, at the core of all of these terms is the notion that there is a "we" that exists in contradistinction to a "they" or various "theys" who either oppress "us" or who live alongside "us," albeit in their own worlds of group identity.[4]

As I discuss in Chapter 1, one intriguing aspect of such collective identifications among oppressed groups is that they are originally, in part at least, constituted by the fact that a dominant group or groups in society view certain pluralities of people as collective *social Others*. The social centre (as the dominant group or groups can be called) convinces not only itself, but a plurality of people it oppresses and/or disapproves of, that the latter indeed does constitute a group, all of whose members are different and inferior precisely because of a particular shared characteristic – for example, origins in "lesser" (less familiar, less industrially developed) areas of the world, skin colour, deafness, homosexuality, and madness.

At least some among this plurality of people may accept the discourse regarding their alleged distinctiveness that has been constructed for them. Nevertheless, in spite of the possible acceptance of imposed categorization, socially othered groups do not generally settle for the lot to which their oppressors have consigned them. By engaging in the creation of new discourses and practices, they alter and elaborate the meaning of their collective identity. In these ways, they effectively turn the tables on their oppressors, *resisting and defying* the oppressive attitudes and practices directed towards them, *redeeming* collective and individual dignity, and, often, making greater "room" for themselves in society.

Such efforts can be considered not only political but also "cultural," and it is therefore important to note two distinct uses of the term *culture* as they appear in the following pages.[5] In one sense, "culture" refers to the powerful, yet changing, contested, and fluctuating production by human beings of *discourses, practices,* and *contexts*. I have chosen the terms *discourse, practice,* and (in most cases) *context* – rather than related terms such as "belief," "behaviour," "values," and "institution" – because I wish to emphasize the dynamic, changing, and contested/contesting nature of assertions which are so much a part of ethnicity, when considered as a process.[6]

I will, however, employ another sense of the word "culture." In this second sense, culture is considered as particular practices such artistic/theatrical efforts and production, radio and video programming, scholarly activities, and the production of newsletters, themselves. All of these either express various views, sentiments, and ideas fleetingly (e.g., improvisational theatrical productions not recorded on tape) or produce expressions which endure over time, in which case they can thus properly be considered *artefacts*. Sometimes when people discuss culture this way, they may distinguish between "popular" and "high" culture; however, I make no such distinction: the issues are creative expression and the production of artefacts, not the evaluation of these by "cultural critics."

The structure of the dissertation

Thus, theory of ethnicity which takes a critical, dynamic, and historical view of such constructions which I discuss in Chapter 1, describes this process of the construction of collective identity by people who have been marginalized – that is, who have been turned into social others and social outsiders. There, I explore a number of views regarding the nature of ethnicity. I also pose and respond to such questions as: By what processes are people categorized as social "Others"? How does a plurality of people so categorized come to instill among itself a new collective identity? Do these constructions change over time? Can they disappear? What have scholars said about the process of ethnicity in as it has occurred, in particular, in the United States? Importantly, I show that while ethnicity has rightly been presented by critical scholars as a process grounded in wider social contexts, collective identity-producing contexts are not limited to those which have produced the "ethnic groups" most widely considered as such in the context of the United States.

The remainder of the dissertation then attempts to understand a particular example[7] of the process of building potential collective identity, the mad movement[8] in the United States[9] and the culture (in both senses of the term discussed just above) created by this movement. The central question I explore in Chapters 2 to 11 is whether, to what degree, and in what ways the mad movement engaged in discursive and practical manoeuvres and in the building of contexts, which, as theory of ethnicity asserts, transform collective identity.

In this sense, I have not set about to write a history of the mad movement, per se. Rather, I have attempted to show how ideas, practices, and sites of practice have appeared in the various periods and wings of the movement, grounding my efforts in historical evidence based on the careful analysis of chiefly indigenous texts.[10] What is particularly notable about early mad efforts, in particular, is that they initially were not so much an intentional effort to transform collective identity, as they were an effort to limit the power of and/or abolish psychiatry. However, in the course of these efforts, both early on and more so in later permutations of the mad movement, to some extent the building of alternative contexts in fact led to the beginnings, and in some cases more than the beginnings, of an alternative – or, in fact, more than one alternative – mad collective identity.

In Chapters 2 through 4, I take up this effort on the basis of the most authoritative indigenous text of the early mad movement produced in the United States, a publication called *Madness Network News* (*MNN*). In Chapter 2, I examine the discourse strands found in *MNN* regarding and relating to madness and to psychiatry. Chapter 3 is an examination of political practices which constitute overt defiance and the possible and actual construction of contexts, of indigenous culture, and of alternatives to psychiatry.

As becomes clear in Chapters 2 and 3, the early mad movement was never able to avoid a particularly pressing question: If one calls for the abolition of psychiatry, what does one propose as an alternative to psychiatry? The question of "alternatives" led to a period of increasing tension between those activists who wished to keep the movement primarily political and defiant and those who increasingly called for contextual responses to the experienced needs of people with mental and emotional difficulties. Chapter 4 focuses squarely on the period during which this conflict came to a head and how this central tension lead to a breakdown in consensus in the movement, resulting in a clear, though not utter, split in the movement.

Chapters 5 through 10 attempt to make clear the overarching differences in discourse and practice between the two wings of the movement – the radical wing, as it reasserted itself, and the alternativist/reformist wing, as it became ascendant. Chapters 5 and 6 focus on the revived radical wing of the movement in terms of discourse, practice, and context, analyzing the ways that wing was similar to and also distinct from the early radical wing. I then turn to the alternativist-reformist (A/R) wing of the movement. Chapters 7 and 8 explore distinct discourses of the alternativist-reformist wing regarding madness and psychiatry (or what alternativist-reformists often referred to as "the mental health system"). Chapter 9 examines the efforts of the alternativist-reformist wing in terms of increased representation of mad people in the various institutions of the "traditional" mental health system; while Chapter 10 focuses on the efforts of the A/R wing in terms of the creation of what were usually called "consumer-run" alternatives to established psychiatric, mental health, and rehabilitationist treatments and services.

Finally, Chapter 11 discusses the creation of art and other media activities and artefacts by both alternativist-reformists and the later radicals. This chapter shows how the distinction between the two wings was not always clear or absolute. This chapter also offers extensive evidence of the degree to which mad people engaged in pursuits which need not be understood as "treatment" or "rehabilitation" – or even "therapy" – but as acts of creativity and the production of art, poetry, publications, and similar cultural endeavours.

I conclude the dissertation with a discussion of the fact that, despite all of these efforts, the mad movement only very partially succeeded in creating an alternative collective identity among mad people. There are particular aspects of discourse, practice, context, and artistic and creative production in the mad movement which led to a situation in which a redeemed mad identity did not become prevalent among the millions of people who, in one way or another, experience madness. At the same time, as noted above, many mad people's identity-concepts did change because of the activities of the mad movement, and important groundwork was laid for the creation of a wider acceptance of a redeemed mad identity.

I wish to note that the emphasis of my discussion is on discursive, practical, and contextual efforts *of mad people in the mad movement*. Because mad people have been so generally and pervasively underestimated, I intentionally have only rarely focused on the "problems of mental illness" in terms of disrupted functioning and instability. Nevertheless, in my conclusion I briefly address various possibilities which might explain the fact that mad movement efforts did not create an elaborate, extensive, and pervasive alternative collective identity. I consider in this light both the nature of some manifestations of madness and also the unique power and pervasiveness of psychiatry.

Some words about "madness"

It is unfortunately the case that most often discussions of what many people refer to as "mental illness" seem to be compelled to focus most heavily on emotional and psychological questions. Of course, there is ultimately, one could argue, no way to talk about madness without referring to these questions, precisely because madness refers, in part, precisely to emotional and mental experiences. At the same time, to say that this is all that madness is about is, in my view, reductionistic.

Madness is a social phenomenon in numerous ways. One can consider, for example, the various social practices, such as systematic discrimination, directed towards, and/or generated by, mad people. Systematic bigotry should be held as phenomenon distinct from "treatment," "rehabilitation," etc., even if some contexts of treatment and rehabilitation are locations where such bigotry is inflicted on mad people. One can also consider the (diverse) perspectives of various mad people in relation to various social phenomena – views which may draw on specific internal and interpersonal experiences. Furthermore, one can consider the relationship between social context and madness: e.g., freedom and repression of self-expression, poverty and wealth, housing and homelessness, systems of physical medical care. These are not by any means necessarily *extrinsic* to, or afterthoughts regarding, discussions of madness. I would argue that they should be considered as part and parcel of many, and perhaps all, such discussions.

Madness is also a historical phenomenon. One can consider the ways that mad people have been treated throughout history to say at least as much about the societies and historical periods in which mad people lived as about mad people, themselves. One can also consider mad people throughout history, and what they said about the societies and historical periods in which they lived. And, as this dissertation does, one can consider the history of the recent mad movement.

Madness is also a cultural phenomenon, in the sense that what is considered madness varies from culture to culture. The very same or similar beliefs may in one culture be perfectly normal and taken-for-granted; in another culture these may be seen as examples of virtuous spiritual powers; in other cultures be examples of demon possession; and in still other cultures be seen as medical problems.[11]

Thus, it is striking that scholarly discussions of madness in the United States, which is the geographical region of focus for this study, in vast majority are found in the context of medical (psychiatric) and rehabilitationist texts. This phenomenon leads us to the question of voice and madness. Historically, we rarely hear from mad people themselves when madness is discussed; far more often we hear from psychiatrists and other professionals who “study” and “treat” mad people. In many cases, the most familiar texts by or about mad people are those texts which, it seems, have become popular because they satisfy the interest of the general public in “bizarre” mental experiences, “tragic” (and perhaps titillating [for some readers, anyway?]) suffering or, conversely, romantic discussions of relationships between madness and art, genius, etc., and the occasional "heroic overcoming" of madness.[12]

But what of the voices of mad people who want to talk about something else besides the individually tragic, individually brilliant, or individually heroic? What about mad people who want to speak with a collective voice or, at least, who want their various individual voices to represent a sense of collective experience?

It is precisely these texts which undertake these latter kinds of endeavours which I have used for the basis of the majority of the material in this dissertation. I have chosen, as much as possible given the constraints with which I had to contend, to scrutinize those publications which have given voice to mad people's perspectives precisely because they have been written by mad people.[13] As we shall see, in those cases where I deemed it necessary or enlightening to enter into scholarly literature written usually by non-mad people, and sometimes by mad people, there is often a distinct shift in discourse away from indigenous expressions and towards the presuppositions of professionals regarding what is important to talk about when one discusses madness.

In the various efforts to discuss madness as a social phenomenon, one inevitably encounters a discussion of the terminology of madness. Because the meaning of madness is highly contested, and often because there is pressure to find "non-stigmatizing" terms for madness, an array of different terms are used. I have attempted as much as possible in this dissertation to use the term "madness" as a kind of open container, to be filled not by me but by the various people whose views I discuss. If "madness" for some people is an illness, then I speak of their consideration of madness as such. If, for others, madness is a spiritual experience, then in that context madness becomes spiritual experience. For some, who consider "mental illness" as a "myth," madness, then, is a myth – or rather, madness is that situation in which mythmaking occurs on the basis of claims to something (in this point of view) considered to be erroneous, illogical, and, hence, mythological.

At the same time, no term is neutral, and some might certainly argue that the term *madness* is about as far from neutral as one can get. Is it not stigmatizing to use such a term? Here, I confess that despite my extensive efforts to permit "madness" to serve as an open semantic vessel, on the other hand, there being no neutral term, I have used one which expresses what I consider to be one among those many terms that fall in the category of what might be called redemptive reversal. For example, "gay" was originally (and frequently still is) used as a derogatory term. Some "homosexual" people seized it, and in doing so, they challenged both what was considered the more medicalizing term "homosexual" and they also replaced an earlier, arguably less radical, term "homophile." Similarly, among many people who have various functional impairments, some have chosen to use the word disabled, some the word "deaf" or "Deaf,"[14] and some "blind." For some people from these groups, the more "polite" terms ("differently abled," "visually impaired," "hearing impaired," etc.) are considered less frank. Some disabled people forthrightly use the word "crip" as an act of defiance and reclamation.

Thus, as there *is* no neutral term, as a mad person myself, I have chosen to use a term that is frank and challenging, rather than one that is medicalizing or euphemistic. I re-emphasize, however, that I have gone to great lengths to allow the various parties discussed in this dissertation to "fill" madness with their own meanings.

Some words about me

I just mentioned that I am a "mad person." I mention this for two specific reasons. First, I wish to admit from the beginning that I have no doubt that my own personal experiences and history with madness, psychiatry, psychotherapy, and the mental health system have led me to be interested in this topic. However, far from confirming my own views of these various social and psychological phenomena, researching and writing this dissertation has been extremely challenging to me personally, forcing me to confront from a multitude of angles what I think about my own experiences of madness, about psychiatry and psychiatric practices, about the larger mental health system, and about the mad movement.

Objectivity is likely as impossible for a mad person regarding these issues as it is for a psychiatrist; therefore, what I have attempted to do is to represent a variety of views, and to do so with painstaking respect, knowing that I disagree both with some of the beliefs expressed and some of the practices engaged in. As much as possible (the reader will judge my success on this account), I have attempted to give fair voice to a range of views not all of which are my own.

There is a reason even more important, I believe, that I declare my own mad experience here. When I applied to the Ph.D. program in Environmental Studies at York University, I made it clear in my application that I wanted my scholarship to extend beyond the walls of academia. Much lip service is paid to this notion in academic promotional materials; at times, real and significant efforts in this direction are made by some academic institutions and scholars. In my view, to the extent that this is achieved and not simply promised, academia fulfills its most important role in society, which is *not* the effective recruitment of new members of the middle and upper classes to positions of "better jobs" and alleged authority, but rather the dissemination and democratization of knowledge and the creation of an institutional context, intended to extend beyond its own walls, for informed debate. Such efforts should strive to make not only knowledge, itself, but knowledge generation, available and accessible to the widest possible extent, and most particularly so among those who have historically been excluded from education for reasons of class and various forms of discrimination.

As I have already alluded to above, all too often the voices of mad people are not heard – and if they are heard, these are quite often the voices of "tragic victims." I want it to be known by other mad scholars – by other people who have struggled with mental and emotional difficulties, by others who have experienced alternative states of consciousness, by others who are more sensitive than the "average" person, by others who have uncommon and or unpopular views and engage in uncommon behaviours – that it is possible to do this. It is possible to be an active agent not only in the making of your own history but also in the documenting of it. Here, I speak not only of individual life-histories, of course, but of collective history if, in fact, one considers oneself part of a larger collectivity of people known as mad (or, if one prefers, "mentally ill" or "psychiatric survivors" or "psychiatric consumers," etc.)

Far too often, mad people (as happened once to me) are shunted out of colleges and universities. In my case, many years ago, I was given a year to "get better and then reapply." I never went back to that university. On the one hand, severe emotional disturbance does in my view and in my experience present, as I will discuss in this dissertation, intrinsic problems in terms of functioning. On the other hand, the allegedly smooth functioning of the post-secondary academic industry churns out many people who have learned yet again after seemingly interminable years of primary and secondary indoctrination, how to be conventional, how to "behave appropriately," how to please authority figures, and how to have "appropriate" ambitions.

I thus declare my own madness because I wish my work to stand as the work of a mad person, in the hope that other mad scholars may perhaps feel more freedom to speak openly of their madness and to study madness (or anything else) from any perspective they wish, without fear of reprisal or stigmatization based on entrenched academic attitudes and, to be frank, discrimination.

Regarding methodology and sources

I wish to indicate both the strengths and the limitations of my methodology, a discussion which is inseparable from the issue of sources.

As indicated above, I have intentionally privileged the texts generated by mad members of the mad movement. This includes a variety of voices from both the radical and what I will call the "alternativist/reformist" (A/R) wings of the movement. Again, I have done this because these voices are rarely listened to on their own terms, and almost never appear in scholarly works, apart, perhaps, from the relatively oft-quoted book *On Our Own* by Judi Chamberlin, published in 1978. Every one of the scholars I discuss in the following paragraph stated that it was their opinion, as well, that the voices of mad people have historically been silenced – in the mental health system and in academia. Mad people historically simply have not been listened to. This is a, if not the, major theme of Linda Morrison's book, *Talking Back to Psychiatry*. Barbara Everett puts the matter trenchantly when she writes, "...[W]hat 'crazy' people think has typically been as unimportant to researchers as it has been to clinicians."[15]

Few scholars have addressed the mad movement *as* a movement and with respect for the perspectives of mad people, themselves.[16] I was fortunate enough to come upon several scholars who did so – in particular, Robert Emerick,[17] Diane Favreau,[18] Linda Morrison,[19] and Barbara Everett.[20] Both Emerick and Favreau point out the abysmal lack of study of the mad movement – Emerick, writing in the late 1980's; Favreau, studying the movement from 1970-1992, though her dissertation was approved in 1999 and she does make occasional reference to years after 1992. Favreau's work is closest to mine in that it is heavily historical in structure as well as highly influenced by sociological considerations.[21] It was thus with a sense of both sadness and confirmation of my own experience that I read her statement written over a decade ago: "...[O]ne must recognize that reconstructing this movement's history poses challenges for those interested in conducting research on it. For instance, I had to locate primary movement materials that were in the possession of individuals, since there is not yet a library or archive that has collected these for public and professional access."[22] As in 1999, so in 2009, 2010, and 2011 – with the very fortunate exception of the collection at the Psychiatric Survivor Archives of Toronto (PSAT). I am extremely grateful to the Archives and its Board Members for the generous access I was given to its collection.

I have asserted that listening to the perspectives of mad people is extremely important and has been historically neglected. Equally important, from a scholarly point of view, is the fact that the words of these mad movement activists and members *constitute* the mad movement and the way it talked about itself, both in terms of the building of alternative discourse and in terms of the reporting on (and the promoting of) mad movement practices and contexts. How could one possibly study the black liberation movement in the United States by quoting exclusively from white sociologists or political scientists? How could one seriously study the women's movement if one read only the reports of male anthropologists or mainstream (or radical) male politicians?

On the other hand, I came up against frustrating limitations regarding the literature of the mad movement, and I was therefore forced to make difficult choices. Unfortunately, it proved to be difficult to get responses to requests for primary-source literature from a number of people involved in the movement in the 1970's, 1980's and 1990's.[23] The collection at PSAT, while extremely valuable, is largely (though not entirely) a collection of literature from the radical wing of the movement. I found no corollary collection of alternativist-reformist publications. Where *are* the publications of what were potentially hundreds of drop-in centres and mutual support groups which came into existence in the 1980's and 1990's? Sadly, I believe that they are scattered hither and yon, perhaps in the storage rooms of individuals and individual agencies who perhaps do not remember or realize that these documents are in their possession. Some are likely in garages and attics. Worst of all, many of these documents are likely buried in garbage dumps, lost forever.

The choice I made in the face of these difficulties was to use a limited number of several of the most available and most prominent publications of the mad movement. Unable to gain access to a large number of different publications, I instead closely scrutinized every aspect of both radical and alternativist-reformist publications which gave the fullest reporting that I could find on the movement.

Nevertheless, there were limits to all of these publications. For example, a particular activity or context might be mentioned in one issue of a publication, then never reappear. What happened to these practices, agencies, etc.? The publications many times don't tell us. This leaves information incomplete, but as with all historical research, there are always shards and loose ends. All historians must contend with limitations in documents; as such, one's work stands or falls not on the impossible task of considering every word ever written about events (especially the words that are lost), but on the sincere attempt, to be judged by readers, to document as faithfully and as incisively as possible as much as one can, given inherent limitations. It was thus my intention to fashion a portrayal of the various tendencies and periods of the mad movement in the U.S. which took into account the limitations just mentioned.

I was also astounded to find that, apart from two surveys by a government research agency, one in 1996 and one in 1999, it appears that no studies were done by any party – radical or alternativist/reformist, activist or scholarly – during the 1980's or 1990's which attempted in a systematic way to keep track of the number and variety of what were referred to by some as "consumer-operated services" throughout the United States, apart from one such effort in the late 1990's.[24] Studies of alternativist-reformist practices focused instead on "exemplary" programs – programs that were "demonstration projects" and/or programs that were particularly "successful" as defined by the researchers. These are valuable in some ways, but the lack of such documentation is, in my view, a gap in historical knowledge.

There is therefore no doubt that this study has its limitations, but I have made every effort to be as thorough as possible in representing the discourses and practices of a movement that generally has gotten very little scholarly "air time" except in those publications which focus on treatment and rehabilitation, publications which I consider to have inherent "professional" biases – a matter which I discuss in Chapter 10.

Noting, then, both the strengths and limitations of my methodology, I invite the reader to enter into this study of a movement which, I believe this dissertation shows, has much to say about the relationship between discourse, practice, context, and the question of collective identity. The mad movement challenges common notions not only of madness, mad people, psychiatry, and mental health services, but also common notions of the ways in which a sense of collective identity can be brought into being.

CHAPTER 1: ETHNICITY: THEORY, PRACTICE, CONTEXT

Introduction

This dissertation attempts to understand a portion of the history of mad[1] people in the United States, particularly the statements, actions, and events which collectively can be called the mad movement, which, I will show, can be understood to have begun in 1970. Specifically, this exploration engages conceptual tools drawn from constructionist and processual ethnicity theory, which are useful in understanding the building of collective identity among marginalized groups not limited to those traditionally considered to be "ethnic" in the United States.

In this chapter, I begin with a discussion of ethnicity and theory of ethnicity. Both etymologically and in much theory related to the word, *ethnicity* implies the existence of a social "centre" and its boundary (beyond which exist "outsiders"). Immediately, then, ethnicity encompasses a sense both of otherness and of "We-ness." The concept is useful, therefore, in understanding the history of groups which have been placed at the margins of society. Located at the margins, such groups nevertheless do not rely forever on the identities imposed upon them, and, moreover, some begin to make efforts to assert their collective power for collective benefit.

In the United States, certain pluralities of people have had the arguably dubious distinction, both in everyday parlance and in some scholarly literature, of being discussed and understood, with alternatively pejorative and romanticized attributions, as "ethnic groups." This chapter attempts to dive below the surface of the term, ethnicity, which appears at first as a property of only certain pluralities of people. Theorists of ethnicity have explored the concept; some rendering it as a property, others as a process. When ethnicity is understood as a process, and when the dynamics of that process are laid bare, it appears that to be ethnic (as a group) means first to have been turned by dominant groups or forces into a social Other and then to have remade the meaning of that otherness. In this sense, ethnicity consists of a set of contested, evolving, and fluctuating claims regarding collective – and consequently individual – identity.

Given this understanding of ethnicity, it is possible to consider groups which have customarily not been called "ethnic" *as* ethnic if, in fact, they have undergone a process of othering, and a multilayered process of appropriation of collective identity.[2] At first turned into a social Other by dominant groups or forces, a plurality of people may then engage in the construction of autonomous and semi-autonomous discourses, practices, and institutions. Further, having engaged in these appropriations, they may construct an alternative group identity and, consequently, group-based identities for individual members. This need not be, and perhaps never is, a strictly sequential process, for dynamic social processes often interpenetrate and influence each other and are subject to ongoing contestation and negotiation. Ultimately, however, ethnicity consists not only of being turned in to a social other, not only oppositional discourse and practice, but also in the building of group identity on the basis of oppositional-resistant and/or alternative autonomous and semi-autonomous discourses, practices, and contexts.

Conceptualizing ethnicity as a dynamic, relational process, then, sets a foundation for examining the relationship between marginalized groups, on the one hand, and dominant groups and forces in society, on the other. Moreover, the processual approach not only confronts the question of battles and relationships across boundaries, but also the issue of efforts within oppressed groups to build the solidarity necessary to make pragmatic claims and to reclaim a sense of dignity. Because the process of ethnicity is so intimately related to the construction and maintenance of group membership, the processual approach is an effective way to explore questions of collective, and consequently individual, identity.

No doubt the words "mad," "movement," and "ethnicity," considered as coinciding terms, may seem, at the very least, surprising to some. Yet the customary applications of a concept should not necessarily be their only applications, just as one need not use camera lenses only for stilted family photographs, but also for taking and making pictures of beautiful, or tragic, or unexpected things.

At the same time, concepts, like lenses, have both the advantage and disadvantage of bringing certain things into view, while leaving others out of focus. Historically, what has been brought into view and what has been left out of focus in the study of mad people's experiences and actions has often been left to the lenses used by psychiatrists and other mental health professionals. For this reason, and also because the concept of ethnicity brings into focus both dynamic forces within groups and their dynamic relations with the larger social environment, I intend to show that training the lens of critical,[3] processual ethnicity theory on the mad liberation movement fruitfully challenges conventional notions not only of ethnicity, but also of madness.

I thus begin with a discussion of the term and the concept, "ethnicity." How has it been used popularly? What are scholars' views about the term and the concept? How has it been applied by scholars in the American context in particular? Above all, what does it mean to consider ethnicity either as a property or, instead, as a process?

Etymological Considerations

Given the both the propensity of, as well as the need for, academic writers to bend and mould terms in order to develop concepts which explain social phenomena, we meet quickly in the literature of ethnicity with an array of definitions of the term.

It is perhaps best, then, to consider the etymology of the word in order to see what its origins may indicate about how and why it has come to be used in the various ways it is used today. According to Petersen, "The word *ethnic* derives via Latin from the Greek *ethnikos*, the adjectival form of *ethnos*, a nation or race. As originally used in English, ethnic signified pagan or heathen; not Christian or Jewish. In *The Leviathan* Thomas Hobbes exhorted Christian converts to continue obeying their ethnic (that is, not Christian) rulers."[4] Roger Just, meanwhile, offers the following etymological analysis:

> The word *ethnos* has been transmitted unchanged (except phonetically) from classical antiquity and there again it did not refer to a political structure – or if it did it was to label a sort of non-structure, that of loose-knit, tribal (?) [sic] peoples mainly of north-western Greece...whose 'primitive' social organization contrasted with that of the *polis*, the centralized city-state, which political theorists of the classical period took as their starting point...[5]

In these discussions, we see two fundamental aspects of the etymological foundation of the words "ethnic," and "ethnicity." *Ethnos* conveys the sense of a people – or a number of peoples – who were considered as *ethne*[6] precisely because of their otherness. Thus, one group of people, who saw themselves as "central," spun the *ethne* to which they referred out of the thread of marginality – the "tribes" who lay outside of the polis; the pagans who did not stand in the Judeo-Christian religious tradition. In this way, an *ethnos*, or "a people," is constituted both by marginalization from the point of view of the centre and potentially *in* marginalization from the point of view of the marginalized group or groups.

This duality lingers still today in discussions of ethnicity: groups that are considered "ethnic" are forever cast in a position of marginality, profound, moderate, or slight, and the logical implication is that there is some "central" group who makes decisions regarding who are the Others in a given society. The etymological core of ethnicity, thus, contains the sense both of both otherness and the potential peoplehood created out of that otherness. One of the most important elements of the literature on ethnicity is this opposition between being the Other and being a unity. Deeply-held (if, as we shall see, not necessarily lasting) beliefs regarding the existence of "Us" and "Them" immediately imply boundaries, and the exploration of these boundaries figures significantly in the ethnicity literature[7] – how boundaries are used to constitute ethnicity, how ethnicity is constituted by creating and patrolling boundaries, and what goes on within the boundary thus created. Before discussing the issues of boundaries, however, I wish to consider a number of less dynamically- and relationally-oriented views of ethnicity.

The popular American view of ethnicity – and its problems

Customarily in popular American usage, ethnicity is seen as a *static property or set of properties* of a particular group of people. An ethnic group is often considered to be a group of people of "common descent" with a "common culture" and "common heritage." In popular American usage, ethnic groups (at least those in the United States) are portrayed chiefly as the immigrants and descendants of immigrants of certain countries in Europe.[8]

"Descent," "heritage," "culture," and perhaps as well a "sense of belonging" are the most common traits alleged to appertain to ethnic groups. For example, an "Italian American" is above all "ethnic" because (at least one of) her ancestors came from Italy. Second, she is Italian American because she somehow possesses or at least can lay claim to something called "Italian heritage" – referring to a situation in which a person sees him- or herself as one among all those who are either Italian or are descendants of Italians who have "inherited" Italian culture, as well as the culture so inherited. This "culture" is also allegedly immutable (or at least, slow to change) – a combination of, on the one hand, certain tendencies of family structure, beliefs, values, and practices and, on the other, the "high" culture of art which is or has been created in the territory that is now (yet only relatively recently, historically speaking) called the *nation* of Italy.[9, 10] Finally, an Italian-American, for example, may have a sense of belonging to "the Italian people" or "the Italian American community," which implies at the very least that if someone were to ask her about her self-identification, she would include in her response, "I'm Italian" or "I'm Italian-American."

There are a number of problems with this popular American view of the nature of ethnicity. First, in the typical American version, it is unclear why some groups of people are considered "ethnic groups" while other groups of people are more likely to be considered "races." Moreover, at least in some viewpoints, some groups of Americans of European descent – those from the British Isles (excepting Ireland), those from Germany, and those from more prosperous countries in Western Europe such as Switzerland and France – are not generally considered to constitute "ethnic groups." On the other hand, many Americans (including many Americans who consider themselves to belong to various "ethnic groups") would readily consider those of Irish descent, or who descend from Italian immigrants, or those who have ancestors from various *eastern* European countries to be "ethnic." Curiously, as well, Jews in the United States are considered both adherents of a religion and members of an ethnic group, while Roman Catholics, Muslims, Orthodox Catholics, Presbyterians, Quakers, Unitarians, etc. are customarily considered only adherents of a religion, but not "ethnic groups."

It seems that we can trace the idea in the United States of some groups being more commonly considered "truly ethnic" or "more ethnic" among Americans largely to *the immigration of some populations to the United States during its period of heavy industrialization, from the late 1800s until the early-to-mid 1920s* (when laws was passed which severely restricted immigration to the U.S.). Steinberg writes,

> Virtually all the eight million immigrants who came to America between 1840 and 1880 had their origins in northwestern Europe. Most came from Germany, Britain, Ireland, and Scandinavia, in that order. In contrast, the 24 million immigrants who constituted the second wave between 1880 and 1930 largely had their origins in eastern and southern Europe. Italians, Poles, and Russian Jews were by far the largest groups, but numerous other nationalities had significant representation: Slavs, Slovaks, Croatians, Serbs...[11, 12]

In American discourse, of the earlier groups the only group that is consistently viewed as "hyphenated American" would be Irish-Americans. (Who, for example, has heard the term "British-American" or "Norwegian-American" widely used as an ethnic marker in the United States?) When Americans think of immigrant ethnic groups, however, generally all of the groups mentioned in the second list are referred to with "ethnic hyphenation."[13]

On the other hand, Americans of Japanese descent are considered part of the "Asian" (formerly "Oriental" or "yellow") *race*, as are Chinese immigrants and their descendants; those from India and Pakistan considered "Asian" *or* "South Asian,"[14] the latter of which designation seems neither to stand as a race nor an ethnicity but something in between; those descendants of people brought over forcibly from Africa as slaves considered to be of the black "race." Those from Puerto Rico, Mexico, and Cuba are lumped together in new designations ("Latino" according to some, "Hispanic" according to others) – an amalgamating designation which again seems to waver between being considered a nonwhite race, a linguistic group, and a more recent ethnic group.[15]

Meanwhile, "Native Americans" (or, less recently, "American Indians") – the descendants of many groups of people who were and still are considered to have been "tribes" are now all together considered a single "race," but it is certain that these vastly different groups of people never saw themselves as a single "people" until they were dubbed so by European conquerors. Even today some descendants of the aboriginal groups who lived in what is now called the United States of America consider themselves a single "race," while others focus on "tribal" heritage as this relates to a more specific group identification.[16]

Anyone who has not grown up in the United States and has not learned these odd, multifarious terminological distinctions – or at least spent time considering the convoluted American discourses of race and ethnicity – would likely find this a confusing maze of semantic distinctions.

Views of ethnicity in the scholarly literature

Thus, there seem to be many contradictions in the popular American conception of "ethnicity." How do scholars confront these quandaries?

While there are many attempted definitions of ethnicity in the literature, there is actually a limited number of major categorizable points of view on the matter. It is important to note that some of these begin as *explanations for* ethnicity, but implicit in the explanation is the definition. I will label these views as the following:

(1) The "descent and culture" point of view
(2) Ethnicity as obfuscation
(3) Primordialist views:
    (a) Innate group-tendency primordialist
    (b) Biological inheritance primordialist
    (c) Sentimental primordialist
(4) Constructionist and processual views

It is important to note that these are not each fully discrete positions; there is some overlap within individual author's writings. For example, as we shall see, Harold Isaacs gives evidence of two different, but related, primordialist positions. Michael Novak pays lip service to the potentially socially constructed nature of ethnicity, yet again and again returns to a romanticized biological primordialism. For Nathan Glazer and Daniel Patrick Moynihan, Fredrik Barth, and Donald Horowitz, instrumental social construction can be combined with a situational/circumstantial point of view and/or the processual point of view. Nevertheless, it is valuable to tease out each of these positions, as this will have implications for our understanding of the processes by which ethnic groups are formed.

The descent and culture point of view

The "descent and culture" view – quite close to the popular view described above – is well expressed by Milton Yinger. Here, again, ethnicity is discussed as an objective, static *property* which can possibly even be subjected to measurement. For example, Yinger states, "In a general definition an ethnic group is a segment of a larger society whose members are thought, by themselves or others, to have a common origin and to share important segments of a common culture and who, in addition, participate in shared activities in which the common origin and culture are significant ingredients."[17] Yinger argues that there are three “variables” of ethnicity: The group is “perceived by others in society to be different” on the basis of “language, religion, race, and ancestral homeland with its related culture”; the members “also perceive themselves as different”; and the members “participate in activities” related to “(real or mythical) common origin and culture.”[18] The question of perception enters here, but only insofar as it reflects what are considered “real” issues of descent and culture.

One problem with such a view is the idea of a fixed, shared culture, particularly (but not exclusively) in the American context where all of the notions Yinger mentions – language, religion, “race,” ancestral homeland, and culture – are problematic from even before the moment of immigration,[19] and become increasingly problematic and doubtful as time passes, more recent generations develop new habits, beliefs, etc., and intermarriage among different ethnic groups occurs.[20]

Ethnicity-as-obfuscation views

Quite the opposite of this point of view is the idea that ethnicity is merely an obfuscation, an invention intended to avoid the much more “political” issue of race. For example, Omi and Winant argue that ethnicity theory – or, at least, their understanding of it – was a creation of writers with a “liberal, New Deal” bias[21] whose intention was to argue that all groups in the US, including African Americans, could, should, and probably would eventually be culturally and socially assimilated in the same way that European “ethnic” groups have been. For Omi and Winant, “ethnicity” obscures what they see as the stronger and more intransigent social construction, “race.”

Brackette Williams argues that any difference between ethnicity and race is best understood not on the basis of particular “tribal pasts,” per se. Rather, the appellation *ethnic* is applied by “nation-builders” to those who are seen as more “loyal” by the dominant political structure. In Williams view, *race* is applied to those who are seen as more “dangerous” and potentially less loyal:

> [W]here groups are part of the same state, the definition of some of them as ethnic and others as nonethnic is a consequence of the ideological linkages between the forms of deference and demeanor (the cultural enactments) and the phenotypical characteristics (cultural embodiments) that the most powerful members of that society institutionalize in civil society and employ in social circles to determine who, among persons of different "tribal pasts," is trustworthy and loyal to the political unit.[22]

Stephen Steinberg does not so much reject the existence of immigrant groups *as* ethnic groups as he attempts to show that there are various "myths" associated with the alleged success of these groups in comparison to African Americans and other racialized groups. These myths, he alleges, have been used to explain and justify the alleged economic "failures" of blacks, aboriginal Americans, and Mexican Americans. Above all, Steinberg argues that it was the positioning, by U.S. national economic policy, of various groups in relation to the shift from agricultural to industrial production that led to the greater economic gains of European groups and the ongoing marginalization of racialized groups. Steinberg writes, "The central problems of our society have to do, not with ethnic groupings, but with economic policy, social rule, class relations. They have to do with vast inequities of wealth, with the shameful neglect of a growing class of subproletarians..."[23]

It is unfortunate, though, that Steinberg, like Omi and Winant, fails to come to the conclusion that the dubbing of certain groups as "races" rather than as "ethnic groups" *itself* occurs because of these particularly unjust economic conditions. These writers fundamentally accept, despite their own protestations, the current implicitly or explicitly biological essentialist discourses of race which derive, at least in part, from the unsound classification system of eighteenth-century anthropologist Johann Blumenbach, who "divided" the human race into "'five principal varieties': the American ('red'), Caucasian ('white'), Ethiopian ('black'), Malay ('brown'), and Mongolian ('yellow')."[24]

Gabaccia, furthermore, points out that there were numerous racializing schemes constructed throughout the nineteenth and early twentieth centuries. For example, US immigration policy at one time "recognized" *dozens* of different races: "Beginning in 1899, the United States categorized all newcomers, even Europeans, as members of *thirty-six* different races..."[25] Nationality, race, and ethnicity are thus slippery terms when viewed from *any* essentialist perspective. The better question to ask is not, "What is the difference between 'ethnicity' and 'race'?" but, "What is the common ideological denominator – or better yet, process – by which various social groups are brought into being, in common belief, as societal Others?"

Primordialist views

Primordialism in ethnicity theory is often taken to mean that particular ethnic groups have somehow always existed (or, at least, have existed "since time immemorial"). These groups, it is alleged, share a deep, ineffable bond. Each particular *ethnos* has an existence which, while sometimes submerged, exists over long periods of time, stretching back even into the forgotten past. The suggestion is even made that somehow "ethnicity" is biologically inherited.

It is important to note, however, that a careful analysis of primordialist writers reveals that primordialism can either indicate the foregoing semi-mystical position or that one sees in human beings an innate tendency to be pulled, particularly in times of stress, towards group-identification. Some writers, such as Isaacs, take both of these positions. For example, Isaacs writes, "[A baby] acquires the *history and origins* of the group into which he is born. The group's culture-past automatically endows him...with his *nationality*...his *language*, *religion*, and *value system* – the inherited cluster of mores, ethics, aesthetics, and the attributes that come out of the *geography* or *topography* of the birthplace itself."[26] This statement asserts both sentimental primordialism and environmental determinism, in which culture is portrayed as a reified totality, allegedly determined or shaped by climate. However, Isaacs also writes, "[Basic group identity] ...is the refuge to which...great masses are retreating and withdrawing in the face of the breakdown or inadequacy of all the larger coherences or systems of power and social organization."[27] Here, we see a position verging on what could be called *innate group-tendency* primordialism: it is not just that basic group identity, "derived from....what is generally and loosely called an 'ethnic group'..."[28] is inherited and a "birthright"; rather, such a group identity is also something that people tend to do for the purpose of making order out of perceived social chaos.

Bentley offers the following primordialist quote from Theodor Reik:

> '[A] man can prefer to be together with others and even avoid his own people; he can feel estranged from them – but he can never be a stranger to them. The very intimacy of the experience, which is nothing but common memories that have become unconscious, excludes the possibility of cutting a tie that was formed, not alone by the same blood, but by the same rhythm of living .'[29]

Here we have a combination of biological and sentimental primordialism: Not only is ethnicity (in this case, "Jewishness") born into a person ("the same blood"), but it is imbued with sentiment, with fellow-feeling, with a romanticized sense of recognition and belonging.

As noted earlier, Michael Novak briefly acknowledges the potentially socially constructed nature of ethnicity.[30] Yet he clearly takes, in the preponderance of his book, *The Unmeltable Ethnics*, an essentializing primordialist stance. For example, in a rather strange section on the various alleged attitudes of different ethnic groups towards the phenomenon of pain, Novak writes: "Jews and Italians, we know, are highly dramatic people. Their consciousness is different from that of other ethnic groups."[31] Moreover, "Whereas the Old American ["WASP"] believes pain is useless, the Irishman regards it as a priceless chance – a key to the riddle of life itself."[32] Still further, "The Italians, a nurse at the hospital says, are the 'sweetest' patients of all; they complain, they cry, but they're like children, and they make the nurses feel useful by merely being present...The Italian likes to be active – why not? There are so many things in life to enjoy today."[33]

In the following statement by Novak, we see a merging of primordialist points of view: "Each of us is different from any other, and yet our similarities with some others tend to cluster around shared ethnicities. It is more comfortable for us to be with people whose range of feeling, irony, instinct, and word [sic] is like our own."[34] Clearly, Novak approaches a biological element here in the use of the word "instinct." Also evident is the innate-group-tendency position: There are, Novak alleges, people more like " us" than not, and other people less like "us." We find it "more comfortable" to be with "our kind."

A great danger of such constructions, however, is their dark emotional appeal. If there is an "us" we are "more comfortable with," this implies that there are Others with whom we "naturally," or "primordially," are not. As Novak puts it: "Each of us finds certain other groups offensive, puzzling, menacing, taxing."[35] What can this be but a justification for bigotry and intolerance grounded in an alleged essentialist Other-making orientation within human beings?[36]

Social constructionist and processual views

Social constructionists and processual theorists argue against these primordialist portrayals of ethnicity. These theorists assert, albeit with different emphases, that collective identity is born and develops within the context of larger social events and forces, is grounded in interest-seeking, occurs as a result of pressures across group boundaries, and/or is constructed by the indigenous cultural efforts of groups themselves. Whether greater weight is put on the constructions, themselves, or on the process of construction there is a repeated theme of dynamism and change implicit or explicit in the writings constructionist and process-oriented theorists of ethnicity.

Instrumentalism

Perhaps the view most strikingly opposed to primordialism is that of instrumental social constructionism. According to instrumental social constructionists, whatever emotional sentiments may or may not be elicited by identification with an *ethnos*, ultimately people create and maintain ethnic groups and identities because of their bald interest in seeking advantage. One of the clearest expressions of this view is found in a book by Abner Cohen, *Custom and Politics in Urban Africa* (1969). In this book, Cohen portrays the functional, interest-seeking foundation of the Hausa "tribe"[37] members' ethnicity. The Hausa residing in the city of Ibadan, Nigeria formed, at the time of Cohen's study, a minority in the midst of the majority Yoruba people. Cohen argues that what appeared as elaborate traditions among the Hausa were in fact cultural improvisations. Sexual practices, religious beliefs, membership – all these characteristics and boundary-making which the naive anthropologist might attribute to a long-standing Hausa "culture" – were, when carefully studied, revealed to be recent cultural improvisations distinct from the way that rural Hausa and Hausa in other cities behaved and believed.[38]

What was the purpose of this ethnic construction? Cohen's argument is parsimonious. In his view, the Hausa engaged in cultural improvisations which allowed them to monopolize two forms of trade: south-to-north trade in kola nuts, and north-to-south trade in beef. Cohen states:

> I am not arguing here that there is a deterministic inevitability in the emergence of ethnicity in long-distance trade...What I am arguing is that there is a strong tendency towards ethnic specialization in long-distance trade. Traders try to maximize their profits by cutting down risks and costs and, under the political and economic circumstances of an underdeveloped country, this can be best achieved by the establishment of ethnic monopolies.[39]

Furthermore, Cohen states, "In a changing system a group will have to define its distinctiveness in order to adjust to the changing realities of the distribution and redistribution of power and to changes in the dominant political ideology of the encapsulating system."[40] This latter statement merges into both situational and political constructionist approaches, but in terms of simple instrumentality, the point that Cohen makes throughout his book is that ethnicity occurs because groups are in competition with each other, so that improvised and claimed culture are simply garb for something observable when one scratches the surface: interest.

Nathan Glazer and Daniel Patrick Moynihan are well-known among theorists of ethnicity for their 1963 book *Beyond the Melting Pot*, their controversial introduction to the second edition of that book in 1970, and their edited collection of 1975, *Ethnicity: Theory and Experience*. Glazer and Moynihan actually have a variety of positions on the nature and meaning of ethnicity, but there is an instrumentalist core to their writing. Throughout the discussions of the various ethnic groups in New York whose (alleged) characteristics and history they examine is a constant return to the issue of "success" and "failure" – which mean, for Glazer and Moynihan, the alleged integration of the various groups into the middle and professional classes based on economic achievement and collective political manoeuvring. Again and again, their discussion of the history of African Americans, Puerto Ricans, Italian Americans, Jewish Americans, and Irish Americans revolves around the issue of political position and, above all, questions of economic and class advancement. Thus, regarding African Americans, they state: "Professional men, despite their much higher status than shopkeepers among Negroes, have not been common... among Negroes."[41] Regarding Puerto Ricans they state, "The 1950 census already indicated a remarkable shift upwards in the occupations of the second generation of Puerto Ricans."[42] Then, regarding Jewish Americans: "...[T]he Jewish working class is rapidly disappearing..."[43] Moreover, "New York Jews can never become as completely a business and professional group as can Jews in cities where they form, say, only 5 per cent of the population. Yet Jews already constitute a majority of those engaged in any businesses and professions in the city."[44] Regarding Irish Americans: "The relative failure of the Irish to rise socially seems on the surface to be part of a general Catholic failure."[45] Finally, regarding Italian Americans: "Indeed, in the sphere of the economy, as in that of residence and family, differences between first and second generation among Italians are likely to be less important than differences between second and third generations."[46]

While Glazer and Moynihan discuss many other historical and cultural aspects of all the groups in question – at times with sweeping generalizations – again and again the implied message is that the "goal" of ethnic groups is economic advancement, that they use small business and government jobs as a way out of working class occupations, and that these small business jobs support further development towards professional and corporate positions. The narrative is one of "success" and "failure"; the framework is that of ethnicity. Implicitly, as Steinberg would likely point out, class is clearly the common denominator.

Yet, is Glazer and Moynihan's analysis instrumentalist ultimately based on an individualistic economic opportunity point of view then, even if it is couched in a discussion of collective ethnicity? Perhaps, but the entire framework of *Beyond the Melting Pot* insists on the advancement of this or that *group*, not on the advancement of individuals who happen to come from (what were, and are, increasingly intermarried) ethnic groups. In *Ethnicity: Theory and Experience,* as well, we read, "One of the striking characteristics of the present situation is indeed the extent to which we find the ethnic group defined in terms of interest, *as* an interest group."[47] And, "...[I]t is clear the weight of [interethnic] conflicts has shifted: from an emphasis on culture, language, religion, *as such*, it shifts to an emphasis on the *interests* broadly defined of the group."[48]

There is no doubt a significant degree of emphasis on ethnicity-as-interest in Glazer and Moynihan, but their work, despite its sometimes cringe-inducing stereotypical portrayals of groups and their members, actually has a richer, if sometimes inconsistent, multidimensional analytical framework – richer, particularly, in their statements regarding ethnicity as a *developing* social construction.

Situationalism

The situational (also referred to as the circumstantialist) point of view is expressed succinctly by Jenkins: "...[E]thnicity is situationally defined, produced in the course of social transactions that occur at or across (and in the process help to constitute) the ethnic boundary in question."[49] Perhaps the most famous assertion of the situationalist point of view is that of Fredrik Barth. Barth takes issue with the traditional anthropological views that ethnic groups are "biologically self-perpetuating,"[50] "[share] fundamental cultural values," "[make] up a field of communication and interaction," and "[have] a membership which identifies itself, and is identified by others, as constituting a category distinguishable for other categories of the same order."

Barth makes it clear that while he accepts this "descent and culture" set of propositions to a certain extent, his problem with these formulations is that they "[prevent] us from understanding the phenomenon of ethnic groups and their place in human society and culture."[51] Barth argues that "ethnicity" in this set of propositions is viewed from an exclusively *emic* (internal, or indigenous) perspective. Such an approach, he alleges, diverts our gaze from the *boundaries* of ethnic groups and, most importantly, what transpires across these boundaries. It is by considering ethnic groups in the context of dynamic interaction, Barth urges, that one begins to understand ethnicity – what it is, and what functions it may serve. Furthermore, when we consider ethnic characteristics as *ascribed*, by the group to itself and by others to the group, "the nature of continuity of ethnic units is clear: it depends on the maintenance of a boundary."[52] For Barth, culture understood from an indigenous perspective is not fruitful in terms of understanding the more profound implications of ethnicity.

Ethnicity, then, consists of the *otherness* which is manufactured and maintained by boundaries between discrete groups which see themselves as such:

> [T]he nature of continuity of ethnic units is clear: it depends on the maintenance of a boundary. The cultural features that signal the boundary may change, and the cultural characteristics of the members may likewise be transformed, indeed, even the organizational form of the group may change – yet the fact of continuing dichotomization between members and outsiders allows us to specify the nature of continuity, and investigate the changing cultural form and content."[53]

In other words, ethnicity is not based in the allegedly "permanent" culture or structure of a group, but in the maintenance of the idea of dichotomization between members and non-members.

Hence, the "situational," or "circumstantial" perspective. In the context of a larger social situation or unit, different groups come into contact, and when they do, various things can happen: for example, groups can act to preserve ethnic boundaries, or, alternatively, one group can be absorbed by another. When groups preserve ethnic boundaries, in some contexts this can occur as co-existence (without domination), while in other situations, stratification takes place. In cases where boundaries are maintained, what is crucial is that ethnic groups maintain cultural differences at least in part because these act as "diacritica," or markers, which help to maintain boundaries.[54]

It is particularly important to note, however, that Barth distinguishes between ethnicity as it occurs in pre-industrial states, on the one hand, and industrializing states, on the other. The crisis of identity among pre-industrial groups in the face of industrial society, Barth argues,

> is a very widespread process under present conditions as dependence on the products and institutions of industrial societies spreads in all parts of the world. The important thing to recognize is that a drastic reduction of cultural differences between ethnic groups does not correlate in any simple way with a reduction in the organizational relevance of ethnic identities, or a breakdown in boundary-maintaining processes.[55]

Barth contends that the maintenance of the diacritica occurs in modern and modernizing states precisely because there is an increasing "syncretism" or homogenization of culture among ethnic groups: "A political confrontation can only be implemented by making the groups similar and thereby comparable, and this will have effect on every new sector of activity which is made politically relevant. Opposed parties thus tend to become structurally similar, and differentiated only by a few clear diacritics."[56] Thus, Barth argues that in industrial societies, as new groups become integrated into the industrial structure, boundary-maintenance will be maintained even as clear markers of ethnicity fade. The "situation" – the sociocultural context – changes in industrial society, but still ethnic identification serves a purpose.

However, my discussion of ethnic fading below points out that commitment among members of a group to ethnic identification (and not only to the *markers* of ethnic identification) may also fade. The boundaries, the meaning of the societal Other, and the meanings attributed to it by social dominant groups and forces undergo a process of transformation which is not accounted for by recourse to a simple, unilinear process of assimilation. Ultimately, wider social-contextual changes, as well as the success of groups in making claims which lead to greater social acceptance, can lead to the virtual, or even total, abandonment of commitment to ethnic identity. Such change themselves, however, point to the dynamism of ethnicity as a process.

Ethnicity-as-process

The processual constructionist point of view emphasizes the point that ethnicity is not a "thing," not a kind of cultural membership club, nor a fixed result of interaction across boundaries, but rather a developing, dynamic ideological and practical situation, as implied in Barth's essay.

All constructionism has to contend with two ways of understanding the word, "construction." First, *a* "social construction" can be seen as a "thing" – a *result* which exists not because of "biological inheritance" or some other essentialism, but because people have produced it by their discursive and practical activity. On the other hand, "social construction" can be considered a process – a very "verbal thing." In this case, an ethnic construction is not a *fait accompli*, but a process with no final result. As such, we can expect fluctuation, change, indeterminateness, and even fading and later resurgence.

Again, despite the shortcomings of sweeping generalizations and an increasingly spiteful tone towards African-Americans, Glazer and Moynihan sometimes evince a surprisingly critical-analytical understanding of ethnicity. For example, in their 1970 introduction to the second edition of *Beyond the Melting Pot*, they write:

> In [the first edition of] *Beyond the Melting Pot*, we suggested that ethnic groups, owing to their distinctive historical experiences, their culture and skills, the times of their arrival and the economic situation they met, developed distinctive economic, political, and cultural patterns. As the old culture fell away – and it did rapidly enough – a new one, shaped by the distinctive experiences of life in America, was formed and a new identity was created.[57]

Even more explicitly, they state: "*The ethnic group in American society becomes not a survival from the age of mass immigration but a new social form.* One could not predict from its first arrival what it might become or, indeed, whom it might contain."[58] They further state, "Ethnic groups...even after distinctive language, customs, and culture are lost, and even more fully in the third generation, are *continually recreated* by new experiences."[59]

Horowitz's discussion of the development of ethnicity in four potential directions under two overarching rubrics of assimilation and differentiation outlines a processual point of view.[60] While his examples focus, as do Barth's, largely on pre-industrial or industrializing, but not fully industrialized states, the very idea that ethnic identity is a dynamic and changing entity is general theoretical step forward from primordialist or "fixed culturalist" understandings of ethnicity.

Richard Jenkins attempts to show how the process which he terms "categorization," operates in a set of social contexts such as marriage and family, organized politics, "welfare-oriented policy responses."[61] Jenkins discusses official classifications[62] which have the effect not only of creating the social other from the point of view of those who dominate in society, but which "are also significant in processes of internal definition (and, given the inter-penetration of the two, how could it be otherwise?)."[63] For Jenkins a social "group" is a plurality which he asserts defines itself. Social categories, on the other hand, consist of collectivities constructed by outsiders. Jenkins writes, "[W]hereas social groups define themselves, their name(s), their nature(s) and their boundary(s), social categories are identified, defined, and delineated *by others*."[64]

Jenkins discusses the relationship between imposed categorization and identity as experienced within the social group. He writes, "[T]he external categorization might be more or less the same as an aspect of existing group identity."[65] Alternatively, he asserts, "[E]xternal categorization is imposed by the use of physical force or its threat..."[66] Moreover, crucial to our discussion, the following is also possible: "Finally, there are the oppressed who do resist, who reject imposed boundaries and/or their content(s)."[67] Jenkins makes the crucial point that in this last example the acceptance of the categorization as legitimate for *group* identity (that is, collective identity from an indigenous perspective) "is...an effect of being categorized in the first place."[68] In this sense, the group acquiesces to its imposed categorization.

However, Jenkins then draws the following faulty conclusion: "The rejected external definition *is* internalized, but paradoxically, as the focus of denial."[69] This statement suggests that those groups who reject how they have been defined by dominant forces nevertheless accept, in an "unconscious" way, the identity given to them. But Jenkins himself argues against this psychologistic understanding of group identity when he writes that there is a "dialectical synthetic unity"[70] between the internal and the external. If it is true, as Jenkins states, that "there are the oppressed who do resist,"[71] then this suggests that there is, in fact, a dynamic process of contestation going on between the dominant forces which turn a plurality of people into a collective *category*, and the *group*, as a social Other, which refuses to accept the definition, ideology, beliefs, and practices laid down for it by its oppressors.

In an article focusing on the content of ethnic categories, Stephen Cornell argues that rather than accepting the definition of the collective identity which dominant forces attempt to impose upon them, it is possible that the members of an ethnic group will create their own practices. For Cornell, various social relationships which he places under the rubric of "community" indicate the varying degrees of cohesiveness within an ethnic group. Thus we have the following typology of increasing cohesiveness in ethnic groups: those that have (or constitute) only "community of interest," those that have "institutional community," and those that have "community of culture."[72] Cornell writes of these "ethnic communities" that their members "may turn to outside institutions to solve those problems and accomplish their agendas. But where their inclinations or opportunities to do so are constrained – when they are denied entry to those institutions, for example, or when the institutions are unresponsive to their specific needs – they must organize on their own."[73]

Crucially, at all levels, the ethnic group can develop autonomous practices which are to some extent independent of the constructions of socially dominant forces. Thus:

> Given a perceived set of common interests, group members begin to organize in their pursuit. *What* they organize varies, from kinship systems to schools to political parties. The point is that they begin to fashion systematic, more or less formalized patterns of relationships and action – in other words, institutions – designed to solve the problems they commonly face.[74]

At the *community of culture* level, "[Members of the ethnic group] are likely to look inward for resources and guides to institution-building. In such cases the result will be institutions that are distinctive to the group, and that add yet another layer to the cohesive structure of group life: a set of group-specific organizational solutions on which group members, to one degree or another, depend."[75] Here, Cornell indicates that while ethnic groups do acquiesce to their imposed identity *as a group*, they do not necessarily acquiesce to the cultural beliefs and cultural practices of identity which dominant social forces attempt to impose upon them or to attribute to them.

In summary, pluralities of people can be "turned into" a group by a socially dominant centre and its institutions. Such manoeuvres not only construct the original notion of collective identity, but also ascribe often pejorative characteristics and prescribe certain social and/or economic roles. In a sense, then, groups, when asserting their own collective identity or existence *as* a group, can be understood as acquiescing, in part, to a social construction of otherness. Nevertheless, as Jenkins suggests and as Cornell directly argues, ethnicity is not a one-way street, not a mere imposition (and not at all a primordial fact). The meaning of the "ethnicity" of the ethnic group – its otheredness as well as its beliefs and practices – are struggled over.

Ethnicity in, and as, context

As noted above, common American discourse, as well as some scholars, attribute "ethnicity" to a range of largely southern and eastern European pluralities of people who came to the United States during a prolonged, intense period of industrialization from the mid-1800's to the third decade of the twentieth century. Yancey et al., draw a direct connection between the process of industrialization and the "emergence" of ethnicity in industrial societies. They write, "Rather than viewing ethnicity or ascribed status generally as being inevitably doomed by the processes of modernization, we suggest that ethnic groups have been produced by structural conditions which are intimately linked to the changing technology of industrial production and transportation.[76]

These authors argue that it was the concentration of population in discrete urban neighbourhoods, which occurred among some immigrant groups, that led to those institutions which constituted the context and practice of "ethnicity":

> [W]e suggest that ethnic groups have been produced by structural conditions which are intimately linked to the changing technology of industrial production and transportation. More specifically, ethnicity, defined in terms of frequent patterns of association and identification with common origins...is crystallized under conditions which reinforce the maintenance of kinship and friendship networks. These are common occupational positions, residential stability and concentration, and dependence on common institutions and services.[77]

In this sense, the geographical and social consequences of industrialization stood as the wider historical-economic context in which the "traditional" ethnic groups came to be viewed as, and to consider themselves as, "ethnic" in the American context.

It is important to note, however, that while economic and social factors led to the construction of "residential stability and concentration," the actual cultural content of the ethnic group was constructed indigenously. The immigrant neighbourhood stood as a context within which were constructed a range of ethnically-marked practices and institutions. Harney and Scarpaci thus refer to such practices and institutions in Italian American immigrant neighbourhoods as the "*ambiente*"[78] (environment). In these ethnic contexts, collective identity was, for a time, constructed and perpetuated in elaborate practices. Harney and Scarpaci write:

> [T]he palpably Italian geographical and psychic core of the colony...was made up of, first mutual aid societies, fraternal organizations, political or *paese*[79] clubs, and Italian-speaking union locals; and secondly, of parishes or Protestant missions with their dependent entities such as parochial schools, sodalities, sports teams, or credit unions, as well as their related enterprises from caterers to undertakers to florists. Around this nucleus in each community clustered those businesses such as travel agencies, immigrant banks, grocers and food importers, ethnic newspapers and *tipografie*, restaurants and boarding homes, which provided the ethnic density and material culture of the neighbourhoods studied.[80]

But is industrialization the sole condition in the United States by which ethnicity is constructed? I would argue that industrialization is but one of a number of larger social forces which can contribute to the creation of contexts in which groups of people engage in discursive and practical efforts to redefine and redeem discredited collective identities. For example, the history of Deaf people in the United States shows that, like "traditional" American immigrant groups, Deaf Americans have been socially othered, and they have also created indigenous practices and contexts which have elaborated the meaning of "deaf" and "deafness." Deaf ethnicity – the process of the building of Deaf collective identity – was at least partly a result of unique situations which, while not precisely the same as those of "traditional" immigrants, followed a similar route: the existence of favourable social-contextual forces, the imposition of social othering, and indigenous efforts to create ongoing autonomous and semi-autonomous practices and contexts.

Deaf collective identity was originally fostered in the United States in the context of early manualist Deaf residential schools.[81] In certain respects, the early Deaf residential schools sequestered Deaf children from the larger society. However, the schools also afforded locations in which a suitable form of communication (eventually called American Sign Language, or ASL) flowered, and concentration of population necessary for social interaction and culture-building became an ongoing, intergenerational phenomenon.

From the late 1800's forward, despite – and in part because of – the rise and domination of oralism, which privileged "vocal training" over the use of sign language, the burgeoning Deaf collective identity was not eradicated. Rather, it was maintained by active resistance on the part of Deaf faculty and Deaf students in residential schools.[82] It was also maintained by the existence of the small, but crucially important, Gallaudet University, whose alumni stood as a centre of Deaf cultural life and also formed a Deaf élite which persisted in advocating for Deaf interests (at least as the élite saw them) on an organized political level.[83] Certainly, as well, Deaf identity has been constructed and bolstered by the existence and use of ASL, a gestural language uniquely suited to the communication needs of Deaf people.[84]

Oralism, constituted by a set of rehabilitationist discourses and practices, can be seen as an assimilationist force, aiming at integration into the wider society through the instruction and learning of speech production. However, it can also be understood as a force which socially others Deaf people by its consideration of deafness as a disabling defect, a point of view and emphasis far from universally shared among Deaf people. As with rehabilitationism generally, oralism is significantly intertwined with medical understandings of bodily and mental/emotional variations. From the medical point of view, deafness is exclusively an issue of loss of, and reduction of, hearing and; consequently, the medical agenda is the "curing" of deafness through the restoration of hearing. For Deaf people, this has meant medical and rehabilitationist intervention at the point of the ear and the mouth, where Deaf people's "defects" are evident (to oralists and medical professionals).[85, 86] The oralist approach to deafness grew increasingly powerful in the 1800's, and was most prevalent in the United States from the late 1800's through the middle of the twentieth century.

In the face of oralism, in a manner quite similar to the European immigrant experience, Deaf collective identity was not only maintained, but elaborated by the creation of autonomous Deaf institutions and contexts which stood outside of the domination of the larger society and outside of the domination of oralist practices. Political and mutual aid organizations,[87] social clubs,[88] sports leagues,[89] Deaf businesses,[90] artistic production and organizations,[91] religious organizations,[92] and an intense interest in the continued existence and the activities of Deaf schools and Gallaudet University – all of these indicate that despite living in a society where Deaf people were rendered largely invisible and were presented as tragic (or "heroic," if they could learn to speak and "successfully" interact with hearing people), Deaf Americans constructed an elaborate set of social and cultural contexts. In these contexts, deafness could be experienced not as pathological, not forever in relation to the (low) expectations of hearing rehabilitation workers, but on the terms of Deaf people, themselves.

Can social movements also serve as contexts in which the process of the building of collective identity is based? Departing from earlier theoretical approaches to the study of social movements,[93] certain theorists writing within the what I shall call the identity/culture wing of a range of writing constituting "new social movement theory" (NSMT) have addressed this question.[94] Theorists such as Alberto Melucci, Stephen Buechler, and Doug McAdam, while not necessarily abandoning the question of instrumental concerns and motivations so much the focus of resource mobilization theory, have explored important questions concerning the value of certain social movements apart from their claims-making efforts. Melucci, in particular, has emphasized the processual and interactionist nature of social movements and, within them, the construction of a collective movement-identified "we."[95] McAdam notes the generation of internal culture within movements when he writes, "Social movements tend to become worlds unto themselves that are characterized by distinctive ideologies, collective identities, behavioral routines, and material cultures."[96]

Nevertheless, if some NSM theorists shine a refreshing light on the identity and culture aspects of social movements, they do not, I would assert, squarely target a central issue addressed in this dissertation – the question of the process of appropriation of marginalized identities. Moreover, NSMT writings often considered movements which were often generated within the middle class, rather than among groups with long histories of economic and social marginalization.[97] The question of othering of some social groups by dominant social forces is not prominent in the works of NSM writers, either of a post-marxist or identity/cultural emphasis.

Considering the mad movement *as* a "movement," while fruitful, is also in some ways problematic.[98] There is no doubt some of efforts of mad people discussed in this dissertation stand as examples of traditional movement goals and "repertoires,"[99] such as demonstrations and campaigns opposing injustices and aimed at changing policy through legislative and other means. However, I shall discuss at length a variety of contexts – such as drop-in centres, alternative crisis services, arts organizations, and collective housing arrangements, among others, which came into being in the course of the "movement." Are these "movement organizations"? If so, they stretch our understanding of "movement" beyond the terrain of mobilization into the territory of everyday life. When movements build institutional structures which are less directly, and in some cases not at all, political in the sense of mobilization and claims-making, arguably in such cases movements can be understood less as "containing" these new contexts of practice than as acting as a matrices for these.[100]

I have retained the term "movement" to refer to these efforts out of respect for the use of this term among the people involved and also because in some ways the events under consideration cannot be understood without reference to the notion of social movement. Nevertheless, I wish to emphasize that, at least as applied to the efforts of mad people between 1970 and 1999, this term must include – and cannot, on the basis of this historical record, be semantically limited to – the notion of political mobilization. Mad people's efforts consisted of both mobilization and a wide range of less directly, or militantly, political, cultural, and supportive efforts. The processes by which these ultimately led to the construction of a new mad identity, or identities, and the degree to which this took place, are the subjects of this dissertation.

Considering these efforts as a process of discursive, practical, and cultural construction by a set of people who have been socially othered allows us to explore this movement not just on the basis of instrumental goals or mobilizations, but also on the level of collective identity. Exploring and examining these questions from the theoretical foundation of ethnicity considered as a process, we integrate the insights of the culture/identity writers of new social movement theory into a more general process of the appropriation of collective identity as situated in historical and social contexts and relationships which act to generate social Others.

The potential fading of ethnicity

Further evidence to support the assertion that ethnicity is a process constituted by social othering, on the one hand, and by the efforts of othered groups to appropriate the meaning of their marginalized situation, one the other, can be found in the phenomenon of the fading, or "twilight,"[101] of ethnicity. Ethnic fading occurs when both the othered status and the commitment to even a positive conceptualization of collective identity grows increasingly faint. When social-contextual forces change, and when the instrumental need for such group identification fades, it is possible that the identity, itself, will fade.

Alba writes, "'Twilight' appears an accurate metaphor for the stage when ethnic differences will remain visible but only faintly so."[102] In particular, Alba refers to the disappearance of specific cultural markers which distinguish individual ethnic groups: "Ethnic distinctions are socially maintained by such boundary markers as language, speech, mannerisms, food, cultural more broadly, and physical appearance, all of which can serve to identify group members to each other and to outsiders."[103]

Why does ethnic fading occur? According to Alba, the twilight of ethnicity marks the assimilation of various groups. Regarding assimilation, Alba distinguishes between "individual" assimilation, in which single people separately "step over ethnic boundaries" (through intermarriage and voluntary change of self-identification), and also group-level assimilation, in which the group is no longer restricted, as it had been formerly, to particular localities, areas of cities, and occupational choice limitations.[104]

Alba considers World War II, to have been a watershed in terms of positive changes in attitudes towards, and among, European ethnic groups in the United States. He states that World War II entailed a "structural transformation of the labor force [toward more white collar, suburban jobs], demographic transition from the immigrant to the second generation among the ethnics of recent European origins and a cultural relaxation of the attitudes towards ethnics."[105] The "all-for-one, one-for-all" ideology that developed in the course of the war, he asserts, led to a general decrease in prejudice against European ethnic groups.

Moreover, the geographical proximity of various ethnic groups, as well as upward mobility in terms of occupational opportunities and the shift to suburban living, which is less ethnically segregated (in terms of people from *European* backgrounds, at least), has meant a constantly rising percentage, as well, of intermarriage among European immigrant ethnic groups with each new generation. This has inevitably led to a lessened identification with ethnic background as the children of intermarried couples have no objective reason to claim one or the other background, and as *their* children may be even more plural in terms of nationality-based ethnic background.

If Alba terms this process, and the new beliefs and practices it entails the twilight of ethnicity, Herbert Gans[106] and Mary Waters[107] speak similarly of "symbolic ethnicity." Gans sees this new complex of ethnic identification in part as "easy and intermittent,"[108] requiring no commitment, and as "expressive rather than instrumental."[109] Rather than a situation in which *everyday life* is lived in the context of ethnic belief and practice, symbolic ethnicity is chosen and discontinuous, made up of a patchwork of beliefs and practices which are, so to speak, disposable. A person may focus on food, or religious rituals, or ethnically-marked consumer goods; he or she may celebrate ethnic politicians or consider events of historical victimization. There need be no institutional or ongoing commitment to any of these practices.

Mary Waters studied this form of ethnicity in interviews with Italian Americans, Irish Americans, and Americans of various Eastern European backgrounds. Her interviewees give ample evidence of the processes of intermarriage[110] and voluntary ethnic practices and identifications. Again and again, her respondents identify their "ethnicity" by reference to occasional holidays they celebrate, particular foods (which, apart from Italian-Americans, are generally restricted to holiday recipes),[111] and stereotypical characterological attributions which are inconsistent from respondent to respondent, and, even more, consist of mutually contradictory assertions.[112]

It is in this processual sense that the fading of ethnicity over time and generations can be understood. As the othered social status of once-marginalized groups diminishes or disappears, so, too, cultural practices, institutions, and even their very beliefs that they constitute "a group" diminish, or even disappear.

Conclusion: ethnicity and the importance of context

Certainly ethnicity is a concept which has accrued many strands in its semantic web. Nevertheless, we witness in the scholarly literature an evolution towards a keener, more critical set of propositions which separate social constructionist views from vaguer popular usages, from scholarly descent and culture claims, and also from primordialist claims.

As we have seen, critical-constructionist understandings assert, albeit with distinctive emphases, that ethnicity is a process which occurs within the context of certain societal forces. Both Barth and Cohen, for example, refer to ethnicity as at least in part the exercise of boundary maintenance. For Cohen, especially, not only are these cultural constructions fluid, they shaped, abandoned, and reshaped for the purpose of advantage.

In their introduction to the second edition of *Beyond the Melting Pot*, Glazer and Moynihan make explicit their notion that in the American experience, the cultural content of ethnic groups is fluid and dynamic, "shaped by the distinctive experiences of life in America." Tremendous social-historic forces have been at work, and "ethnic groups," facing the challenges of survival in an often hostile social environment, improvised cultural formations, grounded in collective identity, in order to contend with these forces. Yancey et al., (and in another way, Steinberg) name these forces – in particular, the process of rapid industrialization underway forcefully in the late 19th century and enduring into the 20th century. A dynamic societal environment, historical forces, economic transformation – these, then, constitute the various ways in which processually-oriented theorists of ethnicity have portrayed the wider context in which collective identity and its (changing) cultural content are generated.

Collective identities among subordinate people, according to Jenkins and Cornell, come about in the first instance because a more powerful group makes salient a certain characteristic or set of characteristics shared by a less powerful plurality. In other words, the plurality is categorized. As we have seen, while Jenkins points toward a fatalistic acceptance of this new, stigmatized identity, Cornell indicates that this is not the "end of the line." On the contrary, Cornell argues for the possibility not only of resistance, itself, but of the transformation of the meaning of the collective identification by the very group which has been categorized.

For example, southern and eastern European immigrants, upon arrival in the United States, consisted of pluralities of diverse, often regionally and locally identified people. The sense of collective identity which these immigrants constructed in the United States was, in part, originally predicated on who they were told they "were" when arriving in America. At the same time, the ethnic neighbourhood became the contextual locus of immigrant ethnic identity. It was in the urban neighbourhood that immigrant ethnic identity was imbued with experiences located in practice. Beliefs about identity were interwoven with, and in part constructed by means of, practice and context.

As with "traditional" immigrant ethnic groups, Deaf Americans have historically been made into a collective social Other by more dominant and pervasive elements of the wider society. In response, Deaf Americans built Deaf culture, both resistant and adaptive, in the interest of mutual protection and interest-advancement which fostered a sense of belonging and collective identity. In many contexts, both those dominated by hearing people and those which were autonomous, Deaf people were able to infuse and elaborate the idea of "deafness" with indigenously-generated cultural content.

The genesis of collective identity, its autonomous and semi-autonomous elaboration, and discussions of the possibility of "ethnic fading" all point to the fact that in two ways, context is crucially important in the understanding of collective identity. First, the larger social-historical context creates certain possibilities, and forecloses others, in regards to the creation of collective identity. Second, the importance of the group's own indigenous situation cannot be understated – how geographically stable it is (at least for a significant period of time), how elaborate and extensive (within the group) its practices and internal institutions (or autonomous contexts) are, and how often (up to the point of every day) members are immersed in group life and experience.

What we face in the coming chapters is the question of whether or not another set of people with another discredited experience or "characteristic," who have in various ways stood outside of, at the edges of, yet also within, the notion of "disability" were able to construct an alternative collective identity or identities, despite the fact that their efforts were originally based much more squarely in social movement beginnings.

Is it possible that mad people, who have little or no history of shared residential schools (though troubled children have been "separated out" in – or from – public schools in order to treat what are termed "behavioural/conduct disorders"); no "mad university"; no language of their own; a lack of fraternal organizations; and employment concentration historically found not in general society, but only in the context of unpaid labour which they were forced to do in the course of institutional confinement or in generally sub-minimum wage labour in "sheltered workshops" – is it possible that mad people, without these historical resources, were able to construct practices and contexts in which led to the creation of autonomous collective identities?

Did the birth of the mad movement *as a movement* preclude the possibility that an alternative mad collective identity or identities were constructed? Explorations of social movements as contexts of culture- and identity-building indicate that social movements, too, potentially act as sites of the construction of collective identity. How, then, does the process of ethnicity – the evolution from the discredited social Other to the construction of autonomous practices and contexts, to the consequent investing of identity with new meanings – occur when born in a radical political social movement such as the mad movement? These questions we now set about to explore. As we shall see, there is indeed evidence that the radical mobilizational origins of the mad movement did not preclude the process of ethnicity among mad people. At the same time, this social movement matrix (as well as other factors which we will explore) shaped the degree to which, and the ways in which, the status of social Other was challenged and new mad collective identities were built.

CHAPTER 2: EARLY RADICAL DISCOURSE

Introduction

In March 1970, Dorothy Weiner was taken to a local psychiatric unit by police as she painted anti-war slogans on the Portland, Oregon City Hall. Shortly after her incarceration, she put out a call to form a group of ex-inmates, a group which shortly thereafter, perhaps in the spirit of many other late 1960s and early 1970s turns of phrase, named itself the Insane Liberation Front.[1] The ILF is probably the first organized autonomous, politically radical group of mad people in the United States. While the movement in the United States was predated by at least one other autonomous organization in the 1940s, We Are Not Alone (WANA),[2] and while alternatives to and protestations against psychiatry had been asserted in the 1800s and early 1900s,[3] the coming-into-being of a committed set of activists in the U.S. did not occur until after the formation of the ILF. Not long after the formation of the ILF, a collective of mad activists launched a newspaper *Madness Network News* (*MNN*) in 1972 which, while not the only publication which radically challenged the discourse, practices, and institutions of psychiatry in the United States, was certainly the chief publication, the most influential, and perhaps the most widely known to this day.

While the fact that Dorothy Weiner was arrested for an antiwar activity proves nothing by itself about the nature of the early mad movement, as many people were arrested for antiwar protest activities at that time in the United States, Weiner's action demonstrates a crucial social-contextual influence which informed the mad movement: the radicalism of the late 1960's and early 1970's, particularly among younger Americans.

The fact that *MNN* was born in the context of the 60's/70's radicalism helps us to understand what direction the mad movement originally took. For, at that time, groups such as physically disabled people, gay men, lesbians, women in general, Chicanos, African

Americans, and others were wedding movement activism with identity claims in a way that certain immigrant ethnic groups (and, the evidence shows, most Deaf people, as well) were not. One of the watchwords of the day was liberation: "Negro civil rights" had become "Black liberation"; "The rights of women" had become "Women's Lib"; gay men, and many lesbians, were talking not about "gay rights" initially, but "gay liberation."[4] The idea of "liberation" was militant, effervescent, and radical. This period of radicalism helps to explain and to date the beginning of the modern mad movement.[5]

What the zeitgeist of the late 1960's and early 1970's explains in terms of the beginnings of the mad movement, however, it does not explain in terms of the *persistence* of radicalism in the movement until well into the 1980's (and, after a split in the movement, even to the end of the twentieth century). For, while the radicalism of other groups waned, replaced by collective identities grounded increasingly in the contexts of everyday or "many-day" life, among mad people what is notable is (a) the persistence of, on the one hand, psychiatric interpretations of what it means to be mad, and (b) radical antipsychiatric discourses embodied in highly politicized practice and only the most intermittent and scattered of contexts which stood as autonomous mad assertions in the face of psychiatry.

In this and the following two chapters, I explore at length the discourses, practices, and contexts of the early radical mad movement. This chapter, in particular, focuses on the discourses of the early movement. It may seem odd to put so much emphasis on discourse when I have argued in the first chapter that it is context and the practices of collective identity in everyday or many-day life[6] which are most powerful in terms of establishing and building collective identity. However, while the building of the mad movement, and the actual and potential ways in which it constructed alternative mad identities, *could* have conceivably happened another way – for example, with the early building of non-radical or de-radicalized contexts – this is not, in fact, how the beginnings of such an identity occurred.

(Historiography, after all, attempts – with all the problems attendant – to capture what happened, not what should have happened.)

On the contrary, the early mad activists of the 1970's and early 1980's set about not to create an alternative identity,[7] but to oppose and even to eradicate psychiatry as a profession, a set of practices, a belief system (or set of discourses), and as both an institution and a set of institutions. Influenced by, and developing, a strand of discourse which we shall examine in detail, the "myth of mental illness" discourse, the early activists, in fact, denied that they were "mentally ill." For them, "mental illness" is the label imposed upon non-conformists, people who have experienced spiritual awakenings, and people who suffer because of either social injustice and/or their keen awareness of it. As such, for those activists to "be mad" was to be labelled by what they considered a system of pseudoscientific, pseudomedical practices which far from helping people to come to understandings of their experience (of pain or of anything else), instead inflicted brutal forms of control over their minds and bodies in the form of drugs, insulin shock, electroshock, removal or destruction of parts of their brains (psychosurgery), and long-term incarceration with few, if any, rights to legal recourse.

In this sense, at least at first appearances, the early mad movement had nothing to do with "identity politics": for the politicized, radicalized, antipsychiatric activists of the early mad movement, one could say, "being mad" wasn't about being "proud about being mad," it was about being *angry* at having been subjected to coercion, dehumanization, and punishment.

However, as we shall see, almost from the very beginning of the movement, the question of "alternatives" raised its head. Given the statements in the preceding paragraphs, one might understandably ask not "alternatives to what?" (for there, the obvious answer would be "psychiatry") but rather, "alternatives *for* what?" For those subscribing to the idea that mental illness is a myth, it seemed, at least initially, that the notion of alternatives was logically absurd. If I, in fact, am sensitive to the injustices that occur in society, or suffer because of those injustices, I don't need an "alternative form of support for my problems," as it is society which is "sick," not I. If I have a spiritual awakening and the psychiatrist calls it "schizophrenia," I don't need an alternative "treatment" to that of the psychiatrist, I need to be left alone to experience God, or to be listened to as a prophet, or to join with others who have also had spiritual awakenings.

Yet, even as the early radical movement embodied these, and related, notions in antipsychiatric practice, they found themselves again and again confronted by this question of "alternatives," which was also discussed in terms of what those activists termed the problem of "politics vs. support." Here, at first subtly, but increasingly and eventually intensely, the question of "support" – that is, of the need for aid and succour in times of emotional and mental distress – became more and more pronounced and discussed.

Eventually, as we shall see, the early mad movement split over just this issue. For many, the fact that they, their friends, people coming into the movement, and people whom the movement had not reached experienced sometimes profound and sometimes prolonged emotional and mental suffering was an issue that could not be avoided.

My intensive study of the discourses of the early movement is not meant as a critique – at least not entirely. In some ways, I believe, these discourses prevented the movement from following a similar path, say, to the lesbian/gay movement which rather quickly shed its radicalism and began to build lasting contexts which allowed the meaning of "gay" and "lesbian" to be elaborated in the course of everyday life, neighbourhoods, women's music festivals, bars, sex and relationships, and a host of avocational pursuits. Yet, in other ways, one could argue that despite its highly political antipsychiatric radicalism, the early movement laid the foundation for the alternativism-reformism which followed it. For, by rejecting outright and radically the authority of psychiatry, the early activists created a discursive and social space in which the question asked was not, "What is a better form of treatment for mentally *ill* people?" but, instead, "What are *we*, as mad people, capable, in a collective sense, of thinking and saying about our own experiences?" In a word, the early radical movement opened up the possibility of *autonomy*, not "new, adjunctive therapies" or other such formulations.

In this sense, my study of the discourses of the mad movement (in its various incarnations and wings) is not an exercise in "discourse analysis" for its own sake. Rather, I analyze discourse for two reasons. First, it helps us to understand concurrent practice. Second, and more importantly (if only from the point of view of the development of collective identity) it helps us to understand how this particular social group, in its own way, laid the groundwork for the development of non-extensive, yet real (in the sense of being embodied in practice and context), collective identity and identities.

Let us begin, then, by examining the discourses created by the early radical wing of the movement in this chapter. In this and the following two chapters, we shall see both the value and the contradictions of insisting that the focus of the movement should be opposition to psychiatry. For it was in such opposition that the possibility of, as well as the increasing sense of urgency for, the creation of new contexts in which to "be mad" was likely born.

Madness Network News **as a location of discourse**

Madness Network News (*MNN*) was the earliest, most thorough, and most elaborate record of the early mad movement in the United States.[8] *MNN* offered its own unique discursive critiques of psychiatry, but it did more than this. This newspaper offered a place where many people, both in articles and in letters, could vent their frustrations regarding their negative, traumatizing experiences in the psychiatric system. *MNN*, itself produced by a collective of mad activists, also offered at least some people in the San Francisco Bay Area of California (as well as people in other localities, inspired in part by *MNN*) the possibility of coming together in an actual ongoing group context to build alternative discourse and alternative practices in relationship to both psychiatry and madness. *MNN* stands as a record of radical stances and practices which, in modified (though not, preponderantly, more moderate) form persisted among some mad activists, particularly as expressed in another journal, *Dendron,* a publication I examine in Chapters 5 and 6.

Repeatedly in *MNN*, three major discursive thrusts present themselves in the publication, and for the most part these remained largely consistent for the entire run of the newspaper (from 1972 to 1986), though as we shall see, this discourse was challenged both within and outside the paper in its final years. I shall consider these long-term *MNN* discursive strands as constitutive of an overall "early radical" discourse.[9] The early radical discourse, considered as a whole, represents a radical rejection of the discourses, practices, and institutions of psychiatry.

These discursive threads consist of (1) discussing madness as *non-pathological*, (2) discrediting psychiatry, and (3) harboring a mixed orientation to psychiatry combining civil libertarianism, on the one hand, and abolitionism, on the other. *MNN* writers often accurately labeled their activism and attitudes as *antipsychiatric*, and the second and third discursive thrusts do represent antipsychiatric positions. However, they also took positions which could be called non-pathologist in relation to the possibility of intrinsic suffering caused by (some, though not all, experiences of) madness. In the non-pathologist view, madness either (a) does not in fact constitute suffering by the misinterpretation and labelling of non-conformist beliefs and behaviours as "illness," or (b) acknowledges human emotional suffering, but considers this not to constitute "illness." I explore both of these assertions below.

These two overall strands – antipsychiatry and non-pathologism – are complementary, together constituting understandings of psychiatry, itself, while also offering a variety of alternative understandings of madness, all of which reject the psychiatric view that madness is equivalent with pathology. From the point of view of theory of ethnicity, these can be understood as significant efforts which attempted to combat oppressive discourses and practices. They stood as the beginnings of the effort to recast the meaning of "being mad" on the basis of indigenous understandings of madness. These efforts, along with practices and contexts discussed in Chapter 3, laid the foundation for further efforts in which some mad people reframed their identities in several ways which, while distinct, all had the effect of undermining psychiatric authority and creating autonomous practices and contexts.

Discourses regarding madness

If *Madness Network News* had instead, for example, called itself *Antipsychiatry News*, it might have been able to avoid confronting the meaning of madness, focusing instead on the shortcomings and abuses of psychiatry. However, because the publication professed the existence of a category of people known as "mad people," and because it was in any case concerned with the issue of claims regarding madness, it did in fact develop a number of discursive strands which stand in opposition to psychiatric notions of the nature of madness.

I will call the overall view of madness presented in *MNN* "non-pathologist." The non-pathologist discourse in *MNN* consists of several discursive strands. First, "madness" in this views consists either of non-conformist behaviour or emotional distress which is framed as a medical category by psychiatry. "Mental illness," thus, is a "myth" – that is, that the application of a disease model to human distress is inappropriate, inaccurate, and unsubstantiated. Second, to the degree that madness is an experience of suffering, this is for the *extrinsic* reason of social oppression, in terms of such issues as classism, state-sponsored violence, racism, sexism, heterosexism, and so forth. Third, and closely related to the former, madness is presented as a state of clarity in a world where various social horrors (such as war, economic injustice, etc.) are customarily portrayed as "normal," if also regrettable, and are tolerated and even justified by "sane" people as acceptable. Fourth, "madness" describes altered states of consciousness which, whether they cause mental suffering or not, can best be understood as *spiritual* or *mystical* experiences.

These formulations portray madness in a variety of ways, but what they all have in common is the belief that madness is not an internal, intrinsic, pathological condition. They deny any biological explanation, whether neurological or neurochemical, and thus aim at rendering neurological or neurochemical treatments irrelevant. Moreover, even though some of these perspectives acknowledge the relationship of trauma to some or all emotional distress, they generally reject the idea that individualized solutions, such as psychotherapy, are relevant to the allaying or relieving of such trauma. Above all, they act to contradict the notion of the necessity of professionally trained classes of people to address emotional pain, hallucinations, rage, extreme fluctuations of mood, etc., arguing in a variety of ways for indigenous, autonomous, mutual support.

The "myth of mental illness" discourse

The notion of a "mental illness" as a "myth" – or at least, the use of the term *myth* as the centerpiece of an anti-medical model critique of psychiatric discourse probably derives from the book, *The Myth of Mental Illness* by Thomas Szasz, a dissident[10] psychiatrist who took the position that there is no provable location of "mental illness" in the body.[11] Psychiatric constructs of emotional distress and of what Szasz called "problems in living"[12] as illness were unproven and misleading in this view.

In many ways, Szasz's view was libertarian. For example, he disapproved of the idea that a self-appointed set of alleged experts could label uncustomary behaviour as sickness and then set about to "treat" it; rather, if they were not harming anybody except themselves, there was no reason for society or psychiatry to intervene upon them, even if this led to their self-destruction. Szasz took what might be seen as a rather cold-hearted corollary position to this: people who deviate in ways which are labelled by psychiatrists as "mentally ill" should receive no mercy or leniency for crimes the commit, even if, for example, they hear voices telling them to commit the crime. Rather, because, according to Szasz, such people are equally responsible for their behaviours as anyone else, they should be held equally criminally responsible for acts of destruction, violence, stealing, or other crimes.[13] Szasz even goes so far as to suggest that the *reason* that some people "act" "mentally ill" is because they have simply "taken on the role" of being mentally ill.[14] Another dissident psychiatrist, writing in the early days of *MNN* when there was a greater presence of dissident psychiatric workers in the newspaper, reaffirms the Szaszian view:

> I once confronted Dr. Thomas Szasz with what I thought was the ultimate justification for psychiatrically 'treating' someone against their will: 'What about the "unmanageable" patient? What about the patient who throws chairs?' Dr. Szasz was unruffled: 'What would you do about *anyone* who threatens serious harm? Obviously, you'd call the police.' His answer was refreshingly clear, simple, and, like most good logic, retrospectively obvious.[15]

In some ways, it is extraordinary that the early radicals of *MNN* would take up Szaszian points of view: after all, his libertarian position leads not to mercy, leniency, or sympathetic social responses to people with severe emotional pain, at least when their behaviour consisted of acts of vandalism or violence. There is no "class apart" regarding madness; madness, or mental illness, is simply what psychiatrists use as a label for unconventional, sometimes "irresponsible" behaviour. Yet, we can also see how Szaszian views might have been appealing to the early radical mad activists – above all those who chose to engage in unconventional behaviour or who had unconventional ideas. Such people were sometimes thought of as "crazy" by their worried families and quickly found themselves at the mercy of a psychiatric system which "treated" their non-conformist views and behaviours with brutal, unwanted invasions of their bodies, brains, and minds by means of psychiatric drugs, electroshock, insulin shock, and even lobotomies.

Early radical mad activists, thus, rejected the construction "mentally ill" as a form of self-identification. Rather, they considered themselves simply to be *themselves*, once-free human beings engaged in free thoughts and free inquiry who, in return for their non-conformity, were subjected to psychiatric incarcerations and impositions. For Leonard Frank, for example, madness simply meant deviation from expected social norms, deviation which "threaten[s] established power relationships within the family, the community, or society in general."[16] Another *MNN* writer, Sherry Seagull states, "People don't *have* mental illness. It's not like the flu. Mental illness is not a medical issue...Mental illness is not an illness. It is a social condition that people get into for a variety of reasons."[17]

Twelve years later, also in *MNN*, Lenny Lapon argues a similar point of view, even as he acknowledged emotional suffering: "Psychiatry abuses the 'medical model' to label certain people as 'mentally ill'. Psychiatry is a pseudo-science. There is no such thing as a 'schizophrenic' germ or virus. Surely, people suffer from emotional pain, but this suffering has nothing to do with artificially concocted 'illnesses'."[18] As Timothy Shannon writes, "The term schizophrenia is a lie, because it pretends to mean something, when the fact is that it means nothing. It sure has made money for the mental health business, though...The thing to do is to see the reality behind the words and not get mesmerized by the words."[19]

The "myth of mental illness" point of view is a strand of discourse which is a quintessential example of non-pathologism. Whether it focuses on "eccentric" people or whether it focuses on people who experience actual emotional pain, it argues that neither of these situations should be construed as pathological. To act unconventionally is not a sickness. To feel emotional pain is not a sickness. Both of these situations are "simply" part of the human condition, given the variety of human beings and their variety of experiences. In this sense, madness, *per se*, is not a myth, though "mental illness" is. Madness, rather, consists of behaviour or emotions which are *labelled* as illness, but these behaviours and emotions are simply part of the spectrum of what it is to be human.

Madness as suffering related to social oppression

To state that madness is a response to social oppression can mean at least two things. In the first instance, it can mean that emotional pain and unusual mental states *result from suffering caused by oppressive social conditions*. As such, the reality of suffering is asserted here, but the location of causality is not based on the "flawed brain" of the sufferer; rather the locus of causation is the larger society and its instruments of unfair and uneven power. In the second instance, taking this view in a somewhat different direction, madness as a response to social oppression can be seen as firmly non-pathological in the following way: While emotional pain and unusual mental states may be experienced by people undergoing social oppression, rather than this being a tragic form of suffering, it is actually a profound degree of *clarity*. Mad people in this sense are not duped by deception and are not numbed by distractions: they are seeing the oppression for what it is, at least as they express this through intense emotion and unconventional, but more accurate, thoughts.

There are numerous examples of the first possible understanding of madness as a response to social oppression in *MNN*. For example, in Tanya Temkin's article, "Sterilization Abuse, Social Darwinism, and Psychiatric Control," Temkin discusses the role of the mental hygiene movement of the early twentieth century, contending that "[l]ike eugenics, the mental hygiene movement resulted from medical faults within the offenders and that such troubles were amenable to preventative public-health programs. Mental hygienists advocated early detection and 'treatment' plans for schoolchildren whose budding neuroses might lead to anti-social acts. The middle and upper classes welcomed and generously funded this movement."[20] Thus, behaviours which are better understood as reasonable responses by class-oppressed children to abysmal social conditions generated by the rapid and ruthless development of capitalist industrialization were translated into the *internal* problems of allegedly "deviant" children. Elsewhere in the article, discussing eugenics, Temkin writes,

> "Even before the advent of eugenics in America, the upper classes had started a campaign for restrictive immigration laws to keep immigrants from swelling the ranks of an impoverished and increasingly militant working class. Eugenicists were on hand with 'proof' that foreigners, especially those with dark skin, were hereditarily inferior to U.S. whites and should thus be kept from infecting the crowded slums with bad genes, typhus, and socialist/anarchist politics."[21]

Thus, the results of social oppression – physical diseases in some cases, radical politics in others – become problems allegedly internally generated by "bad genes," leading to "anti-social" acting out. In this way, such behaviours are framed as individual flaws rather than as reasonable responses to brutal social conditions.

Regarding one possible response to emotional suffering, psychotherapy, Lenny Lapon and Arrow write that

> [t]herapy tends to focus on the individual, to blame her/him for her/his problems rather than the various forces and conditions in our society that cause people to have *problems and pain, and to 'freak out'*. The 'client' or 'patient' is supposed to deal with real material conditions such as poverty, alienating work, powerlessness, sexism, and racism by adjusting herself/himself to them, by changing personal attitudes, rather than by attacking the oppressive conditions directly and politically.[22]

This statement acknowledges the existence of suffering, but locates its cause not in the biology of the sufferer, but in the social conditions and forces to which he or she is subjected.

A number of articles in *MNN* focus in particular on the relationship between the oppression of women in American society and the resulting distress which they experience. For example, in her article, "Women's Oppression and Psychiatric Oppression," Judi Chamberlin squarely focuses on the external contextual factors which generate emotional pain in women: "Women who are struggling to define themselves as autonomous are trained [by psychiatry], instead, to believe that their unhappiness comes from within; it is only a 'symptom' of an 'illness'."[23] Further, "Freaking out is a way of rejecting the limited choices offered by society. Rather than choose among a series of undesirable alternatives, one makes a non-choice – the unfocused rebellion of refusal."[24] Thus, to "freak out" (for example, to engage in what psychiatrists would call "depressive behaviours" such as "stay[ing] in bed all day")[25] are actually quite reasonable responses of emotional *pain*, but are reframed and redefined by psychiatry as *illness*. Certainly we see the "myth of mental illness" strand of discourse in operation here, but this discussion takes place in the context of an overall analysis of women's oppression in the general society and in psychiatric practice.

In more vivid language, Batiya identifies "[a] common pattern: a woman torments herself for years with rage she fears to express, often not even aware that the depression she experiences is anger turned inward for burial...[A]nger – submerged, acknowledged accepted, tentative, turbulent, in our minds, in our bodies – becomes a constant problem in our lives, a living issue."[26] But whence this anger? In Batiya's experience, "My father was a man who seldom expressed his feelings – when he did, his rage was terrifying...I have felt that throughout much of my life – when a man became angry and abusive, even physically abusive, I accepted that there was some 'evil' part of me that inspired and merited such behavior."[27] Systemic sexism, albeit here channeled through the individual men in Batiya's life, is what has caused her rage and her depression. A psychiatrist might diagnose her with "endogenous depression" – or perhaps "borderline personality disorder" – but such diagnoses obscure and mystify the experience and legacy of male supremacy and sexist abuse.

Sexism is not the only form of oppression in American society, and *MNN* writers address what they see as the connection between an array of oppressive situations and emotional distress. In a response to Sally Zinman, who had written an opinion piece arguing for a strictly autonomist mad movement which "must be sure to keep our separate identity, our individuality as a mental patients' movement,"[28] John Latz writes the following: "[M]ost of us, Sally, were being broken down by social conditions in our personal lives *before* psychiatry identified us as 'deviants.'...Racial and sexual discrimination are additional burdens for many of us – they are daily realities, not abstract political ideas....Mentalism means treating people as though their personal problems in living have nothing to do with larger social problems..." Latz further argues that "[w]omen, gays, and blacks are supposed to be glad they are treated like human beings sometimes; the lawmakers might even get around to making it legal to complain about sexual discrimination in the future."[29]

Madness as particular clarity regarding social oppression

All of the above arguments, then, support the idea that while people suffer, and even if a term such as "depression," a term often used by psychiatrists, can be applied to that suffering, the causal locus of that suffering is *outside* the individual, found in the social conditions of oppression which many people in American society experience.

Another, albeit related, tack is to see this pain not (merely) as suffering, but as an expression of an extraordinary clarity of mind and emotion exhibited in certain people – dubbed mad people – who for whatever reason do not accept the extant structures of oppressive social relations.

One exuberant example of this perspective is the second verse of Howie the Harp's song, "Proud and Crazy": "Well I won't be a 9-5 robot/Well-oiled and made of chrome/I'll never have your ulcers/or your split level home/You tried so hard to change me/You bullied and you sneered/ But I'll always remain just like I am/Loony, Crazy, and Weird!/ 'Cause I'm Crazy...and I'm Proud."[30] In this stanza, Harp is declaring that he sees nothing wrong with his madness; on the contrary, even if psychiatrists "tried so hard to change him," his "craziness" is a refusal to live as a "robot" – someone who accepts what might be called the "straitjacket" of customary employment. Whatever its rewards (the "split level home"), being "well-adjusted" is itself, in a discursive reversal, presented as pathological – or at least pathogenic, for the implication is that conformism, whatever its dubious rewards, leads to physical illness ("ulcers").

In a letter to *MNN*, a radicalized social worker writes,

> "When 'crazies'...stop thinking of themselves as crazy for having certain ideas or expressing certain feelings unaccepted (or more importantly repressed) by most 'normal' society; when they shift the emphasis from themselves to society and understand that maybe it is *society* that is sick – they will not have to engage in unproductive, ineffective, or self-destructive behavior. Instead, this energy can be re-directed with a sense of right and conviction into changing society and the very conditions that made them 'sick'..."[31]

Likewise, Su Budd, a participant at the 5th Annual Conference on Human Rights and Psychiatric Oppression,[32] eloquently expressed this perspective in her commentary on her experience of the conference: "How good it was to be again with people who perhaps have more of a sense of reality than the 'normal' person; people who dare to see the world as it is, both beautiful and bitter; people who dare to feel, to cry, to rage, even to scream at the outrage of social control; people who still possess the capacity of love and to free themselves from society's efforts to enslave their spirits; people who *will be free*!"[33]

Thus, as Harp puts it, a "crazy" person can be *proud* of his or her craziness. For in this perspective, to be mad, crazy, loony – whatever one wishes to call this non-conformist way of feeling, being, and living – is to be more genuine and authentic. To be mad is to be more aware, whatever the consequent pain, of social injustice yet also more able to fully feel the potential joy of being alive. And in an even more directly political statement regarding the political clarity of madness, Rose writes, "I don't think there's any other way to take power to claim our power to claim our lives back, than by claiming our madness, because our madness is all around us. It's what we feel as a natural reaction to being oppressed. And there are so many of us who are oppressed in this society in so many ways."[34]

Madness as spiritual experience (and related clarity)

If for many writers in *MNN*, clarity regarding madness is clarity regarding social oppression and its emotional consequences, for other writers, madness is *spiritual* clarity brought about by spiritual or mystical experiences. These writers' views are generally quite distinct from the more political writers, emphasizing much less, or not at all, issues of social oppression.

The idea of madness as a form of spiritual experience has a long history, both in the sense of a *negative* experience of demon possession, for example, and in the more positive romantic sense of "wise fools" – individuals who may or may not suffer for their madness, but who in any case gain access to transcendent experiences and a better understanding of an alleged transcendent, or underlying, cosmic reality. John Lilly, for example, discusses the relationship between madness and what he calls "prophetic experiences" in an article entitled "Madness or 'The History of Religion Is the History of Madness'."[35] Lilly suggests that in ancient Palestine "the prophetic experiences/madness/psychosis/schizophrenia was accepted by the community as valid and often ecstatic experience of a symbolic or metaphorical nature where God communicated an important message to the people through a prophet..."[36] Moreover, "In Greece Enthousiasmos, DIVINE MADNESS, was an accepted experience, belief, attitude...Plato said, 'no one achieves inspiration and prophetic truth when in his right mind'..."[37]

Another proponent, at least in certain respects, of this view was R.D. Laing.[38] Laing, a psychiatrist who nevertheless stood far outside the mainstream of psychiatric discourse, saw the experience of what psychiatrists might call "psychosis" as a potential emotional-spiritual journey.[39] Such a journey, for Laing, should not be inhibited by medications, but rather should be supported, even encouraged, as a kind of archetypal "hero's journey" which promised, in the end, to return the person to (enhanced) "sanity."

As Favreau writes, "Reflecting the influence of Laing, many of the early writings in MNN romanticized 'madness' as an unconventional voyage towards enlightenment."[40] In fact, at least one *MNN* writer who experienced altered perceptual and emotional states makes direct reference to Laing, in fact. "Although I'd never heard of Laing or his book [*The*

Politics of Experience]," Martha Sanbower writes, "I knew I had to read this. I was incredibly impressed by what Laing had to say. Here, I thought, was someone who was really listening to 'psychotics;' someone who saw this state as potentially healing and growth promoting."[41] In order to embark on this journey of "psychosis," Sanbower "took an acid trip and simply didn't come down." Further, "My experience was so euphoric and transcendent that I truly wanted to share it with someone." Sanbower's mother, concerned about her daughter's "unusual behavior," abruptly hospitalized her. She recounts the following: "The next thing I knew, I was sitting on a hospital bed and a serious young male aid was asking me if I knew who I was. Thinking that a strange question, I answered, 'I'm God and so are you!'" In the context of the psychiatric system, which does not generally take claims of godhood with generosity, the result was perhaps predictable: "They pumped me so full of drugs in that 'crisis center' that two weeks of my life are blotted out of my memory," Sanbower writes. From there, Sanbower underwent a sequence of psychiatric "treatments" similar to many other reports in *MNN*: "I was tied to my bed, given shock 'treatment,' locked in seclusion, choked and battered by aides, etc. etc. [sic]."

How did Sanbower ultimately view her "spiritual experience"? She writes, "I knew that there was something valid, not sick, about my so called 'psychotic' experiences; and I knew that the psychiatric system was anything but healing."[42]

In a similar vein, Teresa Donnelly writes of her own experience:

> After a life of total pain – WHAMO – I was feeling high, very high, so high I was seeing truth and as I look around at the world I saw the truth being enslaved by fear...I was at a place where I could feel the sun and the stars, and flowers and nature and colors and people and myself and everything around me at a very deep level in a very pure and simple way. I felt such ecstasy!...Doctors call this psychotic and schizophrenic and society in general calls this 'craziness' but I don't. I call it an opening of my life from one which was filled with intense pain to a life of intense feelings of love, beauty, and joy."[43]

For Donnelly, then, her "psychosis" was actually an awakening to a profound experience of connection to the universe, an awakening which she experienced as ecstatic and joyful.

In a series of letters to a friend, reprinted in the Spring 1978 issue of *MNN*, Carolyn Ellingson discusses her experiences after several hospitalizations and a successful attempt, in a commitment hearing, to escape being committed to Fairview Hospital in Minnesota. In her third letter, as she is residing with a friend's family, she writes, "...I spent more than a few days living in a Carlos Castenada world,[44] and it was all very real. Some of the experiences I had towards the beginning have been written down, but the hospital medicine routine ruined my plans for keeping that up. All I know for sure is that there is an active spirit world we can call upon and contact, there is what might be called magic, there is reincarnation, time is relative...and one thing for sure, most psychiatrists aren't even within a million miles of what goes on in a person's mind and body during the times they seem 'psychotic'."[45] Ahni's experience was similar: After what appears to be years of emotional suffering, a lonely childhood, violence at the hands of her father, a very long hospitalization, and an attempt at a conformist lifestyle, she left for a ranch in the wilderness. There, Ahni states, "I learned to celebrate my powers, celebrate my fantasies, and listen to my voices. We were burned as witches and now they say that doesn't happen. And how different is burning by fire than burning by electro-shock? We have to celebrate our daughters [sic] puberty, our psychic powers, and make music together."[46]

Some writers describe these experiences not merely as spiritual experiences or awakenings, but as spiritual journeys. Patrick George Harrison addresses this understanding of madness explicitly:

> "You are on a journey. The journey is conception; the concept is a garden of serenity and peace...
>
> You are free, expressive, non-restrictive enjoying peace and chaos. You are the insanity, not the insane. You are the judged, not the judge. Your are the whole, not the part. You are the concept, not the word...

> Without the word there is no insanity. The garden that became the city will again become the garden."[47]

Harrison's writing is poetic prose, bridging two other writing styles which attempt to convey mystical experiences – the direct prose testimonials, some of which we have just examined, and poetry. *MNN* in fact published a number of poems which expressed spiritual experience. One poet, for example, Cathy King, writes:

"I know secrets./Secret laws of the universe./Secret universes only a synapse away.../The people don't understand./They get nervous/when I tell them.../I'll climb the mountain/and shout secrets/to the clouds in the sky/and the other mountains/will echo my secrets/and the clouds will rain/secrets upon the forest/and all the trees will know."[48]

Amidst this lovely portrayal of the possibility of esoteric knowledge, King alludes to the fact that she is judged as "crazy" for the secret understandings which she is aware of. Nevertheless, there is no indication that she feels tormented or doubtful about her non-customary awareness. On the other hand, Raymond Roche writes a poem which indicates that as much as he feels privy to some form of esoteric knowledge ("I weave a web of shadow/and subtle mystery"), he realizes that this knowledge is unavailable to "the daylight folk," and he describes himself as consequently lonely and rejected. In the final four lines of this extraordinary, Dickensonian poem, Roche does not, as so many of the spirituality-discourse writers do, express rage at psychiatry for attempting to quench his experiences with drugs, electroshock, etc. Rather, he casts doubt on the value of his esoteric "artistry": though he "love[s] my web of shadow" he yearns to give it up and return to the world of "light": "A web of friendships bound to me/by ties of honesty/a web of light where shadows die -- / a web in which I'm free!"[49]

Many writers, thus, understand their spiritual experiences to be valid – experiences of transcendence which far from being "crazy," are simply labelled so by psychiatry. However, some writers, as we have seen, are uncertain about the experiences. Sanbower saw *something* valid in her experiences, but she does not, it would seem, wholeheartedly embrace them. Roche ponders whether or not his inner world is depriving him of relationships with and relatedness to other human beings. On the other hand, Donnelly, Ellington, and Ahni believe that they have realized greater truths, and even more that their mystical experiences have brought them joy in what would have otherwise been lives of misery and abuse, at least for some of them.

A key common thread in many of the spiritual stories is the utter invalidation by psychiatry of these as mystical and spiritual experiences. As we have seen, Ahni draws a parallel between electroshock and witchburning. Lilly, in fact, offers a quite similar perspective: "The inquisition gave birth to the Malleus Meleficarum, Hammer of Witches, which decided to include 'crazies'...Thus the church officially instigated and legalized the social-scapegoating of those labelled 'different than us', especially women, which now continues under the guise and rhetoric of the scientific psychiatric treatment system."[50, 51]

Antipsychiatric discourses

A unifying focus of the early mad liberation movement can be called *antipsychiatry*. Here, I wish to emphasize that by "antipsychiatry," I mean a focus on the criticism of and opposition to psychiatry – whether or not one advocates the abolition of psychiatry or the limitation of the power and/or practices of psychiatry. As we shall see in the course of this dissertation, various degrees of emphasis were placed on the criticism, restriction, and/or abolition of certain psychiatric practices.

It is true that antipsychiatry has been equated with abolitionism. For example, Berlim, Fleck, and Shorter assert, "Antipsychiatry has approached psychiatry as a demon to be exorcised."[52] On the other hand, Crossley notes the contested nature of the term when he writes, "There is no pregiven line of demarcation around anti-psychiatry for us to discover.

We must draw it."[53] Double outlines the views of three psychiatric dissidents considered to be among the seminal antipsychiatric theorists, noting the variation in their views. About David Cooper, Thomas Szasz, and R.D. Laing, he writes, "Cooper was politically Marxist and the only one that accepted the designation 'antipsychiatrist'; Szasz...regards mental illness as a myth; Laing recognised the turmoil of mental suffering, whilst acknowledging that the term mental illness is used metaphorically."[54] He concludes, "Arguably, the 'antipsychiatrists' are only linked by their willingness to criticise psychiatric practice."[55]

The early mad movement's overall antipsychiatric orientation – considered here as a range of strong, deliberate challenges to psychiatric practices, authority, and/or legitimacy – is supported by several strands of discourse expressed in and through *MNN*. The first of these, *discrediting discourse*, uncompromisingly evaluates and portrays psychiatry as both abusive and worthless. The second and third of these strands focus on building a case for what must be done in relation to psychiatry. *Civil libertarian discourse* focuses on psychiatry as a violation of rights and proposes reforms not of psychiatric practices, per se, but of the ability of psychiatry to *impose* its practices on patients, or inmates, and on those who might be forced unwillingly to become patients or inmates. *Abolitionist discourse* focuses on building a case that because psychiatric practices, themselves, are so heinous that the only, or the ultimate, position that must be taken towards psychiatry is one of total abolition. As we shall shortly see, the division between civil libertarian discourse and abolitionism is not always made clear in *MNN*. These two discourse strands, in the end, are strategically complementary, if also formally contradictory.

Discrediting discourse: psychiatry as abusive and worthless

Psychiatry is portrayed in *MNN* as a set of practices and institutions which are coercive, abusive, and dehumanizing. Probably the greatest number of articles which portray psychiatry in this way are those that discuss experiences of abuse and dehumanization in psychiatric hospitals – both the basic experiences of powerless and control of one's movements, and attempted control of one's feelings, thoughts, and attitudes, and also the various "techniques" of institutionalized psychiatry, including (forced use of) medication, electroshock, insulin shock, and lobotomy and other psychosurgeries.

While many articles make direct arguments against psychiatry, I would like first to highlight the relationship between antipsychiatric discourse and a particularly recurring survivor practice of discursive construction: the testimony. Again and again in the pages of *MNN*, articles or transcripts of statements by individual people constitute one of the most powerful tools by which *MNN* built and supported its antipsychiatric discourse. Testimony is particularly powerful because (a) it is grounded in emotionally moving personal experience, rather than intellectual argument, and (b) for other people who have had similar experiences it *mirrors* their experience, permitting them to feel not alone and implicitly fostering the possibility of making public, rather than hiding, these personal experiences, (c) considered collectively, offers a damning, well-substantiated portrait of psychiatric practices.

For example, in the July 1975 issue of *MNN*, Richard Reed discusses his hospital experiences of forced drugging and forced electroshock at Langley Porter Hospital:

> When I was given the drugs orally, I had convulsions and threw the drugs up as much as I could. When it was obvious that I couldn't keep them down when given orally, I was given shots instead, so that I would just have the convulsions...And that was just the beginning. The worst thing was the electric shock treatments...As I was helped down the hall after the first shock treatment, I asked again and again, 'What have I done wrong? If you tell me what I have done wrong I will not do it anymore.'...[56]

Regarding the electroshock he received at Langley Porter, Reed states, "And then the switch was turned on, and tiny, tiny little bits of electricity weren't really so tiny. I exploded. All of my muscles twitched and jumped, not once, but continuously, constant spasms running all through my life, my arms and legs thrashing."[57] Equally as important as the discussion of these physical torments is Reed's view that his psychiatrist had no idea whether or not they were “indicated” or “effective”: “...{Dr. Walker} evidently didn’t consider at any time what the effect of the treatment was. He couldn’t tell whether or not I was to have another treatment...Evidently there is a customary number of shock treatments to give which you give to someone whether it damages them, helps them – although I can’t really imagine how shock treatment could really help anybody...” [58]

Another powerful form of testimony is found in articles which consist in large parts of the actual doctor and nurse notes of former inmates, republished in *MNN*. Among the earliest of these published were the hospital notes of Leonard Roy Frank, a key activist in the mad movement. Running for six pages, this article, with Frank’s introduction and conclusion, reprints the notes of a number of psychiatrists regarding Frank’s incarcerations at Napa State Hospital and Twin Pines Hospital. These notes present a classic case of a situation in which a person whose behaviour in very minor ways does not conform to social norms (for example, Frank was a vegetarian, which is framed in the notes as an aberration,[59] and the fact that he “insists” on wearing a beard is mentioned again and again), whose unconventional behaviour is troubling to his father, and who does not accept the idea that he needs treatment ends up being diagnosed as having “Schizophrenic Reaction, Paranoid Type, Chronic, Severe...”[60]

Frank was hospitalized between October 1962 and May 1963, and was subjected to fifty insulin coma “treatments” and thirty-five bouts of electroshock, against his will, as well as being given both Prolixin and Thorazine. Reading these notes, one gets the impression that for his psychiatrist, the major sign of Frank’s “schizophrenic reaction” is his desire to wear a beard, and a major goal of treatment is to remove it. On February 21, 1963, a psychiatrist writes, “Remains resistive to clipping the beard...Pt still has his personal idea re beard – ‘I am very much a Jew – this is a minor way of showing it. I have adopted my own laws as far as diet & beard are concerned’.”[61] Perhaps to convince Frank that one can be Jewish and not insist on wearing a beard, James goes so far as to enlist a local rabbi to attempt to convince

Frank to remove his beard. In a letter to Frank's father on March 8, 1963, James writes, "We have increased the frequency of the shock treatments this week to a total of five treatments, namely one daily, as I wanted to have him a little more confused and clouded at this time if we are to remove the beard so that he would not be too acutely aware and distressed by this procedure."[62] In an announcement of what the doctor apparently saw as a therapeutic breakthrough, James writes, "March 22, 1963 Doctor's Progress Notes: Pt has had 37 Insulin Comas and 31 EST – Less acute in thinking & has allowed his beard to be shaved off – and had a haircut."[63] Moreover, it seems that James was able to convince Frank's father of the value of this "treatment." On March 25, 1963, Seymour Frank's letter is received and noted. Quoting Seymour Frank: "I have your letter of Mar. 21 and as suggested I am sending Leonard his own Shick Electric razor."[64]

Printing hospital records such as these are a powerful form of testimony because they show by means of actual institutionally-generated texts the way in which psychiatric discourse – the medicalization of even mildly unconventional behaviour – was inflicted upon the people concerned. In general, the printing of many dozens of testimonies throughout the years of the publication of *MNN* – and, as well, refraining from printing testimonies of people who considered their psychiatric treatment to be beneficial or helpful – is a powerful discourse-constructing practice which has the effect of discrediting psychiatry.[65]

Testimonies build and bolster antipsychiatric discourse because they deprive psychiatry of its purported legitimacy.[66] What psychiatry has done, the writers of *MNN* collectively state and report, is to medicalize freely chosen behaviour, systemic social injustice, or emotional pain which, in their view, need not and should not be understood as illness. Many of the testimonies are aimed at supporting the idea that none of these concerns is properly considered medical; therefore, the very existence of psychiatry has no legitimate basis.

MNN also sometimes took aim at psychiatric practice in prisons. For example, an issue was dedicated to exploring this concern,[67] and letters from prisoners recounting their treatment in prisons are also printed.[68] Articles about electroshock – its effects, dissident mental health workers who abhorred it, discussion of the history of shock, were also printed. Moreover, in most issues of *MNN* a "Shock Doctor Roster" listed the names and locations of psychiatrists in the United States who employed electroshock. Discussions of the effects of lobotomy also were printed.[69]

In early *MNN* issues (but only rarely in later issues), as evidenced by the "Dr. Caligari" columns (usually, but not always, written by dissident psychiatrist David Richman) and the writings of other psychiatric dissidents, *MNN* enlisted the potentially legitimizing effect of using statements and articles by such dissidents in order to bolster the view that psychiatry was abusive and worthless.[70]

The Caligari column took aim at psychiatric drugs such as Prolixin, Stelazine, Thorazine, Valium, amphetamines, tricyclic antidepressants, Ritalin, and lithium, to name just a few.[71] Moreover, the column also considered wider social implications of such drugs in articles such as, "The use and misuse of psychiatric drugs in California's mental health programs,"[72] "Forced drugging in the womb and breast,"[73] "Informed consent and psychiatric drugs,"[74] and "The elderly and psychiatric drugs."[75] While the right of choice to use such drugs is not denied,[76] the point of the vast majority of the Dr. Caligari articles is to portray these drugs in a negative light. As such, while electroshock, insulin shock, and other psychiatric practices might be seen as more obviously brutal, the Caligari column constructs a portrait of psychiatric drugs that has the effect of discrediting this psychiatric practice, as well as emphasizing the potential short-term and long-term damaging effects of these drugs.

Beyond the exposure of psychiatric practices in hospital settings and the emphasis in psychiatry of using drugs as "treatment" are accounts of individual experiences with psychiatrists outside of hospital. A deeply moving and disturbing example of this is Sally Zinman's story of severe abuse under the "care" of Dr. John N. Rosen between January 1971 and February 1973. This was a non-hospital-based, private "treatment" which can only be described as physical, emotional, and sexual abuse and torture. Apparently, Zinman's "treatment" seems to have been initiated with the collusion of her parents, with their ongoing collusion, and with the support of police intervention to keep Zinman in Rosen's non-hospital facilities. By duplicitous means, Zinman was taken to Rosen's treatment residence in Boca Raton, Florida. Zinman writes, "When Rosen arrived, with no warning he tore off all my clothes except my underpants, threw me on the bed, and with an aide holding me, he beat me with his fists on the face and breasts."[77]

Zinman escaped from this facility, but her family, Zinman indicates, colluded to force her back into Rosen's "treatment" by deceiving her about the purpose of a subsequent airplane flight.[78] Zinman thought she was going Florida to stay with her parents; instead at the Philadelphia airport, "...Rosen's aides greeted me, pushed me, screaming, into a waiting car, with my father attending, and drove me – screaming all the way – to Rosen's Bucks County treatment facility."[79] At this facility, Twin Silos Farm, Zinman was locked in a basement for two months where, Zinman writes, "On occasion, the house garbage was stored for the week in this cellar."[80, 81]

As *MNN* developed, it took aim not only at psychiatrists and psychiatry, but at psychotherapy, as well – even incarnations of therapy that, from their own points of view, rejected the therapist-client distance and apolitical nature of more mainstream forms of therapy. The underlying problem of "mental health services," in this discursive construction, is the power imbalance inherent in systems of alleged "care," which, for *MNN* writers, was ultimately not care, but control.

Sherry Hirsch writes, "Any demystification of the therapist's role and the process called therapy can only result in throwing *out* the concept of therapy. Therapy is people talking to people....Anyone can (and does) talk to anyone....I believe that all women/people *now* have all the skills needed to help each other --- [sic] the only therapeutic skill that could be learned would be a more sophisticated form of oppression, because that's what therapy is, a tool of oppression."[82]

Hirsch's view is reflected in reports on the Third Annual National Conference on Human Rights and Psychiatric Oppression, held in July 1975 in San Francisco. The conference which was beset with a number of controversies, chief among these the relationships between radical therapists and psychiatrist-dissidents, on the one hand, and the burgeoning autonomy of mad people, on the other. Judi Chamberlin reports:

> [T]here was a tremendous frustration in ignoring this gathering of hip professionals [at the Conference]. Here was an opportunity to confront the contradictions inherent in such formulations as 'radical psychiatry' or 'feminist therapy', or the absurdity of inviting *workers* in 'halfway houses' to speak on alternatives, or the *prescribers* of psychiatric drugs to speak on drug effects, at an anti-psychiatry conference. Here was an opportunity for discussing *real* alternatives, for challenging the whole idea of professionalism, for forcing those who made money off human suffering while presenting themselves as radicals to listen to us, the real experts.[83]

This statement by Chamberlin captures the growing belief among radical mad activists that there was, in fact, little or no place for radical therapists or psychiatrist-dissidents in the mad movement. In these early years, boundaries were increasingly set regarding who belongs and who does not belong in the "We" of mad people and the mad movement, and the discourse moved inexorably towards positions of increasing autonomism and separatism.

At the same time, one phrase in Chamberlin's statement represents an idea and a central problem which would prove to dog the mad movement until at least the end of the century. When Chamberlin says, "Here was the opportunity for discussing *real* alternatives..."[84] she speaks to her own and some other mad activists' aspiration to make the antipsychiatric movement be more than abolitionist, to develop alternative contexts in which support by and for people with emotional and mental struggles could find succor. As we shall see, not only was this the central purpose of Chamberlin's 1978 book, *On Our Own*, but it led her eventually in later years to take positions which stand in significant contrast to the absolute autonomist and non-pathologist position she took in this article.

Repeated testimonies of ex-inmates of hospitals and of individuals, then, discredited psychiatry in that they created a portrait of this brutality not as unusual, nor as the result of "a few bad apples," but as pervasive and systemic. Further, as noted above, writings by psychiatric and para-professional dissidents, especially in the early years of *MNN* also had a discrediting effect. Moreover, by creating an ever-growing "roster" of doctors who performed electroshock, this practice, too, was exposed as pervasive, and for those who might think that psychosurgery was a thing of the past, reports on psychosurgery and the "psychosurgeon roster" showed that this was not so. As such, reports, testimonies, and opinion articles in *MNN* framed psychiatry as a deleterious, invasive, and even monstrous profession. Both what was printed in *MNN* (relentless testimonies and exposés of abuse and dehumanization), and what was not printed (discussion of non-abusive psychiatric practices and practitioners and neutral or positive experiences with psychiatrists, therapists, etc.), expressed and fostered beliefs that psychiatry is inherently abusive and dehumanizing. Moreover, similar arguments were put forward about psychotherapy, though these appeared less often.

Civil libertarianism and/or abolitionism

We have seen that *MNN* writers took an uncompromising stance regarding the nature of psychiatry (and associated professions). What, then, was to be done from the point of view of the early radical mad activists? The activists had come to understand and to frame psychiatry in a thoroughly negative light, and it is understandable that their actions would therefore be in opposition to psychiatry. But what *kind* of actions would they take? What discourse directly underlay the actual strategies they would use to oppose psychiatry?

Again and again in *MNN*, we see statements which suggest a civil libertarian orientation, emphasizing "negative rights" – that is, rights based on the premise that the state, and others (notably here, psychiatrists and psychiatric institutions) should not interfere with people's thoughts, self-expression, or behavioural choices. This stands in contrast to positive rights, which are considered to be rights which demand actual action and resources (for example, services, wealth redistribution to increase equality, etc.). Thus, the early activists overtly emphasized the right to refuse treatment and the reduction or elimination of the power of psychiatry to impose "treatments," such as drugs, electroshock, and psychosurgery.

At the same time, there are clearly examples where the demands of activists appear to be based on an abolitionist stance in relation to psychiatry, not a civil libertarian stance. Thus, "no forced electroshock," a civil libertarian demand, in abolitionist discourse (at least, in relation to a specific psychiatric practice) would become "no electroshock" or "ban electroshock."

At times, civil libertarian and abolitionist demands appear side-by-side, or in the same issue of *MNN*. This leaves us with the question of whether these were in fact opposing discourses (i.e., whether these represent actual debates over strategy and orientation in the paper) or whether civil libertarianism and abolitionism expressed a unified, underlying orientation.

One way to approach the issue of civil libertarian and (or versus) abolitionist discourse is to begin with statements that, at least on the surface, land clearly at one end of the spectrum between these two apparently opposing points.

For reasons that will become clearer when I discuss, in Chapter 4, the breakdown of consensus in the mad movement, certain statements which came at the *end* of the run of *MNN* as a publication are particularly forthright in terms of their abolitionism. The final two years of *MNN* were in fact beset with conflict, though this conflict, ironically, was not a battle between abolitionism and civil libertarianism, but between abolitionism and the eschewing of government funding, on the one hand, and the desire to create more widespread alternative support systems and the willingness to accept government money to do so, on the other. I discuss the breakdown of consensus over these matters in Chapter 4 and the growth of the creation of government-funded alternatives in Chapters 9 and 10.

Nevertheless, the feeling among radical activists that the movement was being coopted by government money (and, they alleged, the government's desire, expressed concretely in the provision of funding, to weaken a movement that had begun to seriously challenge the legitimacy of psychiatry) led to increasingly forthright statements from veteran radicals. Lenny Lapon, for example, writes in 1985, "I am not a self-helping consumer of 'mental health services.' I am a liberation fighter – struggling against psychiatric oppression, tyranny, and murder."[85] In the Fall 1985 issue, Lapon and John Judge refer to the 26th Principle in the Declaration of Principles adopted by the 10th Annual Conference (held in Toronto in 1982) when they write, "We especially support Article 26, which states that 'the psychiatric system cannot be reformed but must be abolished'."[86] In the same issue, Anne Boldt writes, "I do not wish to reform psychiatry. It is an inherently evil system and must be destroyed!"[87] In the very last issue of *MNN* (Summer 1985), as well, the MNN Collective[88] wrote an article entitled, "Working Draft to Abolish Psychiatry."[89] The authors hold nothing back in their characterization of psychiatry: "<u>We believe</u> that psychiatry is an oppressive, systematic method of social control operating under the guise of medicine...<u>We believe</u> that psychiatry is a murderous 'profession,' damaging to the spirit and the body..."[90] On the basis of this and other discrediting critiques of psychiatry, the authors have a list of demands. While the first of these may seem in some respects civil libertarian in that they oppose certain forced treatment ("the immediate termination of *involuntary* psychiatric incarceration"; "the end to all *force* and *coercive* psychiatric procedures"),[91] the penultimate demand calls for total abolition: "We demand the dismantling of the entire 'mental health' system by ending forced psychiatric practices, closing all psychiatric institutions, terminating all 'mental health' training programs, dissolution of all lobby groups such as the World Psychiatric Association and national affiliations..."[92] Certainly, if the goal is the "dismantling of the entire 'mental health' system," then this renders the termination of forced treatment moot. If there is no treatment at all, then there is no forced treatment.

Positions, as well, were taken, not only in the final years (but especially so at that time) regarding the outright abolition of specific psychiatric practices, if not psychiatry as a whole. Another veteran activist, Janet Gotkin, well known to the mad movement for her book *Too Much Anger, Too Many Tears*,[93] writes, "[E]lectroshock is a barbarous, brutal assault on the most fragile and helpless in our culture...IT IS TIME, FINALLY, TO STOP THIS MAIMING BY *ELECTRICITY* AND TO BAN THE USE OF ELECTROSHOCK."[94] Moreover, *MNN* in its final issues published two position papers by On Our Own, a radical antipsychiatric group in Toronto, one in favour of an outright ban on psychiatric drugs and the other for a ban on electroshock.[95]

Perhaps one of the most powerful arguments which supports a position of abolitionism, at least in the context of psychiatric institutions, is found in an article by Richard Darabanar in the Fall 1984 issue. For Darabanar, "Freedom of choice cannot occur under circumstances where the individual is subject to external influences such as those which determine the continuation of indefinite confinement, physical violence, or psychic violence."[96] While Darabanar is referring specifically to electroshock in this article, it would seem that this article is applicable to a wide variety of potential treatments in the context of total institutions such as psychiatric hospitals. The desire to leave leads to artificial consent if the patient knows that not to consent may lead to "interminable incarceration," while "consent" may likely lead to "rapid release."[97] Darabanar's article stands as a challenge to the panoply of statements in *MNN* which, at least ostensibly, argue against what they term "forced" treatment. If the opposite of force is either "consent to" or "desire for," at least in the case of "consent to," Darabanar undermines the notion that consent is truly voluntary in situations where the alternative is some other form of control.[98]

Viewed another way, Darabanar's argument serves as a bridge between civil libertarian and abolitionist stances, for it argues that in certain contexts there is no difference between "consent" and "force" because the result of "consent" will be, or will be experienced as, something nearly as unpleasant, or equally as unpleasant, as that to which one "consents."

I stated above that for purposes of understanding the distinction between the abolitionist point of view and the civil libertarian point of view, it would be best to have examples which clearly stake out each position. While, as we have just seen, there are strong statements in favour and in support of abolitionism, I found no articles which unequivocally supported a civil libertarian point of view to the exclusion of the abolitionist point of view. What was the basis, then, of the many statements against forced treatment by mad liberation activists (i.e., an overtly civil libertarian position)? In actuality, despite extensive statements which would seem to support this view, ultimately the mad liberation activists were opposed to psychiatry, per se and not simply against forced psychiatry. But how do we know this?

As one example, in an early issue of *MNN* the Network Against Psychiatric Assault (NAPA), an organization with close ties to the *MNN* collective, makes the following statement: "N.A.P.A. is committed to the abolition of assault and human degradation executed in the name of Psychiatry..."[99] Furthermore, the NAPA statement asserts that "[t]he three demands expressed in our initial pamphlet – the abolition of forced drugging, forced electroshock, and forced psychosurgery – are subject to discussion and expansion...We are by no means limiting ourselves to these three demands. They were chosen initially because they focus upon the heart of the Psychiatric System...the power to impose involuntary 'treatment'."

What does this statement indicate? Certainly the three demands are civil libertarian in nature: it is not drugging, electroshock, and psychosurgery, per se, which NAPA opposes in these three demands; it is the use of force to accomplish these "treatments." Even the statement that NAPA is not limiting itself to these demands is couched in a civil libertarian stance: "the heart of the Psychiatric system," here, is not claimed to be the "treatments," themselves, but the power of psychiatry to impose them. But when we return to the first sentence, another, significantly different position is implied, if not stated with full clarity. Here, NAPA is calling for abolition. Of what? Of "assault and degradation." But what does it mean to say that such assault and degradation is committed in the "name of" psychiatry? Does this mean that psychiatry is something apart from assault and degradation, but that the use of force allows some people to commit assault in psychiatry's name?

It may seem an exercise in splitting hairs to parse these words so closely, but it is important to do so, because there is, in fact, no clear statement of abolition of *psychiatry, per se*, in this statement. Nevertheless, the statement comes extremely close to making such a statement, for the words "assault" and "degradation" are drawn into close association with psychiatry.

In conclusion, the ultimate aim, I believe, of the early mad liberation activists was the total abolition of psychiatry. Though it is important to note that not all radical mad activists may have held abolitionist positions (and, as we shall see, the views and priorities of some early radical activists shifted over time), again and again, we see evidence of persistent critique of what Crossley calls the "social control function"[100] of the psychiatric enterprise and the calling into question of "the very basis of psychiatry, itself."[101]

From a strategic point of view, however, this position may have been too radical for three sets of constituents, and it is possible that, at least in part, the civil libertarian position was placed in a position of prominence for this reason. These three groups are (1) psychiatric and other professional dissidents; (2) mad people who were potential movement recruits, and (3) civil libertarian lawyers. In the case of civil libertarian activism, even the mad liberation activists, themselves, no matter how much they wanted to abolish psychiatry *in toto*, might have found purpose and focus by engaging in limited, civil libertarian campaigns. Such efforts could supply temporary victories, giving activists hope and inspiring solidarity, while at the same time having the desired effect of wearing away at both psychiatric power and psychiatric legitimacy.

First, sympathetic dissident psychiatrists and associated professionals might have bristled at the idea that their entire profession should be wiped out based on its brutality and illegitimacy. This might especially have been true prior to 1975 from which time, as we have seen above, the early mad movement increasingly eschewed ties with psychiatric and related professional dissidents.

Second, there are indications that potential mad recruits to the movement – and others – asked the question, "What is your alternative to psychiatry?" For example, in the June 1974 issue, one letter-writer states the following:

> Please cancel my subscription to M.N.N. I feel it is limited in its perspective. It is destructive. Suggests no alternatives. Crys [sic] out in sympathy for all us M. I. in its futile attempt to destroy the ONLY effort, as limited as it may be, to reinstate us M. I. into a society.... Our greatest efforts of accusation, I believe, signify our guilt, futility of life, frustration, and ignorance. We need VALUES, SOLUTIONS, ALTERNATIVES...ONE THING MORE. I do not believe you have to destroy this world – to create a new one.[102]

It is certainly not clear that this letter-writer is in favour of psychiatry. Nevertheless, she indicates that rather than focusing on antipsychiatry (she uses the word "destroy" twice in reference to *MNN*'s positions regarding psychiatry), she wants the focus of movement efforts to be on creating alternatives.

An overt position in favour of the abolition of psychiatry, in the absence of significant discussion of practical alternatives for people experiencing emotional distress, may have seemed untenable to some potential recruits. If *MNN* was not, at least in its early years, willing to make its focus the creation of alternatives, it is possible than an alternate appeal could be made to potential mad recruits. Rather than calling for the outright abolition of psychiatry, it may have been that an ostensibly less radical demand – opposition to *unwanted* psychiatric treatment – would have appealed to people hurt by psychiatric practices as the basis on which to support the movement and/or engage in actual activism.

Moreover, civil libertarian lawyers who associated themselves with the mad liberation movement could be said to have had an inherent professional interest in civil libertarian legislation, whether or not their views may have ultimately been abolitionist. After all, it is more easy to engage in a lawsuit against coercive practices which may violate accepted legal Constitutional standards than it is to, for example, engage in a lawsuit which makes as its goal the outright abolishment of an entire, pervasive, well-funded profession. The latter effort would likely have been, and have been seen, as impossible to win.

In fact, an ongoing column in *Madness Network News* dealt with legal and legislative matters which were, in the vast majority of cases, civil libertarian, not abolitionist.[103] These columns stand as evidence of the willingness of *MNN* to print news of events which were not abolitionist.[104] In earlier years of *MNN*, this column was known as "Notes from LAMP," "LAMP," or "LAMP Notes," LAMP being an acronym for The Centre for The Study of Legal Authority and Mental Patient Status, a small organization of civil libertarian lawyers.[105] Later, the column was simply "Legislation and Litigation," or "Leg and Lit," and the authorship likely varied (on the basis of consideration of stylistic changes).[106]

Over and over again, the subjects dealt with in LAMP Notes/Legislation and Litigation were lawsuits and legislation which were intended to limit the coercive powers of psychiatrists and psychiatry: the right to refuse treatment;[107] the limiting of involuntary psychiatric commitment;[108] limiting of electroshock;[109] limiting forced used of psychiatric drugs;[110] limiting of psychosurgery;[111] the right to informed consent and problems with the concept of "informed consent" in the context of psychiatric institutions,[112] informed consent in regards to "medical experimentation";[113] violations of the right to due process, including the ability to confront witnesses, in "competency" hearings and conservatorship proceedings;[114] the right to the "least restrictive residential placement," or "least restrictive environment";[115] patients' rights legislative bills;[116] the right to privacy while in institutional confinement;[117] the right to vote which in institutional confinement;[118] and access to psychiatric records or the right to have such records expunged.[119] Some lawsuits, as well, were discussed whose purpose was to secure damages from psychiatrists or psychosurgeons for various forms of improper treatment,[120] and/or treatment for which consent was not given – the latter circumstance, at least, being a civil liberties issue.[121]

While the preponderance of articles in the "LAMP Notes" and "Legislation and Litigation" sections focused on the securing of the above rights, all of which can be construed to be "negative rights" in that they are intended to prevent unjustified intrusions upon the person of the individual, some of these, such as the right to "least restrictive placement," and "informed consent," can arguably also be considered positive rights in the sense that specific provisions are to be made *to* the individual. For example, the right to a least restrictive placement implies not only the right to unjustified restriction (a negative right), but also the right to placement (a positive right). In fact, as years went by, we see an increasing number of discussion of positive rights in the LAMP Notes/Legislation and Litigation section. Examples of this include legislation requiring the establishment of advocacy offices and services,[122] the creation of "community based alternatives" or "community residential treatment,"[123] "case management" intended to be implemented outside of psychiatric institutions,[124] and "funding for independent living."[125]

The fact that these were written about in the legislation/litigation-related sections of *MNN* indicates a shift. While on the one hand, the main focus of this section was to report on negative rights, the discourse of "civil rights" came to include positive claims. Though *MNN* continued to promote the restriction and/or abolition of psychiatry, increasing discussion of positive rights indicates an acknowledgement of the fact that, if not by radical activists themselves, at least by policymakers, the use of the discourse of "rights" was being applied to the actual or perceived needs of some mad people to housing and other services.[126]

Moreover, toward the end of the run of the "Legislation and Litigation" column, in the years immediately after Ronald Reagan's 1980 election as U.S. President, a rather striking shift in content occurs in the L&L column. More and more emphasis is put on discussions of the cuts – potential, actual, and some eventually reversed – in the Supplemental Security Income program,[127] a program which provided a (very small) income to people with disabilities who were considered unable to work due to disability and who also had no significant record of gainful employment, as statutorily defined.[128]

Discussions of SSI are striking in the context of a column – and, in general, a newspaper – which made use of the "mental illness as a myth" discourse and focused chiefly on civil liberties and/or abolitionism. Why would such a publication take an interest in "disability benefits" for people who, in its view, had no disabilities? The extended discussion of this issue in the "Leg and Lit" column of Summer 1982 read, in part, as follows:

> Ex-patients are having the rug pulled from underneath them just as they start to get back on their feet and moving [sic] towards independence after years of institutionalization. In Minnesota, 18 out of 70 clients in a follow-up program for 'chronic mental patients' have gotten terminations notces [sic]. Most of them plan to appeal. Several people in a California vocational training program providing sheltered employment were informed that their benefits were to be discontinued unless they underwent re-evaluations.[129]

This "Leg and Lit" column attempts to remain within an antipsychiatric and non-pathologist framework by blaming dependency and SSI-recipiency on the effects of institutionalization. While it is true that in some cases, perhaps most cases, long-term institutionalization creates dependency, that is not the issue for many SSI recipients who have not been institutionalized for long periods of time. The column implies that the end-goal for "ex-patients" is "independence," implying "gainful employment." But what if such gainful employment is not possible for some mad people? If this is the case, the reason for this must be explained. And if it is not because of pathology, then what is the reason? Social oppression? Many people are socially oppressed yet still engage in gainful employment.

The "Leg and Lit: Social Insecurity" column was one of the last legislation and litigation columns. This column, like the increasing discussion of positive rights, portends, if it does not directly express, the huge discourse and practice battles of the final years in the pages of *MNN* and throughout the mad movement. Challenges to psychiatry were by this time coming up directly against the problem of the nature of madness and the limitations of the non-pathologist frame. As we shall see, it became increasingly difficult to argue for services and social benefits for mad people (or psychiatric survivors, or psychiatric consumers, etc.) as a class and not confront the possibility of an *intrinsic component* to madness which, in some cases at least, itself causes suffering and disruption of functioning.

Conclusion

This chapter has examined some of the first collective efforts of mad people, themselves, in the United States to counter psychiatric discourse and authority regarding the meaning of madness and the meaning of psychiatry, itself. Certainly, earlier efforts by people declared mad or "mentally ill" had also taken place; however, what is particularly notable about the efforts expressed in and by *Madness Network News* is the radicalism of the new discursive strands.

Drawing on psychiatric radicals such as Thomas Szasz and R.D. Laing, the early movement fundamentally rejected standard notions of madness as mental illness. Rather, "mental illness" was considered to be a myth perpetuated not by medical science, but by the psychiatric enterprise of labelling various thoughts and behaviours as diagnostic medical categories. Furthermore, madness was also considered a political phenomenon in reference to the wider social order – as the emotional pain caused by social injustice and as keen insight (painful or not) into social injustice. Finally, at times madness was considered insightful in another sense, as spiritual awakening and awareness (again, painful or not).

Psychiatry was subjected to relentless critique. The practices of psychiatry – from drugs to electroshock to lobotomies – were portrayed as brutal. The experiences of rigid and authoritarian psychiatric wards and hospitals were depicted, through testimony and argument, as dehumanizing. Psychiatrists, collectively and at times individually, were portrayed as false authorities whose "medicine" and authority were based on myth, not science, and whose power was grounded in the brutal and coercive measures they used in order to keep people in institutions and do things to those people which, the early movement argued, were often unwanted, unnecessary, and damaging.

The early movement was fundamentally abolitionist, though it was willing to engage in civil libertarian efforts to limit, rather than to abolish, psychiatric practices and psychiatric authority. Discourses of civil libertarianism and abolitionism stood unresolved in the early mad movement precisely because, while these may appear contradictory, they were strategically complementary. If abolition was the final goal, the promotion and establishment of negative rights, such as the right to refuse treatment, could be used to wear away at the power, and ultimately, the radicals hoped, the existence of psychiatry.

In the following chapter, I examine the practices and some of the nascent contexts by which the early movement attempted to realize their antipsychiatric agenda.

CHAPTER 3: EARLY RADICAL PRACTICE AND NASCENT CONTEXTS

Introduction

What are the implications of the discursive strands in *Madness Network News*? Discourse, after all, both informs and is an expression of practice; therefore, when considering the practice (a) which *MNN* generally reported on and (b) which *MNN* itself fostered and which those closely associated with the paper engaged in, what discursive strands are apparent?

One way to approach this question is to consider what discourse is *not* evident in *MNN*-related practice. Thus, for example, if the spiritual-revelation discourse had the predominant influence on practice, we might expect to see reporting on practices of spirituality, whether traditional or non-traditional, or both. Articles with titles such as "Spiritual Awareness Circle Discusses Meaning of Channeled Voices" or "Activists Approach Clergy to Demand Recognition of Revelations" would abound. But these are precisely *not* the kinds of titles which we find in *MNN*, even if articles here and there acknowledge and discuss spiritual and religious topics.[1]

Rather, not only article titles, but entire recurring sections, are devoted to highly political and politicized topics, and almost never to questions of spirituality and religion. Much of the actual practice of the mad liberation movement reported on in *MNN*, then, reflects antipsychiatric discourse strands which (a) portray psychiatric practices as worthless, dangerous, and horrific and (b) which express civil libertarian and abolitionist stances toward the institution which the activists so detested – though, as we have seen, underlying civil libertarian campaigns against *forced* treatment was, at least among some activists, the desire to abolish psychiatry entirely.

If antipsychiatric discourse informs so much of the civil libertarian practice reported on and fostered by *MNN*, and if spiritual awakening discourse informs so little of it, what then of the other strands of non-pathologist discourse strands discussed above? Did "myth of mental illness" discourse inform practice? Did the discourse of madness as an experientially painful response to social oppression inform practice? Did the discourse of madness as clarity regarding social oppression inform practice?

Certainly, all of these strands of discourse informed the practice of testimony both created and reproduced (from conference, government hearings, and protest statements) so often in *MNN*. For example, Leonard Roy Frank's "The Frank Papers," discussed in the previous chapter, indicate that Frank saw his incarceration as unjust precisely because his "madness" was, from his point of view, nothing more than a psychiatric diagnostic imposition on his mildly non-conformist behaviour, behaviour which upset both his father and his psychiatrist, but clearly not himself. Other testimonies were generated by people who acknowledged personal emotional pain prior to their hospitalizations, but who discuss this pain as generated by social oppression, such as sexism, racism, and homophobia – not by internal, individual biological "imbalance." Still others testify that their madness was in fact clarity regarding social oppression.

Like testimony, other practices also expressed and helped to further construct antipsychiatric and non-pathologist discourses. In the following sections, I examine four such practices: demonstrations and campaigns; conferences; alternatives; and cultural production. As we shall see, as the movement developed, it inevitably confronted the issue of alternatives. The issue of alternatives presented a set of quandaries which led to dissension in the movement and an eventual split. That split is the subject of Chapter 4, while alternatives, in various forms and conceptualizations, are discussed in all remaining chapters.

Moreover, those activities which constituted the practice of the early mad movement, itself, occurred for the most part not as practices of resistance within institutions by inmates, but were the acts of radical activists on the outside. Nor did such activities of resistance have lasting contextual homes apart from a small number of radical movement organizations and the offices they rented. Demonstrations, for example, were one-time affairs, and campaigns, while longer lasting, cannot be considered as enduring contexts or locations of practice. Conferences were *recurrent* contexts of counter-discourse and counter-practice, however. Though these were not daily or even frequent, they were important contexts in which new understandings of "being mad" and responses to experiences of madness were both experienced and debated.

A small number of locations, discussed below, were, however, reported on. These stood as locations of the integration discourse and practice into everyday life. These were important, as they served as models of ways to live apart from the psychiatric system. However, they were not, as reported in *MNN*, widespread. The building of enduring, more elaborate counter-contexts would have to wait until tensions in the movement led some activists precisely in the direction of focusing their energies on the creation of such enduring locations of practice.

Demonstrations and campaigns

In total, I found at least fifty ongoing or one-time actions that could reasonably be construed as demonstrations or campaigns (the latter of which also sometimes included demonstrations, as well) in the pages of *MNN*. Admittedly, what constitutes a campaign or demonstration can be debated, but I refer here to situations where multiple people were involved in activities that had a clear movement goal. I exclude from this count, for the purposes of this section, efforts focused on *lobbying* for laws which limited forced treatment. Such lobbying and such laws were, in fact, significant activities in the movement, but I discussed these efforts earlier in the context of my discussion of the LAMP notes and L&L

sections of MNN. Nevertheless, because it was such a tremendously important event in the history of the movement, I will discuss here the effort to ban electroshock in Berkeley. This, after all, was not based on securing a bill proposal from a sympathetic elected politician, but on an effort, by means of a directly democratic referendum, to bring about one of the underlying goals of the movement, the abolition of a significant psychiatric practice.

Asserting "negative" rights

Whether I were to count lobbying for reform laws or not (and I have not), there is little doubt that the vast majority of demonstrations and campaigns were directed at civil libertarian *negative rights* efforts. To a lesser extent, overtly abolitionist efforts were undertaken, as well as efforts aimed at exposing and calling for an end to rights violations, particularly in hospitals. I count, as well, four demonstrations or efforts focused less specifically on one or two issues, and I call these "multiple issue" efforts. And, of course, there were demonstrations which demonstrated against psychiatry, itself – particularly the demonstrations at the two Annual Conferences which were held in the same location in partial concurrence with the annual convention of the American Psychiatric Association (APA). These I discuss more fully in the section on "Conferences," below.

As we shall see, even in demonstrations which put their primary emphasis on negative rights, positive rights were at times included. I found only two protests which focused exclusively on positive rights – one that focused on SSI cuts, in particular, another that focused on more than one form of government aid cut.

By far, the largest number of reports are about demonstrations against electroshock. Not only were there many articles which focused almost exclusively on anti-electroshock demonstrations and campaigns, whether these were "no forced treatment/right to refuse" (which I will refer to as "civil libertarian") campaigns or "ban" campaigns (which I will refer to as abolitionist), but many articles about demonstrations which opposed other psychiatric practices included mention of anti-electroshock views and activities.

In Chapter 2, I mentioned a demonstration at Langley Porter Neuropsychiatric Institute.[2] There was also a demonstration reported on in the July 1975 "NAPA Notes" regarding a demonstration against shock at Herrick Hospital in Berkeley. The report reads, "The East Bay Coalition has been continuing its fight against the use of electroshock at Herrick Hospital in Berkeley. We held a second demonstration there on April 30 and have been maintaining a vigil there ever since."[3] In the Spring 1977 issue, the "Movement Notes" section reports an anti-shock demonstration in Portland, Oregon: "On November 6, thirty people from the Citizen's Commission on Human Rights[4] and Citizens Against Shock demonstrated against an 'educational seminar' on ECT...The meeting was attended by 100 psychiatrists."[5]

Of course, many demonstrations over the years which opposed forced treatment included electroshock in such protests, but as noted earlier, perhaps the most dramatic campaign against electroshock, and certainly the one that received the most coverage in *MNN* was the campaign to ban shock in Berkeley. In 1981, by which time Movement Notes had become a series of small articles, often with authorship acknowledged, a short piece by Anne Boldt describes the level of anti-shock activity in Berkeley. Boldt writes,

> In recent months we in the Network Against Psychiatric Assault (NAPA) have been continuing our campaign against 'electro-convulsive treatment' on several fronts. We have continued leafletting at Herrick Hospital...On a national level, NAPA sent a letter to the Food and Drug Administration commending the FDA's classification of ECT machines as 'high risk'....NAPA was also an active participant in a coalition of groups which successfully challenged a bill before the state legislature which would have made it easier to give ECT in California.[6]

Clearly, NAPA was very active and interested in opposing shock locally, statewide, and nationally.

The Summer 1982 edition of *MNN* also make it clear that such efforts were expanding. When progressive Berkeley City Council members failed to get adequate votes to have a hearing on the practice of electroshock at Herrick Hospital in Berkeley, eventually the Berkeley Human Relations and Welfare Commission was willing to do so. A week prior to the hearings, ninety people protested ECT outside of Herrick Hospital. An article notes, "One of the speakers at the rally was Jay Mahler, the Patient Advocate for Contra Costa County [in which Berkeley is located] and a former shock victim himself."[7] The article states further that the newly formed Coalition to Stop Electroshock included "Berkeley Support Services, the Free Clinic, the Center for Independent Living, and the Berkeley Citizens Action Mental Health Committee."[8]

A short article in the subsequent issue notes that anti-shock activists were able to get 2,542 signatures in only six days, more than 1,000 over the required number, to insure that their proposed measure to ban electroshock in Berkeley was on the ballot.[9]

The Spring 1983 edition contained five articles, including one article which contained *eight* pages of testimony at the Berkeley hearing on electroshock,[10] three people's reflections on the campaign,[11] and a two-page collage of reprints of newspaper and newsmagazine stories on the ban from around the nation.[12] Taken together, these show that a vigorous and victorious campaign was waged by the Coalition to Stop Electroshock. No other story ever received as much coverage in a single issue of *MNN*. At least in a city known for its progressiveness and willingness to try political alternatives to what is considered "mainstream" in most of the United States, the abolitionist desires of the antipsychiatric movement attained a victory noted across the nation.

The ban was eventually halted by a preliminary injunction from Judge Donald McCullum,[13] whereupon activists continued to picket Herrick Hospital.[14] Ultimately, the ban was overturned by a Superior Court Judge.[15] Nevertheless, the abolitionist movement had had a success.[16]

A focus of a number of other demonstrations was psychosurgery (lobotomy and related procedures). I identified five such protests as reported in *MNN*.

The first anti-psychosurgery demonstration I identified was a small protest by 15 members of NAPA and WAPA (Women Against Psychiatric Assault).[17] This demonstration anticipated the coming "National Day of Protest Against Psychosurgery," (see below), as its focus was a meeting of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, a body which was to make recommendations to the U.S. Department of Health, Education, and Welfare (HEW), at that time headed by Joseph Califano. Califano was also well-known to disability activists for delaying the implementation of regulations for Section 504 of the Rehabilitation Act of 1973, the first section of piece of legislation related to disabilities which took a relatively firm "rights," as opposed to "rehabilitation," stance in relation to people with disabilities.[18]

Multiple protests occurred in 1977 in regards to psychosurgery and the recommendations of the National Commission. Movement Notes of Summer 1977, reports: "San Francisco NAPA held two demonstrations last month in opposition to the psychosurgery report of the Commission to Protect (?) [sic] Human Subjects of Biomedical and Behavioral Research."[19] Seventy-five protesters demonstrated at the University of California at Berkeley on April 7, then on April 15, "[O]ver 200 enthusiastic NAPA members and supporters demonstrated at the Federal Building in San Francisco."[20] It is apparent that anti-psychosurgery activists felt a particular sense of urgency at this time for, according to the report in this Movement Notes, "The commission's recommendations that the Federal Gov't. 'conduct and support' psychosurgery research will be submitted to HEW Secretary Joseph Califano for his approval."[21] The Winter 1978 issue reports on a "National Day of Protest Against Psychosurgery." The protests, this article notes, were held on November 5, 1977, and they "took place simultaneously in several cities across the country, from Boston to

Honolulu."[22] The article reports a debate among demonstrators and demonstrating groups regarding a spectrum of positions along the civil libertarian-abolitionist continuum.[23]

In 1978 there was a demonstration by the Boston-area Mental Patients' Liberation Front, in response to "the presence of the 5th World Congress of Psychiatric Surgery (lobotomy) in Brookline, Mass...A rally of about 50 people was held with an open mike for ex-inmate testimony."[24] After this, I did not find mention of a largely or strictly anti-psychosurgery protest until the Fall 1985 issue, again in Movement Notes. Regarding the protests the Mental Patients' Alliance of Syracuse had on Bastille Day of that year, the article reads only, "On July 14, 1984 [sic], we protested about Electroshock at Benjamin Rush Center, and Psychosurgery at the Veteran's Administration Hospital."[25]

Campaigns and demonstrations against psychiatric drugs were also undertaken, in particular a boycott of the maker of Thorazine, at the time known as Smith, Kline, & French (SK&F). This company had its home offices located in Philadelphia, and since the mad liberationist group there, Alliance for the Liberation of Mental Patients (ALMP) hosted the 6th Annual Conference, and was particularly keen on confronting the issue of psychiatric pharmaceuticals, ALMP placed three demands before the planning meeting for the demonstration at SK&F. Ann Boldt, in her report on the Conference, lists the three proposed demands:

> 1) That the production and promotion of Thorazine and other psychiatric mind-control chemicals be halted, as their physical and political danger is no longer a matter of speculation.
> 2) That the U.S. pharmaceutical industry cease profiting on the pain and misery of the ill and the allegedly 'mentally ill'.
> 3) That the pharmaceutical industry stop cooperating with the rape and economic exploitation of Third World nations and peoples.[26]

Clearly the first, and arguably the second, of these constitute abolitionist positions in relation to psychiatric drugs. Boldt notes that the only controversial proposal of the three just mentioned was the last. She writes, "It was brought out that some supporters and potential supporters of the movement might find it difficult to agree to the third demand and that the movement might not be strong enough to support such a broad political stand at this point."[27]

Be that as it may, the demonstration did occur. It was covered by local and New York media, and, as with so many mad liberation movement protests, it included testimonies by ex-inmates. The boycott was more specifically directed at over-the-counter medications such as the cold remedy, Contac, and by the Winter 1979 issue, proponents were able to list approximately 50 groups endorsing it.[28] The vast majority, if not all, of these were progressive or radical organizations themselves. It is important to note, though, that many of these were not organizations whose overall mission or aim was that of antipsychiatry.

One other article makes mention of clearly targeting a psychiatric drug event, though this was only a single session at a larger week-long symposium, "Psychiatry in the 80's" held at Cornell University in Ithaca, NY. This was an apparently small demonstration of only several people who picketed the "Psychotropic Drugs" session at the symposium. However, the demonstrators were assertive: "...[S]everal other demonstrators entered the conference room which led to the eventual negotiation that half-an-hour be given to hearing our experiences and concerns as recipients of psychotropic drugs and the issue of informed consent."[29]

In some cases, campaigns and demonstrations took on the overall issue of informed consent and the right to refuse. These "multiple-focus" demonstrations tended to include civil libertarian demands as well as demands which even moved towards advocating positive rights.

In 1976, for example, one of the major early demonstrations of the mad liberation movement took place when "20 members of NAPA and WAPA slept-in [sic] at the office of California Governor Jerry Brown."[30] The demands of the demonstrators were: "...that mental patients have the absolute right to refuse treatment, that no inmate be forced to work under the guise of therapy and finally, that patients who choose to do such work should be paid the minimum wage."[31] There is no question that the first of these demands falls within the realm of civil libertarian discourse. However, even at this early date, protestors were demanding a positive right in terms of compensation for labour. In essence, they were demanding that mental patients in the hospital not be seen as a "class apart," whose labour, because of their "illness," was at least sometimes redefined as "industrial therapy" or "occupational therapy."[32]

As with so many of the testimonies in *MNN*, the testimonies at the "Tribunal on Psychiatric Crimes" which was held at this sit-in have the effect of discrediting psychiatry and bolstering the case for a position more radical than the right to refuse. For example, Dianne Walker states: "I'd like to relate 3 incidents...One was the case of a man in the hopsital [sic] who hurled a plate of food against the wall. It was like years later that I realized that the man had not attacked another human being, he had not tried to kill anyone, he had simply thrown his food against the wall. He was strapped down to his bed for 17 days...[A] young woman...was kept in a room by herself for 7 days...And as for myself in relation to the slave labor issue, we were forced to work from 6 in the morning to 10 at night..."[33]

Ron Schreiber, also giving testimony, makes a statement which keenly shows the underlying reason that it is difficult to distinguish between an abolitionist and a civil libertarian position: from the point of view of the patient, there is no such thing as a "voluntary" hospitalization when it is effectively coerced. He states, "You can be coerced into being voluntary, which is a contradiction in terms. I was picked up on a 72 hour hold and I was told that if I didn't go along with voluntary status, I would be there a lot longer..."[34]

In 1977, NAPA Los Angeles held a march and rally at Metropolitan State Hospital. The demands of this demonstration were: "...no forced 'treatment' or involuntary confinement; an independent, adequately funded agency to enforce patient's rights; minimum wage for inmate workers; *real* alternatives – non-medical and community-based."[35] Here, NAPA Los Angeles retains a civil libertarian demand and the right-to-fair-pay demand, but the organization goes two steps further: first, it calls for something like an ombudsman or advocacy agency; second, in demanding "*real* alternatives," it departs from the strictly abolitionist views of, for example, Wade Hudson, who had ultimately rejected the construction of alternatives in favour of political activism, even though he did discuss what alternatives, in his view, should look like.[36] While its vision of alternatives is similar to those proposed by Hudson, here, NAPA Los Angeles is not "waiting for the revolution" in order to have such services implemented. The motivation for demanding such alternatives seems clear: suspicious deaths were occurring at California state hospitals. "As little as one year ago," the article states, "California's state 'hospital' system was hailed as a model for the nation. Now all ll [sic] institutions are under investigation by federal, state and local agencies. Grand jury investigations, indictments and coroners' inquests show that the frequent, unnatural deaths have resulted *not* from the stereotyped 'beserk [sic] mental patient', but from administrative and 'therapeutic' policies and those who implement them."[37]

The issue of abuse in hospitals seems to have led to at least two kinds of campaigns. On the one hand, there were efforts to shut down hospitals with clear records of abuse, or at least to remove patients from them. For example, the Alliance for the Liberation of Mental Patients (ALMP) of Philadelphia managed to procure a copy of a confidential report about abuse in Farview State Hospital. "The report," writes ALMP, "containing information gathered by the Pa. Justice Department from patients and employees at Farview, is 184 pages long. It details a number of patients' accounts of beatings, murders, and other gross abuses of patients by guards."[38] ALMP planned to build "an effort to close Farview" and also called for "civilian observers...to monitor each ward at Farview until it is closed."[39] Similarly, the People's Rights Organization (PRO) of Sonoma County, California, attempted both to shut down Hillview Hospital and to remove patients from it due to "conditions" at the hospital. "P.R.O. is continuing efforts to close down Hillview Hospital, a 99-bed locked skilled nursing facility....Last spring, the local Director of Mental Health ordered the conservator's office to stop sending conservatees to Hillview, as a result of exposure of conditions and public pressure. Recently, the county public defender filed a class action writ of habeus [sic] corpus to remove all county conservatees."[40]

The other direction that activism took was to focus on advocacy at and inside hospitals. Thus, for example, Movement Notes of the Spring 1979 issue reports that Advocates for Freedom in Mental Health (AFMH) of Kansas "have been concentrating recently on rights violations at Ossawatomie State Hospital."[41] While it is not clear what the actual rights violations are, one of the frustrations of AFMH was precisely the fact that the hospital, in violation of state law, was "refusing to post a list of inmates' rights."[42]

Perhaps one of the most contentious and prominent cases of at-hospital and in-hospital advocacy, however, was that of the "Haverford Four." This case not only concerns the question of mistreatment of inmates at Haverford State Hospital, but also the right to, and limits of, free speech. On April 17, 1979, Lenny Lapon, a mad liberation movement activist affiliated with ALMP in Philadelphia, and three other members of ALMP were arrested for handing out leaflets at Haverford State Hospital. An article in the Spring 1979 issue of *MNN* states that Lapon had actually been working at the hospital "on an advocacy project,"[43] from which he was fired. "Lenny had run into friction with the hospital," the article states, after he had written an article for the ALMP Newsletter which alleged that inmates were drugged for commitment hearings. The material which the ALMP activists intended to distribute at Haverford included information "explaining the issues surrounding"[44] Lapon's firing.

The clinical director of the hospital stated that he felt that ALMP was a "cultist" group, and that it was distributing its literature to "'the highly vulnerable, sensitive, confused, and frequently judgmentally impaired'"[45] inmates at the hospital. ALMP activists argued that they had the right to distribute their literature based on a 1975 consent decree which stated that "[p]atients have the right to meet with representatives of groups interested in the civil liberties of mental patients."[46]

While the group was convicted of "defiant trespass," this decision was overturned on March 31, 1980. Nevertheless, Lapon was repeatedly refused admission onto the grounds of Haverford in June 1980, and eventually spent several nights in jail, though the charges against him were ultimately dropped.[47] Finally, in 1981, Bob Harris wrote from ALMP:

> "We at the Alliance are happy to announce that, after two years of litigation, we have finally exacted a victorious settlement in our lawsuit for access to Haverford State Hospital and other state-run 'mental hospitals' in Pennsylvania. In an order signed on May 11 by Eastern District Court Judge Alfred L. Luongo, ALMP was guaranteed the right to visit and distribute literature to inmates, to hold private meetings with inmates, and to conduct our advocacy efforts free of official harassment."[48]

The Haverford decision stands as a significant battle in which a hospital was forced to cede a measure of control over inmates by a persistent group of mad liberationists engaged in militant advocacy for the rights – both negative and positive – of inmates and others. In a sense, as well, the "right to advocacy" itself stands as a positive right from the point of view of the inmate or patient, since advocacy, in this sense of the word, is a tangible service, whether it is funded or not.

A shift towards "positive" rights?

It becomes apparent over the years of the early mad movement that there is a shift towards an increasing emphasis on the assertion of positive rights. While this did not mean that the commitment to civil liberties was abandoned, it does mean that access to such things as services and support increasingly became a focus of a significant number of activists. In the section on alternatives, I will explore the concept of alternative services more fully; here, however, I wish to mention just two examples of demonstrations for positive rights which occurred in the 1980s, the second decade of the modern mad movement.

Shortly after Ronald Reagan became President of the U.S. in 1981, his administration attempted to make significant reductions in the number of Supplemental Security Income (SSI)[49] recipients. Because states have a part in the funding of these programs, even the relatively liberal Jerry Brown made plans to decrease cost of living adjustments (i.e., periodic increases) for SSI and Aid to Families with Dependent Children, or AFDC.[50] In an article in the Summer 1981 issue, Howie the Harp writes about a coalition of recipients who held a protest of "three to four thousand people"[51] at the Capitol Building in Sacramento California. These were not exclusively ex-inmates, but "organizations and coalitions of seniors, blind and disabled people, welfare recipients and former mental patients..."[52]

Another, much smaller, article about SSI appeared in the Spring 1983 issue. The title of this article is "Ex-Inmates Take on SSA."[53] The article simply reads, "LA-NAPA is beginning action against the Social Security Administration to stop cuts in disability benefits. They are looking for other groups and individuals who would be interested in joining the suit. The have already found a lawyer who is interested in taking the case. For more information, contact LA-NAPA."[54]

This article is striking because it stands as unusual among the articles up to that time in *MNN*. The focus is not, in any particular way, on antipsychiatry, psychiatric inmate civil liberties, or abolition of psychiatric procedures. Rather, the focus is on welfare benefits which, at least in the case of SSI, are based on an evaluation of disability. It is true that NAPA, for example, dealt with the issue of SSI as early as 1976,[55] but what is significant is that discussion of SSI, disability, and other benefits was quite rare in *MNN* in comparison to antipsychiatric, abolitionist, civil libertarian, and non-pathologist discourse.

Two aspects of this very short article are striking. First, the article focuses on the issue of positive rights. As I noted in the previous chapter, positive rights were less often discussed in *MNN*, though they did become more prominent in the "Legislation and Litigation" section in the late 1970's and early 1980's. Second, it invokes the disability discourse regarding madness (which I explore at length in Chapter 7). It is interesting to consider how an organization dedicated to the proposition that "mental illness" is a myth would argue a *disability* lawsuit in court.[56]

Even though such an action seems counter-intuitive, again, as I discussed in Chapter 2, I believe there is a plausible explanation. By the early 1980's, the mad liberation movement was increasingly having to face the *experienced needs* of its constituents. Some mad people, not necessarily politically radical or politically-oriented at all, were learning of the movement and looking for alternatives to the psychiatric system. Some of the pressing needs of at least some of these people were the basics of human existence: income, food, shelter. Partly because of the degree of success they were having in challenging psychiatry, the veterans of the mad liberation movement were having to face not only civil libertarian and abolitionist questions, but also questions regarding positive rights and fundamental human needs.

The "Annual Conference"

The Conference for Human Rights and Against Psychiatric Abuse, was an annual event of the mad movement which lasted from 1973 to 1985. There is no doubt that these conferences were important to the mad movement, and their eventual demise and supersession by a government-funded conference the "Alternatives Conference" is a telltale marker of significant changes in the movement, as I discuss at length in Chapter 4.

MNN prioritized reporting on events which occurred during these Conferences and, at least twice, published position papers of the Conferences. Because the viewpoints of several people were presented at length about most conferences, the problems and conflicts, as well as the positive aspects of the Conferences were discussed.

The Conferences can be considered mad movement practice context, as well, in that they were, for many, the one place where, annually, many of the most active people in the movement gathered to discuss a range of antipsychiatric concerns – psychiatric drugs, electroshock, forced treatment, etc. As we shall see below, some attendees returned multiple times and found at these conferences, despite problems which occurred at some of them, a location in which they could reframe the meaning of their psychiatric experiences as well as their understanding of the meaning of madness. They also appear to have at least two other functions for participants – building solidarity through experiences of belonging and "sense of community," and fortifying the activists, particularly those who lived away from centres of antipsychiatric activity, for the year ahead. Antipsychiatric views which were held as commonsensical at the conference were difficult to find elsewhere, even among some, or many, other patients and ex-patients. As such, the conferences provided a key location at which to confirm their beliefs and to find the sustenance that comes from interacting with others sharing such beliefs.

Again and again, then, one of the themes that comes up in personal reflections about the Conference in *MNN* is that of belonging and sense of community. For example, regarding the 3rd Conference, Jenny Collins writes, "I felt this sense of community, that I could sit down at any table and find some good friends to talk to."[57] Bob Harris expresses similar feelings about that Conference: "I came this year without actually knowing anyone personally and within hours felt as though I was among old friends..."[58] Dianne Walker writes, " I came away from the conference this year feeling loved – by people who hardly knew me..."[59] At the 5th Conference, Jude points out that these feeling would be a source of sustenance for far-flung activists, "While at the conference, I noticed that some people who live in areas that don't have anti-mental health movement groups were very conscientious in noting all that was going on and absorbing every bit of the Conference they could because this Conference was like an oasis of nourishment to them, and this nourishment had to last a long time."[60] Sally Zinman, who at that time likely lived in Florida, writes along the same lines: "...[T]he Los Angeles Conference was a Group Experience for me. Common ideas and common purpose. Pioneers sharing the same single minded devotion. An adventurous and struggling Group Experiencing... I needed that support of the Group for the coming year's work."[61] Furthermore, Barbara Quigley writes of the 9th Conference, "The Conference really meant a lot to me...[I]t was my first time to meet and to be with any ex-inmate and anti-psychiatry activists...I don't think I've ever felt like I 'fit in' with any group of people. I've always felt like I didn't 'belong' everywhere I've been. But it was different at the Conference. I felt like I belonged there...I felt close to several people in such a short time."[62]

Experiences internal to the Conferences, themselves, then, at least at times and for some people, built feelings of belonging, mutual purpose, and solidarity. However, the Conferences are also important because they engaged in highly visible protests which reached out beyond attendees to the public, in general, and in some cases to psychiatric inmates of hospitals themselves. Dianne Walker describes a demonstration at the 3rd Conference: "Sunday March 30th, we marched on Mass. Mental Health Clinic. A list of demands for better treatment, until such time as psychiatric hospitals are abolished, was read. We were applauded by the inmates..."[63] A similar occurrence is described by Richard Stanley, reporting on the 5th Conference: "When we went to demonstrate against the Neuropsychiatric Institute of the University of California, Los Angeles...the inmates far back and high up on the top floor of the giant building saw us and we saw them, through the windows, waving back at us."[64] At the 6th Conference, the demonstration took aim not at a hospital, but at Smith, Kline & French, the makers of Thorazine, in support of the boycott, discussed above, directed strategically at their many over-the-counter remedies. According to Anne Boldt, "We marched from Philadelphia City Hall through downtown to Smith, Kline, & French offices...After we arrived at Smith, Kline, & French three representatives of the movement gave speeches...After that people gave personal testimonies about their experiences with psychiatric drugs and institutions."[65]

The 8th Conference, in Berkeley, California, was particularly militant in terms of its demonstrations, perhaps because this was the first Conference which met at the same time, in the same city, as the annual convention of the American Psychiatric Association (APA). Thus, the APA convention, itself, became the target of demonstrations and of an act of civil disobedience. Judi Chamberlin describes a blockade of one of the doors which mad activists initiated at the APA convention,[66] while Leonard Frank mentions both a "Tribunal Against Psychiatric Crimes" held at a San Francisco church as the APA met, and then a march through downtown San Francisco and a demonstration at the Convention.

> At 11:30 about 140 Conference members and supporters from the community-at-large assembled in front of the church to begin our half-hour march through downtown San Francisco to the Civic Auditorium where the APA was conducting its opening session...In front of the Civic Auditorium we were joined by 100 more demonstrators who had been waiting for us.[67]

Demonstrations are also described at the 10th Conference, another quite militant Conference, this time in Toronto where, again, the APA was also holding its annual convention.[68]

Despite the sense of community felt at the Conference and the solidarity and excitement generated by the demonstrations, Conferences were not without contention and problems. One problem which crops up repeatedly in reports is the issue of "disruption." Reports of these incidents indicate that they generally consisted of single individuals, usually males, and that at least sometimes the disruptions had to do with sexist diatribes and harassment.[69] Likewise, there were complaints of "elitism" (which I shall explore further below) and complaints (as well as compliments) regarding the degree of informality and lack of hierarchy present at the conferences.

If there is one issue, however, that comes up again and again both regarding the Conference context created by participants and in terms of the direction and purposes of the mad movement, it is the question of the relationship and relative importance of a recurring issue framed as *support* vs. *political activism.* At an early conference, Dianne Walker describes a system of round-the-clock emotional support: "People volunteered to be in the dorm lobby in shifts all through the night so that if someone felt uptight, he or she could have a place to go and rap."[70] But even at that conference, the issue of whether or not the mad movement was chiefly about support or about political activism was keenly expressed by Su Budd: "Up to now, the majority of us have been orientated around our human needs as people trying to break free. But now, things are beginning to happen. Organized mental patients are getting recognition on such national bodies as the Mental Health Law Project and the National Committee on Patients Rights...Unfortunately, this engenders a conflict of interest between the people feeling the need to 'get things done' and the people feeling the need to 'know one another'."[71]

The question of the meaning, value, and purpose of support in relation to political activism came up again and again in reports of the Annual Conferences. Despite the fact that *MNN* offered a variety of perspectives on most of the conferences, we obviously cannot know the felt and expressed views of the vast majority of attendees regarding these issues as they experienced events at the conferences.

Nevertheless the views expressed in articles about the conferences can be understood as a debate over the fundamental purpose of context and the boundaries of the meaning of "movement." Attendees addressed the question of whether their gatherings should focus solely or primarily on practices which were not so much to be integrated into everyday life as to counter injustices (a more strictly political "movement" view); or whether their activities were to integrate the personal and the political (a view of "movement" in which the movement prefigures, or even establishes, changes in everyday life). In the former case, the movement disbands when it accomplishes its claims and goals; in the latter case, the boundaries between movement and everyday life are intentionally blurred, leading to the creation of contexts which become more established and "everyday." Ultimately, the radical wing privileged the former view; the alternativist-reformist wing, as we shall see in subsequent chapters, the latter.

Sometimes tension was expressed in terms of conflicts regarding allegations of "elitism" at the conferences. For example, Ann Boldt writes of the 6th Conference (in Philadelphia), regarding an "Anti-Elitism Workshop" which occurred there, "It was pointed out that people who had difficulty verbalizing and people who were new to the movement were often not recognized and had a difficult time making themselves heard. Also people's feelings were sometimes ignored or not dealt with adequately in the push to get something 'concrete' done. This has been a major problem at past conferences also."[72] Of the same workshop, Judi Chamberlin, by 1978 a movement veteran, writes, "I still feel a lot of confusion about the anti-elitism group. I think our movement is very open, very fluid. But then, as one of the people accused of being an elitist, maybe I'm just blind to it."[73]

Perhaps the most telling example of the conflict between the political activist orientation of some members and the desire for other members to use the Conference as a source of emotional support was reported on by Arrow, also at this Conference. Arrow writes:

> At the madwomen's workshop, one woman was in intense agony over the rape she had undergone many years before. I connected very strongly to what she was saying. At one point a woman said something to the effect of 'this isn't a therapy group, we came here to discuss political ideas.' I was amazed that this woman didn't see that sharing our rage over the torture that had been done to us as women was political.[74]

The question of support and political activism were very much present at the 7th Conference (near West Palm Beach, Florida). In response to the disruptive behaviour of an attendee, the title of the workshop set up to deal with this incident was called "Politics and Support."[75] Boldt further reports:

> Two major points which came out of the Politics and Support workshop for me were: 1) politics and support are not two separate things; 2) there is a differance [sic] between support and taking care of someone. Sometimes people do need taking care of and there is nothing wrong with that, but not everyone may want to fulfill that role. A person can still be supportive even if they are not willing to be involved in taking care of others.[76]

While these statements may have referred to potential need for support at the Annual Conferences, it is clear that the question of what activists were to do about the needs for support of potential movement recruits was very much on the minds of attendees. Boldt writes, "Social events or open houses [by activist organizations] are very useful to recruit new members. These events should be loosely structured and allow time for people to share their experiences and ask questions."[77] But were these events simply for the purpose of *recruiting* new members? At the "Alternatives Workshop," Boldt reports,

> Two types of needs that alternative places could help with were identified: ongoing support on a day to day basis (support) and ways to deal with temporary crisis situations (taking care of). Issues which need to be seriously considered and dealt with when talking about alternatives are staffing, zoning and other legal problems, and salaries. These items were all discussed but no conclusions were come to.[78]

Here, it seems, the movement activists were considering not only recruitment for the purpose of building a cadre of political activists; they were also pondering questions of building actual alternative *service institutions*, even to the point of considering the logistics of practical matters in relation to government bureaucracies and the possibility of creating new roles for activists as "staff" at these service institutions.

Bob Harris, in his report on the 7th Conference, refers to potential "contradictions" between support and political activism: "...[O]f importance were the workshops and discussions on the issue of 'Politics and Support', which dealt with the contradictions and connections between the functions of personal support and political activism."[79] His following statement is prescient considering developments which were to occur in the 1980s: "It appears that a definite split may be developing in the movement over issues relating to separatism and cooperating with professionals..."[80] Why, after all, would members of the movement have differences concerning working with professionals? It would seem, on the basis of the issues discussed by both Boldt and Harris, that at least some activists were interested in developing alternative services and systems of support, not restricting practice to demonstrations and campaigns for civil libertarian rights and against psychiatry and its practices.

Even at the militant 8th Annual Conference, held in Berkeley in 1980,[81] Judi Chamberlin, while overjoyed at the successes of the convention, found herself asking questions regarding the direction of the movement: "Should we continue our loose association of groups, or should we devise some kind of national (and international) organization? Should we move more in the direction of legislation, or litigation, or setting up alternatives, or all of these, or none?"[82] Here, again, is a succinct statement regarding the question of the compatibility of political activism and support (i.e., "alternatives"). As we shall see below, the question of alternatives was of deep concern to Chamberlin.

By 1981, the year of the 9th Conference in Cleveland, Ohio, the issue of political activism vs. services was clearly leading to a split in the movement. It seems that as the movement grew new activists were joining who did not share (or at least did not wish to focus as exclusively on) the early activists' focus on antipsychiatric political practice. Not only were people attending who were interested in the issue of alternative support services, but by 1981, there were new activists who did not necessarily reject the psychiatric system outright.[83] Thus, Arrow notes:

> At the outset of the conference people seemed polarized into two camps: those who believed in highly structured workshops and supported to some extent the 'mental health' system, and those who wanted leaderless

> workshops (with a 'rotating chairperson') and felt that ex-inmates should direct their energy completely away from the mental health system and create their own support systems and political action groups.[84]

Richard Stanley may have been responding to the presence of activists at the Conference who did not espouse antipsychiatric views when he wrote,

> ...[S]ince our movement is the voice of opposition to the psychiatric system and can now grow rapidly, it is in particular danger now. The psychiatric establishment and the government aren't ignoring us any more. They would like to silence our voice, by direct repression or by cooptation...to use cooptation, they will have to try to take over the ex-inmate organizing which seems to be occurring everywhere so as to try to create a counter-movement in distinction to our movement.[85]

At the militant 10th Annual Conference in Toronto, another Tribunal on Psychiatric Crimes was held which included testimony from "about thirty former psychiatric inmates."[86] At the same time, Barbara Quigley alluded to dissension at the Conference: "...I did not enjoy this year's conference as much as last year's. I found the frequent shouting and arguing very upsetting...To hear people fighting each other hurts my ears and hurts my feelings. I hope in the future we can be more respectful and considerate toward our fellow ex-inmates."[87] At the 12th Conference (Pueblo, Colorado), while antipsychiatry was still quite present, the reports of Susan Yudelman's report in no way rejects psychotherapy, which, as we have seen, was also heavily critiqued elsewhere in *MNN*. Thus, Yudelman states, "i [sic] even CHOOSE to go see my counselor – a wonderful clinical social worker neamed [sic] Barbara – twice a week, and savor every moment of contact between us."[88] Barbara Wish, on the other hand, derides psychiatry, yet she also focuses at least as much on her own difficulties and struggles *apart from* the psychiatric system. As much as she attended the Conference "to protest the locking away, drugging, shock torture, and silencing of women and children who are survivors of [incest and rape]...."[89] her "Speak-Out" statement also addresses issues which became increasingly prominent in the 1980s as survivors not necessarily of *psychiatry*, but of certain types of abuse and also of addictions, built and attended "self-help" groups in relation to these problems.[90] It is striking that Wish's statement begins not with an antipsychiatric declaration, but with the following: "I'm from Denver, Colorado. I'm here because I'm a survivor of incest."[91] Moreover, Wish declares that she is an alcoholic. There is no question that Wish draws connections between these problems and the mistreatment of them by psychiatry; at the same time, this kind of presentation is distinct from those many testimonies in *MNN* where the centrepiece of narratives of victimization is psychiatry, and especially experiences in psychiatric hospitals, while other personal problems, if mentioned, are placed in a secondary position.

I will discuss the 13th, and final, Conference on Human Rights and Psychiatric Oppression more fully in Chapter 4. Events at this final Annual Conference of the early radical wing of the movement are deeply implicated in the split within the mad movement, which is the subject of that chapter. At this point, though, I wish simply to compare the following statements by Anne Boldt and Sally Zinman, two veteran mad movement activists who attended a number of Annual Conferences. Their quite distinct perspectives and equally forceful arguments in my view embody the fundamental problem which the mad movement faced as it grew: How would the movement respond to the needs of larger and larger numbers of non- (or not-yet-) politicized people who had in one way or another experienced psychiatry and who, in fact, themselves had a variety of perspectives on psychiatry?

Boldt writes, "The trend towards national organizing and working for change within the system is wrong. The mental health system is not our ally and to hope we can use them and win at their own game is naive."[92] Further, she states,

> I do not wish to reform psychiatry. It is an inherently evil system and must be destroyed!...I visited [an antipsychiatric] group in Cologne, Germany called the SSK. They are a collective of people who have been incarcerated in institutions of all kinds. They live and work together and take no money from the government. They support themselves by moving and hauling, renovations, selling used furniture and similar activities. Their political work focuses on anti-psychiatry and housing issues.[93]

Sally Zinman's reflections appeared in same issue of *MNN*. Zinman expresses quite a different perspective:

> What most angered me at the Vermont Conference, an anger which has grown in the last year...is the excessive valuation of political purity over political necessity, the pressing need to reach out and change the lives of the millions of people who are oppressed by psychiatry....The days of disruption and empty rhetoric clarified for me where I want to be in the psychiatric inmates movement and where I believe the movement must go. I need to act, to do, to get things done, and to reach out to the millions of 'mental patients' who have never heard of us...[94]

Here we have, at a critical juncture, two opposing views of the movement. Sally Zinman felt that the movement had "stagnated"[95] in rigid political views and that it was time to "move on" to the creation of alternative practices, even if this meant some degree of compromise in order to create alternative support and services for, as she put it, the millions of 'mental patients' who were not aware of the mad movement. On the other hand, Boldt saw compromise as the death knell of the movement, for in accepting government funds, cooptation was inevitable, rendering discourses and practices (including the autonomist alternative she mentions) impossible, as psychiatry and the "mental health system" would take over and eventually destroy any "reformist" alternatives.

What, then, can be said about this particular practice and recurring context of the radical mad movement, the Annual Conference? First, from the reports of people at the conferences, we get a sense that they provided emotional sustenance for the attendees *as activists*. That is to say, apart from the question of individual emotional struggles, the Conferences, at least for some people, gave them a boost of encouragement and energy to continue their radical opposition to psychiatry, even in far-flung places where they perhaps were the only, or one of just a handful, of people who had come to a radical antipsychiatric point of view. Second, on a personal level, it is clear that for at least some people, the Conferences offered a context in which they could engage in one form of "alternative" practice of support: the giving of mutual comfort in times of distress. This stands in contrast to the notion that people in distress must turn to "professionals" in order to work through, understand, experience, or resolve such distress. This aspect of the Conferences, however, seems tempered by repeated reports of disruption, including abusive language, vandalism, and, at the final Conference, violence.[96] As such, the notion of the Conferences as "safe places" for emotional succour was not unanimous or consistent. Third, the Conferences, through their workshops, gave participants a chance to discuss and develop antipsychiatric discourse. Fourth, in their demonstrations and tribunals, the conferences gave participants a chance to express their grievances collectively and to build solidarity.

Crucially, the Annual Conferences were a recurrent, if not frequent or everyday, context in which the question of the relative importance and the compatibility (or not) of "support" and "political activism" at least sometimes, and increasingly over time, came into conflict. Ultimately, then, the Conferences ended up expressing this critical issue which the movement faced. And, as I will argue further along, the conflict between support and political action brought the movement squarely up against the meaning and implications of madness.

The issue of alternatives

The discussion of support also came up repeatedly in *MNN* under articles which addressed the question of "alternatives." The question of alternatives clearly posed a challenge to this fundamentally abolitionist movement. If one did not accept discursive strands which argued that madness was simply about (mis)labelled non-conformity or spiritual experiences, but at least in some cases about emotional suffering (understood as intrinsic or, alternatively, understood as caused by outside social forces), then one was faced with the question of what to do, if anything, in response to such suffering. Whether or not one takes the position that such suffering should be understood as an "mental illness," the question of how to respond to such suffering was unavoidable. Further, the potential consequences (as well as potential causes) of such suffering, such as rejection by family and friends, lack of support systems and consequently contexts in which to socialize, and the possibilities or realities of joblessness and homelessness also had to be confronted.

Possibly the first, and probably the earliest, multiple-article effort to address the question of alternatives was published in the September 1974 issue of *MNN*. This series of articles is entitled, appropriately, "Alternatives."[97] An introduction to the article poses the following questions: "Where are we headed? What choices must we make? How can we best break outta here? In particular concerning 'madness' and 'mental health,' what kind of publicly financed programs, if any, do we want?"[98]

The first article in this set is a reprint of excerpts from *Barron's* magazine of December 3, 1973. This article presents huge public hospitals as inhumane, while arguing that private "free-standing" hospitals are both more humane and (as one would expect from a financial publication) "up and coming" prospects in what the author framed as the "trade"[99] of "mental health services." The articles states that "...[D]ay care and outpatient services...may represent the wave of the future in psychiatric care."[100] Not only is one particular facility which offers such services "in the black,"[101] but this is perhaps so because the cost for such services is "less than a quarter of what they would be at an in-patient hospital."[102] The article states: "Although cures usually take longer [than that of an inpatient hospital], the rate of relapse is exceptionally low because the [Western Institute of Human Resources] treats not only the patient but also his environment, calling in relatives, employers and even neighbors for consultation."[103]

There is little doubt that *MNN* did not consider such practices as constituting a positive "alternative," if it considered them an alternative at all. Whether the title given to the excerpts – "A Little Human Warmth"[104] – was also the title of the original article or not, *MNN*'s editing of the article make clear that *MNN* views at least one of the practices at the hospital as anything but "warm." The final paragraph of the excerpt relates the following: an attendant "apparently wrestl[es] on a hallway floor with a 14-year-old boy."[105] This event is described by hospital personnel as a positive alternative to the straitjacket. A hospital worker is quoted in reference to this practice as saying, "A little human warmth is essential."[106]

Another article by David Cooper, a psychiatric dissident at one time associated with R.D. Laing, describes another potential "alternative": the "street commune." Cooper writes, "...Therapeia [sic] in the true sense is people meeting people on the basis of the discipline that becomes shared and fully reciprocal....We must abolish patients and psychiatrists and for the first time in this age invent the people that we are."[107] On a philosophical level, these statements may have been in tune with those of mad liberation activists.

What is Cooper's street commune? This is not fully spelled out, though the following practices are described: "[W]e befriend all the local shop keepers and get as much as possible free and steal from anonymous big stores."[108] The street commune is also posited as an alternative to the family structure: Cooper argues that the institution of "[f]amilies must die because they introduce a false symbiosis."[109] Families "will be replaced by anti-families which are the street commune we are setting up."[110]

It is uncertain whether the above views would have been shared by radical mad activists. Certainly, discussions in *MNN* did not prioritize the dissolution of the family or the development of street communes. On the other hand, Cooper's call for the abolition of patients and psychiatrists and notions of reciprocity were expressed repeatedly in *MNN*. However, it is almost certain that the following event, which Cooper understood as evidence of "how a street commune works"[111] would likely not have been evaluated positively by radical mad activists, given its implications regarding imbalance of power masquerading as "help" (or, perhaps in Cooper's mind, *therapeia*). Cooper describes his sexual involvement with a young woman "viciously labelled psychotic"[112] in the following way: "I took her into my flat and lived with her and made love to her for three weeks and at the end of that time she was completely out of her catatonic [sic]."[113]

A third article in the September 1974 exploration of alternatives is a book review, by Arthur Maglin, of *Repression or Revolution: Therapy in the United States*, a radical therapy treatise written by Michael Glenn and Richard Kunnes.[114] The question at hand, both in the original book and in the review, is the degree to which therapy can ever avoid being anything but a palliative for the woes of people, woes which, from the largely Marxist perspective of both the reviewer and the original authors, are the result of living in capitalist society. Maglin argues that there *is* a place for radical therapy: "It is my opinion that there is a good deal of logical absurdity to taking the view that radicals have no business doing therapy."[115]

However, he is uncertain of just what this therapy should look like: "...[W]hat method can the radical therapist utilize that makes sense? A revamped bourgeois approach, something like a revolutionized psychoanalysis shorn of its sexist and culture-bound limitations? Or will a whole new theory have to be developed from the ground up?"[116] While the book review is thus equivocal, in the end it seems that Maglin supports the notion that there is a role not simply for "organizing" or "education" by radical therapists, but for providing some form of "revamped" approach in the context of traditional therapeutic roles in which the therapist is the helper and the patient or client[117] is the person being "helped."

Perhaps the most significant article of all, however, in the series is that written by Wade Hudson, a member of NAPA, in response to all three of these articles just discussed. Hudson writes, "Assuming *(for the moment, anyway)* that we want some kind of publicly-financed services for people who want help, who want to talk to people about their thoughts and feelings, or who want a temporary place to live while going through changes – assuming a network of supportive services, the critical question is: how shall those services be controlled?"[118] Hudson then directly responds to the questions he poses: "Our tax monies should support only services which are open, democratic, community-based and community-controlled, and the community should not treat psychiatrists with any special respect merely because of their academic degrees...Degrees are irrelevant, and psychiatrists should neither control, nor have a dominant voice in, any program we pay for with our tax money."[119]

In the quotations just discussed, I placed Hudson's statement, "for the moment, anyway," in italics. In qualifying his statement about alternatives, Hudson seems to be saying that he remains at best unsure as to whether such a system of support should exist at all. In fact, regarding this question of "democratic" and "community-based" alternatives, he goes on to write, "But all that is for the future."[120] For Hudson, one can only speculate about support systems which would meet human needs, one cannot actually recommend them. In the end, he concludes, the construction of these alternatives is not worth acting on at the current historical moment because the focus of movement efforts should be to tear down the existing society, including its institutional structures, and build a new world. Anything short of this will simply recapitulate the oppressions of the current social order. "No real alternatives are possible now..." Hudson argues, "Not so long as most of our tax monies go for defense contracts and welfare subsidies for the rich. Not so long as the mythology of professionalism remains so entrenched in the public mind."[121] For Hudson, "[T] he best alternative I know about is to fight. One struggle, many fronts...Resisting tyranny, whether it be American or Soviet style, and fighting for the power of the people to control their own lives are the best 'therapies' I know about."[122]

Hudson's views resonate throughout the pages of *MNN*. They are firmly based on three discourses regarding the nature of madness which I have discussed: (1) the "myth of mental illness" view; (2) the notion that emotional pain is ultimately caused by a social system which is unjust; and (3) the notion that "madness" is actually acute awareness of such social injustice. By framing a particular phenomenon – madness – in such a way, the question of building support-service alternatives for human emotional pain effectively fades from view.

When "alternatives" and "support" are addressed by the most ardent adherents to myth/social oppression discourse, they inevitably return to politicized practice, because for radical antipsychiatric activists, the proper response to madness *is* a political response.

Thus, an article in the Winter 1978 issue of *MNN* is entitled, "'Support House' for Movement Activists."[123] Note, first, that the term "support house" is itself in quotation marks. The implication here is that a certain distance from what might be a customary idea of "support house" is being underlined. In psychiatric discourse, a "support house" would likely be understood as a place of *treatment* and, perhaps, some form of *social assistance*. Using the quotation marks distances this new institution from psychiatric discourse. Why is this a "support house"? Not because it is "treating and helping mentally ill people," but because

> [f]our or five people would live in the house and "make a commitment to try to care for and support one another, help one another in our work, study together, encourage one another to take care of our bodies and eat right, comfort one another when we're feeling bad, share in one another's happiness..."[124]

Who lives in the support house? Not "patients" who have been "placed"; rather, *activists* for whom the house would be a "center for organizing."[125]

For such members of the mad liberation movement, the alternative *was* the movement. To fight against psychiatric coercion and psychiatry, itself, was the alternative. To recruit new activists from oppressive psych wards was the alternative. To be involved in movement activities such as civil libertarian lawsuits and testimony at government bodies; to participate in civil libertarian and abolitionist demonstrations and campaigns; to attend the Annual Conferences: these were considered to be alternatives to psychiatry because they were, from the point of view of some activists, aimed at bringing about a new social order in which there was no injustice, oppression, or psychiatry. The consequence of political alternatives would be that the "need" for psychiatry – that is, what the early activists saw as the need for an apparatus of social control posing as a medical profession – would disappear.

Time and again, however, the mad liberation movement came up against the issue of the experienced pain and the very practical needs – such as shelter, food, money, welfare, and paying work – of the people who participated in it. We have already seen that this issue arose at multiple Annual Conferences, not only as evinced by the reports of some attendees, but also by the fact that more than once, workshops with titles like "Politics and Support" took place.

NAPA Notes of the "1976"[126] issue of *MNN*, for example, puts out a call to readers on behalf of people getting out of hospital, stating, "If you have space in your house to put up an ex-inmate for anywhere from a week to several months, let us know."[127] This short article reads in part, "As we're sure you know, psychiatric inmates have rarely committed any crimes – except the 'crimes' of being poor or unhappy."[128] Beyond saying that potential housemates may have been "unhappy," no mention is made of the many needs that such people might have: ongoing help with their "unhappiness," (i.e., emotional support); financial means, such as getting and keeping a job or getting on welfare or SSI; dealing with their own family members; deciding what to do about medication; potential periods of depression, mania, or "psychosis," (however one wishes to understand such experiences); and so forth. The impression one gets is that in taking in an ex-inmate, one will not have to consider many logistics and potential problems related to these issues.

By comparison, Movement Notes of Summer 1977 discusses Project Release, one of the most autonomist and user-controlled of the alternatives attempted by early movement activists. By that time, Project Release had set up three apartments where "members live collectively and support one another."[129] Moreover, "The group is thinking about turning one of the collective apts. into a sanctuary, a place where people who are freaking out can go through what they need to and get support without having psychiatric trips laid on them." Even this organization, then, which was antipsychiatric in orientation, planning an anti-shock campaign and writing a patients' rights handbook, responded to the needs of its members, needs which, no matter what their cause – political or otherwise – include at the very least sometimes intensive emotional support and a stable system of user-controlled housing. And, while Project Release intended at this time to create its own business, its "advocacy project" included helping people to get out of psych ward "and getting them on welfare and SSI."

As years went by, an increasing number of articles address the issue of alternative support institutions (in the sense of locations specifically set up to serve as contexts of support). It is important to note that the people who initiated these alternative contexts did not do so on the basis of embracing psychiatric ideology regarding "mental illness"; they did so because in their experience, there was a pressing need for services and support institutions which refrained from medicalizing the people who used them.

Articles about contextual alternatives began to appear with greater frequency in 1981. In the Winter 1981 Movement Notes, Sally Zinman, then residing in Florida, reports that the Mental Patients' Rights Association (MPRA) of Florida "has found a house suitable for a client-run residence."[130] Beyond the residence, the MPRA's activities at that time included "a drop in center, a support network which as [sic] mushroomed, helping people acquire housing, food stamps, SSI, jobs, etc., and directly or indirectly helping people get out of institutions and refuse 'treatment' while they're there."[131] While MPRA's house may have been short-lived,[132] it is only one of a number of increasing examples of the development of non-psychiatric alternatives.

The Elizabeth Stone House, near Boston, discussed in Judi Chamberlin's 1978 book, *On Our Own*, is also mentioned in the Winter 1981 issue of *MNN*, where it is described as "a residential *program*...for women in emotional distress."[133] In the following issue, On Our

Own, a movement group in Washington, D.C. stated its intention to form both cooperative "whole way houses" and businesses by members. At that time, it was already running a food co-op called "Pie in the Sky."[134] An article about a shared house of ex-inmates in Berkeley, a hotbed of antipsychiatric activism in the U.S., was entitled "Inside Berkeley's ex-inmate alternative."[135]

Particularly striking in this article is the reference to the "Mutual Support Network." Perhaps the earliest reference to this network was made in the Fall 1980 issue, where the following was stated in the Berkeley, CA contribution to Movement Notes: "Since the beginning of March self-help mutual support groups of former psychiatric inmates have been meeting in the NAPA office. The groups are non-structured and self-directing, dealing with such topics as getting off psychiatric drugs, loneliness, housing, public assistance, job-hunting, etc."[136]

Howie the Harp, at the time a resident of the "alternative" ex-inmate house in Berkeley, makes it clear that the house came about because of connections formed at the Mutual Support Network. He states, "The idea of the Mutual Support Network is that it is a place for people to meet each other. Jean and Sylvia knew each other before hand but I met Jean and Sylvia at the Mutual Support Network...Everybody met everybody...The thing about this house is that it's really not anything special. It's just a place that people are living. We're not trying to do any therapy here or anything."[137] While the overall picture of the house, as portrayed in this interview article is, in fact, one which has not institutionalized services, but rather simply constitutes a situation of albeit self-described unconventional housemates, two things are significant. First, the residents met through a support group which had recently formed at an the offices of an organization, NAPA, typically known for its explicitly political approach to antipsychiatry. Second, even though the house is "just" a shared household – not an alternative service – it is nevertheless *discussed* as an alternative.

By 1981, then, it seems, a discursive shift was already underway in the mad liberation movement. While there is no question that the movement, as a whole, remained explicitly politically antipsychiatric, more and more members of the movement were talking about, and creating, "alternatives."

Moreover, by 1983,[138] plans for – as well as actually-operating – movement-spawned alternatives were springing up. Some of them did not get off the ground; others began to function, even flourish. In the Spring 1983 issue, Paul Dorfner reports from Vermont on a new client-run house.[139] Dorfner writes, "We have recently taken over the management of a rooming house in Johnson, Vermont. We will have rooms for 8 people and use the rooming house as a center, as an office, and as an underground railroad to spring people from the state institution."[140]

Thus it is that we see increasing mention of the building of alternatives in the mad movement. This immediately, however, begs the question: If "mental illness" is simply a myth and the patients of hospitals and psychiatrically-based halfway houses simply hapless non-conformists who have found themselves caught up or trapped in such institutions, why would such people need any alternative services at all?

One argument by radical mad activists was that these needs were engendered by psychiatric hospitalizations which had eroded the spirits and the coping skills of (ex-)inmates/(ex-)patients. But this is a disingenuous argument to the extent that some people who were looking for alternatives were not necessarily in, or just coming out of, hospitals. If "mental illness" is a "myth," why should anyone – at least anyone not yet institutionalized – need support services at all?

Moreover, if the need for alternative settings is framed as support for "crises," this does not explain, nor does it adequately respond to, the needs of people whose problems are not brief, but lasting and long-term. What should be the response to those whose states of mind are such that they experience emotional and mental suffering over long periods of time and/or find it hard to take care of themselves in the long run? Some activists, despite (and, in another sense, because of) their antipsychiatric views, had begun to consider, as Ann Boldt reported of the 7th Annual Conference, creating contexts of "ongoing support on a day to day basis ... and ways to deal with temporary crisis situations,"[141] even with (presumably ex-patient) "staffing."[142]

These questions and issues faced the mad liberation movement from its beginnings. But over the years, it became, to some mad activists, not simply a topic for theoretical consideration. The pressing, everyday needs of mad people became increasingly apparent as the revolutionary fervour of the early movement (and of many Americans in the late 1960s and early 1970s) died down over the course of the 1970s. Responding to these needs, and, depending on one's perspective, arriving at a situation in which the availability of significant government money was either a positive opportunity or a dangerous temptation, led the mad movement to a fork in the road. As we shall see in coming chapters, some chose a reformist direction, while others held to the original path laid down by the radical liberationists of the 1970s.

Culture-building (as creative and artistic production) around the mad identity

In the Introduction to this dissertation, I discussed the distinction between the use of the terms "culture" as discourse, practice, and context, on the one hand, and the use of the term to refer to artistic and intellectual efforts. I wish now to explore stirrings of culture in the latter sense within the early radical movement. While the early movement did not produce a vast range of artistic culture in this sense, it did produce some artefacts – music, sculpture, paintings, performances – which would likely never have come into existence had it not been for the existence of the early mad movement itself.

The fact that culture and cultural practices in the sense just mentioned received scant attention may indicate that the editors of *MNN* were not particularly interested in these if they did occur. However, since *MNN* gave extensive coverage to so many aspects of the early mad movement, I would argue that it is likely that they would not have missed such activities and creations. This, in turn indicates (but does not prove) that the production of mad (movement) culture, in the sense of artistic production, was limited at that time. Nevertheless, such production was not non-existent. Moreover, it is important to note both the existence and the limited amount of such production, for, as we shall see in subsequent chapters,[143] such production did occur on a larger scale, particularly in the 1990's.

I should begin, however, by mentioning the most clear and extensive exceptions to the assertion that artistic production was limited: the printing of many pages of poetry directly concerned with themes of psychiatric abuse and madness in *MNN*.

Approximately 100 poems were published in *MNN* over the course of its entire run.[144] Many of these poems express rage at psychiatry. Not surprisingly, many of the poems are critiques of psychiatrists and psychiatric practices and institutions. Again and again, electroshock, lobotomy, psychiatric drugs, "occupational therapy," and the oppressive atmosphere and practices of hospital wards come under scrutiny, are condemned and/or mocked.

Some poems, however, do explore experiences of madness, themselves, and cannot be considered at least overtly political. For example, Cary Krause writes, "There was a code once, I'm sure of it./There had to be something because those before me would/have been just as lost as I am now..../I'm not tired when I stray irradically down halls of/bleak searching for understanding./Only my body aches from restlessness./And I don't always hate this life of transition./Only I pray for a smoother ride soon."[145] This poem, it seems, portrays a woman's struggle for sense and meaning in the midst of emotional crisis. The only possible reference to hospitalization is the phrase "down halls of/bleak searching for understanding."[146] Perhaps this is a statement about a psych ward; on the other hand, it also seems possible that these halls represent the poet's general sense of barrenness in the midst of emotional distress and confusion.

Another experience of madness is expressed by Rozz in "Madness Is Healing," Rozz writes, "MADNESS IS HEALING/where Sanity is operating/Bu$$iness as Usual/void of our TEARS/void of our PASSIONS.../MADNESS IS HEALING – LET YOUR RIVER FLOW/WITHOUT CONTROL – LIFE ENERGY IS SELF-CORRECTIVE."[147] Here, the experience of madness is portrayed as *counteracting* the numbness and dislocation in a world of "sanity" where "Bu$$iness," in which the dollar signs likely represent the emphasis in American culture on wealth and money, leads to the suppression of emotions and relationships.

Still, many poems directly take aim at psychiatrists, the hospital experiences, and psychiatric practices such as electroshock. For example, Evelyn Posamentier writes, in "Walking the Asylum Grounds": "the angelic psychiatrist,/he glides in his pastel suit/through the starched summer./later afternoon, he carries his authority/away through the gates behind the wheel/of his foreign sportscar." Here, the pain that Posamentier feels ("the air breaks like wood/in the fire of my mind")[148] is contrasted with what appears to be the easy privilege of the psychiatrist, for whom, after all, the gates open. Regarding the hospital experience, itself, in her poem "Institution" Cynthia L. Damiano writes, "Inside/Nothing grows deprived of/Sunny skies/Thousands die/In/Time/Unheard, with no opportunity/To bloom with grace/Instead the buds wither/On stems of/Neglect."[149]

If Damiano's experience of the hospital setting evokes a mood of mournfulness and loneliness, Donna Dimaulo has a more rebellious perspective, represented by the presentation of institutional clothing in "Upon Entering Highland Hospital." With a defiant tone, Dimaulo writes: "what's this?!/they give us nightgowns here./the nightgown i put on makes me/look like a shapeless bird./i need a bathrobe like a boxer./this place is gonna be a fight between/the psychiatrists and nursing staff, and/myself."[150]

Some poems mock the treacly treatment they receive by some hospital personnel. For example, in "Occupational Therapy No. 2" Mary Moran writes, "'I will/teach you/to be a basket/weaver,' she said/...So I wove a snake-/dance to the centre/Then she said, 'I see,/you made the basket/into a cage instead./But it has no door, no key./And there is nothing inside.'/It was neither a basket nor cage./And there was something inside./I wanted to rattle her/the tale of a snake.../but it was time to go, to be returned to the ward."[151] What is so striking in this poem is the distance between the occupational therapist's attempt to interpret the poet's creation and the poet's own view of her creation. For the occupational therapist, it seems, the problem with the weaving was that it wasn't *functional*; for the poet, her weaving expressed something more, and functionality wasn't a concern. At the end of the poem, the writer wants perhaps to lash out at the occupational therapist in anger; but her powerlessness to express what she really feels is revealed by the passive voice in the last line. Moran doesn't say, "...it was time to go,/to *return* to the ward," but rather "....it was time to go/to *be returned* to the ward."

The preceding poems express frustration, even rage, at the psychiatric and hospital experience. But earlier poems, particularly in the first several years of *MNN*, are more explicit in the expression of rage and outrage. Two poems in particular, both by veteran *MNN* activists, are written in the tone of manifestos. Rather than simply *reflecting* on the psychiatric experience, or ruing it, these authors issue clarion calls to battle against what they saw as systemic brutality and torture. Mickey Duxbury's poem, "In Front of Langley Porter" is a fierce denunciation of shock therapy in which relentless repetition is used to convey the idea that the *point* of electroshock is to control both the mind of the individual and the possibility of political dissent. Thus: "And you will learn to forget/you will forget your pain/you will forget your anger/you will forget to rebel.../you will forget the journey that you were on.../and you will learn to fit in/you will learn to keep the lid on.../you will not remember what you were searching for/you will not remember what the struggle was.../you will know that there is no such thing as oppression and suffering and exploitation..../the world is fine – it's just you who are crazy..."[152]

If Duxbury's poem draws parallels between the use of electroshock, the loss of sense of self, and the quelling of personal integrity, Leonard Roy Frank's "An End to Silence" takes aim at the entire psychiatric enterprise, linking psychiatry to Nazism, proclaiming that madness, in fact, is an act of rebellion against psychiatric oppression: "we must let out our madness/our anger/and demand that/these gracie squares/these pontiac states/these langley porters/ these little auschwitzes be abolished/we dont go thru belsen belsen/and rebuke officials for/overcrowded gas chambers/we scream out our horror in face of/mass murder/then we FREE THE INMATES and/CLOSE DOWN THE PLACE..."[153]

In addition to poetry, a number of songs by artists and songs which could be properly considered "mad movement songs" appeared in the pages of *MNN*. I have already referred to Howie the Harp's "Crazy and Proud," reproduced in the Fall 1980 issue of *MNN*.[154] Another song, Paul August's "Prolixin Shuffle," [155] referring to the stilted body movements characteristic of many who take, or are forced to take, the strong neuroleptic drug, Prolixin, appears in the Summer 1981 issue. The lyrics of several songs by mad activist Morgan Firestar are also printed in the paper, including, "Sunrise"[156]; "To Two Shock Victims: Virginia and Cara";[157] "Tell it to a Shrink";[158] "People Behind Walls";[159] and "Woke up this Morning,"[160] The lyrics and musical notation of Jeannie Matulis' "Song for Lynette," [161] about a young woman, Lynette Miller, who died while in psychiatric incarceration at Napa State Hospital in California, appears in the Spring 1983 issue.

Finally, among the writings in *MNN*, itself, I found only one work which was clearly defined as fiction, a short story by Steven Sears about a young seminarian abandoned by his religious order when he has a "nervous breakdown," entitled "Among the Ruins."[162]

These, then, are the major artistic forms which appear in *MNN*: poetry; a small number of songs and song lyrics; and perhaps two short stories. It is true, as well, that there was a fairly regular section of *MNN* called "The Mad Librarian,"[163] which reported on books and other publications which might be of interest to mad activists, inmates, and ex-inmates. However, considering the column as it appeared over the years, a number of things are notable. First, a significant proportion of the books discussed in this section are actually by psychiatrists, therapists, and para-professionals (dissident, liberal, or otherwise). These are certainly not publications by mad people or of the mad movement. Second, there are publications which take radical political stands (feminist, marxist, anarchist). Again, these are only indirectly related to the mad movement in that they offer broad radical social critiques. Third, there are publications by mad people themselves. There is a range of focus in these publications: antipsychiatric testimony,[164] political analysis related to madness,[165] and personal narratives of suffering prior to the mad liberation movement which generally focused on the experience of madness.[166] While certain experiences of psychiatry and/or of madness would properly be part of less directly political writings of mad people, it appears that the mad movement, at least on the basis of "The Mad Librarian" column, did not generate nearly as many artistic works - whether directly political, indirectly so, or not intended as political statements – as some other oppressed groups.[167]

At the same time, this does not mean that mad people did not generate art and other forms of culture. As we have already seen, *MNN* printed a significant number of poems which can probably be understood as only the tip of the iceberg in terms of poetry-writing in the 1970s and 1980s which addressed either the issue of psychiatric oppression, or the issue and/or experiences of madness, or all of these. There are, however, only a few indications of these practices in *MNN*. There are at least two possible explanations for this. First, it is possible that these practices were more extensive but, being a primarily political newspaper, *MNN* did not report on them. The second is that these practices were not extensive.

In *MNN*, I found only a handful of mentions of theatre pieces and/or performances by mad performers. There are two which received reviews in *MNN*: "Freeze Frame: Room for Living" and "Breaking Up is Hard to Do: An Evening of Hearing Voices." The first work, a performance piece, did not exclusively focus on psychiatric (ex-)patients; rather, the performance's overall focus was how marginalized women survive. Nevertheless, five of the women were former psychiatric inmates, and they openly discussed experiences of psychiatric incarceration, electroshock, and forced psychiatric drugging.[168] "Breaking Up is Hard to Do" is both the name of the troupe of five former inmates and also the name of the piece they performed. The reviewer, Margaret House, describes the piece as follows: "The theatre piece involved poetry readings, some enactments of the experience of madness, scenes from a psychiatric ward, dancing, and general weirdness."[169] While House felt that some of the underlying assumptions about madness were different from, and even antithetical to those held by "the present members of the MNN staff," she nevertheless applauded the piece for not "perpetuat[ing] inaccurate stereotypes of madness" and daring to show at least one example of abuse in a psychiatric hospital.

There are also two discussions of sculptures produced by Vancouver, BC artists Persimmon Blackbridge and Sheila Gilhooly. A picture of one of these sculptures, "aftershock" appears in the Winter 1985 issue of *MNN*.[170] These sculptures, with explanatory text, became a show entitled "Still Sane." A book of the same title was eventually produced based on the sculpture show. Dee Dee NiHera's review of the show has a similar flavour to that of Margaret House's review of "Breaking Up is Hard to Do." While NiHera applauds the relentless exposure of psychiatric abuse and the psychiatrizing and pathologizing of

Gilhooly's lesbianism, she also indicates stirrings of a pride-infused mad identity in a critique of the title of Blackbridge and Gilhooly's work:

> My criticism of *Still Sane* is with the name...I believe these words validate the negative concept of madness and insanity. Rather than 'crazy and proud,' Sheila never identifies as somebody who is crazy...Why must we cling with all our lives to terms such as sanity/insanity to define how/what/who we are? For as the show ultimately demonstrates, such concepts are meaningless except as the excuse for exclusion and institutional violence.[171]

At least two films were also produced and widely distributed among mad activists. One of these was by filmmakers Richard Cohen and Kevin Rafferty who, while they may not have been former psychiatric inmates, themselves, found that their 1975 documentary film, *Hurry Tomorrow*, was to become a staple of the mad movement. The film was shown repeatedly at Annual Conferences and advertised in at least ten, if not more, issues of *MNN*. This documentary, which frankly portrays psychiatric brutality on a ward at Norwalk State Hospital in Los Angeles, California, was presented in at least two multiple-page articles in *MNN*, including an extended interview (reprinted from another publication) with the filmmaker.[172]

The second film, *La Psychiatrie Va Mourir (Psychiatry Is Gonna Die)*, was also a documentary, produced by a Quebec filmmaker, which portrayed events at the Tenth Annual Conference on Human Rights and Psychiatric Oppression in Toronto, Ontario. This film, too, was quite popular in the mad movement, and an article by "Quinn the Eskimo"[173] discusses the difficulties and sense of victory felt by activists in Vermont in fighting (successfully) to get the movie shown at a state hospital in Vermont.[174]

Beyond actual artistic productions, *MNN* reported on the use of radio in order to present mad and antipsychiatric topics. One show was "The Madness Network," which was broadcast on KPFA,[175] a progressive-radical radio station in Berkeley. In fact, the only evidence for this is a full-page informational guide to ordering transcripts of this show which appeared in the Summer 1983 issue.[176] At some point in the 1980s, as well, another show, "Mad Womyn"[177] also appeared on KPFA, and for at least some time, the sister station of KPFA in New York City, WBAI, produced "The Madness Network" (or simply broadcast the "The Madness Network" produced at KPFA).

Many oppressed groups create social-cultural events which, while infused with the views and values of the group, are not, for the most part, overtly political. There is scant evidence of this practice among mad people in the 1970s through the mid-1980s. Arrow reported, regarding the 6th Annual Conference, that "the general meeting started out with an outburst of mental patient liberation movement and singing,"[178] and it is possible, based on this report, to surmise that music, dancing, etc., were part of at least some of the Annual Conferences. More directly, there is a report of a "Mad Festival" in Syracuse, NY in 1983.

> The Mental Patients' Alliance of Central New York had a 'Mad Festival' on October 30 at Euclid Community Open House. About 10 people attended, nearly all ex-inmates. It was a get-together: band music strummed by Curtis Seals and G-Force plus Ground Zero, and a one-woman concert on a piano by Maggie Whitehead. In between the joy of music and being together, there was a feast of a potluck spaghetti dinner. Celebration (Partying)! [179]

The only other Mad Festival reported on in MNN took place in Europe.[180] Moreover, Bastille Day became a focus of movement demonstrations,[181] though, at least from the basis of an analysis of the paper, *Dendron*, this was a fluctuating practice.[182]

Finally, perhaps the very first example of a "mad studies" is reported on in by Rae Unzicker in the Winter 1983-1984 issue of *MNN*.[183] This is a fascinating development, in that other such classes, grounded in mad liberation and antipsychiatric perspectives, probably did not take place until much later and to this day are rare.

Significantly, in her article on the performance piece, "Breaking Up is Hard to Do," Margaret House writes, "There is very little culture created by mad people..."[184] If by "mad people" House refers those affiliated with *MNN* and the radical antipsychiatric mad liberation movement,[185] then it is true that in comparison to the activists of other marginalized and oppressed social groups, only a relatively small amount of "mad culture" had been generated by the time that House wrote.[186]

Nevertheless, while the early mad movement, per se, appears not to have generated as much culture (in the sense of artistic, theatrical, and literary productions and artefacts)[187] as some other oppressed groups, at the same time, my examination shows that cultural production did nevertheless take place. Neither fact should be discounted: The production of very moving pieces of art and media production did occur; on the other hand, it remains a very important question as to why this group, based on analysis of the content of *MNN*, did not produce more of these things.

Conclusion

In the previous chapter, I focused on the discourses produced by early mad liberation activists; in this chapter, I have focused on practices and contexts constructed by the early radicals of the mad liberation movement, as well as on culture in the artistic sense. What my investigation of early mad practice as portrayed in *MNN* reveals is the highly political focus of the early movement. This is exemplified by protests, demonstrations, and campaigns explicitly directed at limiting the power of, and sometimes advocating the abolition of, psychiatry. Specific targets of protest included demonstrations and campaigns directed at electroshock. To a lesser degree, both psychosurgery and psychiatric drugs were the targets of such activities. In general, demonstrations called into question the legitimacy of psychiatry, itself, considered as a set of practices including, but not limited to, the aforementioned practices. The idea that human emotional difficulties should be the subject of medical, rather than other interventions – or any interventions at all –was a consistent theme of the early mad movement.

In *MNN*, contexts portrayed include small radical organizations such as NAPA and

WAPA (as well as *MNN*, itself, considered as a collective of antipsychiatric activists). Perhaps the key context, receiving tremendous amount of coverage year after year, were the Annual Conferences on Human Rights and Psychiatric Liberation. These conferences served as a context of political organizing, identity reframing, and, sometimes despite the interests and orientations of some attendees, locations of support. They also frequently included demonstrations at psychiatric institutions or at the yearly conferences of the American Psychiatric Association.

Contexts of everyday support, however, were portrayed less often in *MNN*. A key question which arose both at the Annual Conferences as well as in other contexts was the question of what "alternatives," if any, should exist to psychiatry. Originally, this debate was framed as a contrast, or conflict, between political action and "support." Members of the early mad movement most oriented towards political activism considered the movement itself to be the only legitimate alternative to psychiatry. As Favreau puts it, using language that had become more widespread due, in fact, to the building of "alternatives" through mid-1980's and 1990's, "Generally speaking, the early groups sought to promote 'self-help' among their members, but only in phase two was there an earnest promotion of self-help as an alternative to the dominant medical-psychiatric model."[188]

Despite the emphasis on "politics" over "support," increasingly some activists began to create living situations in which mad people could find ways to find help and support without having to resort to psychiatry. The issue of the necessity or value of alternatives became the key question which led to the collapse of the early radical wing of the movement, as we shall see in the next chapter.

It also appears that mad people did not focus extensively on artistic and related practices, and even less so on the building of ongoing contexts in which such practices could take place. There are examples of such efforts; however, as we shall see in subsequent chapters, such efforts multiplied and situated themselves in actual, enduring locations.

The preceding efforts are "cultural" in the sense of art and related activities. I wish to emphasize, however, that when I discuss "culture" in this dissertation, I am referring, in another sense, to discourses, practices, and contexts. It is therefore crucial to note that the early mad movement strove to create alternative discourses and practices to psychiatry regarding madness and psychiatry. While doing so, the early movement did create contexts, albeit generally intermittent, such as demonstrations and conferences, which laid the groundwork for further efforts, both radical and alternativist-reformist. Ultimately, the early efforts of the mad movement led to the creation of more enduring contexts which had the potential to stand, or actually stood, as locations in which people could enact alternative and autonomist conceptions of identity regarding the meaning of "being mad."

At the very heart of these efforts, as demonstrated both by the activities of the mad activists, themselves, as well as by the overall policy of eschewing, after 1975, even the support of psychiatric dissidents, were efforts which almost certainly stand as the most intentional and collective endeavours among mad people in the history of the United States to develop of a set of discourses, practices, and nascent contexts located *outside of* psychiatry and, thus, grounded firmly in autonomy.

CHAPTER 4: THE SPLIT IN THE MAD MOVEMENT

Introduction

Increasingly during the final years of *Madness Network News*, voices were raised in the paper which challenged the antipsychiatric focus of practice of the mad liberation movement. This is not to say that these voices were in favour of psychiatry; rather, they came to question the privileging of opposition to psychiatry at the exclusion of the building of alternatives to psychiatry. As the movement grew, organizations began to arise which, while they shared the view that psychiatry was oppressive, began increasingly to serve as locations where attempts were made to meet the actual pressing needs of mad people. A split emerged between two overall factions. On the one hand, there were those who wanted either to focus on the building of alternatives or to create a national organization, or both. On the other hand, there were those who wanted the mad movement to maintain its focus on opposition to/abolition of psychiatry. Many (but not all) of this latter, radical faction also opposed the creation of a national mad liberation organization, desiring instead to preserve a loose-knit, less formal movement. The conflicts in outlook and strategic orientation between these two factions came to a head in the mid-1980's, and the struggle between their views is documented in the last several issues of *MNN*.[1]

The influence of Judi Chamberlin's *On Our Own*

Likely influential in this shift of focus among some activists was the publication in 1978 of the book *On Our Own: Patient-Controlled Alternatives to the Mental Health System* by Judi Chamberlin, herself a veteran of the mad movement, whose reporting and theory had from time to time appeared in *MNN*.[2]

Chamberlin, like virtually all of the early radical antipsychiatric activists, had been subjected to degrading, dehumanizing experiences at the hands of psychiatrists and psychiatric institutions. In fact, the first, and largest, section of Chapter Two of Chamberlin's book is a classic testimony, similar to, if longer than, so many of the testimonies of psychiatric abuse in *MNN*.

In the mid-1960s, Chamberlin underwent an intense period of sadness (in her book, Chamberlin eschews the word "depression" as medicalizing) after a miscarriage. Chamberlin cried, wanted to be alone, and struggled with the meaning of her life and what she wanted to do with that life. Chamberlin contextualizes her despair in terms of the limited options for young women in the United States prior to the revolution in opportunities made possible just a few years later by the flowering of the women's liberation movement.

Chamberlin initially saw a psychiatrist unwillingly, or at least with great misgivings. She writes, "I was unhappy – I couldn't see how that could be talked away. But on the first visit it became clear that more than talk was to be used in my cure. The doctor opened a desk drawer and made a selection from the various brightly colored pills."[3] In a moment, Chamberlin was introduced to the beliefs that talking to a credentialed stranger and taking pills are the proper solutions to sadness and perplexity about one's life.

Chamberlin states that the original plan to go to a psychiatric hospital was based on the suggestion of the psychiatrist, though born in part of her own desire for emotional relief. "My desperate unhappiness was an *illness;* all I had to do was find the cure. The doctor didn't seem to have it. Perhaps the hospital would."[4] She adds, "I went to Mount Sinai full of hope. To me, admission to the psychiatric ward meant that at last I would find someone who would know how to bring an end to my suffering".[5]

What follows these initial events is the description of Chamberlin's experiences in this, and several other, hospitals. She describes these experiences as profoundly dehumanizing: unsympathetic doctors; the relentless requirement to take psychiatric drugs; the confiscation of her eyeglasses, rendering her barely able to see; unhealthy, starch-filled food; arbitrary and sudden changes of behavioural rules by the hospital staff; withdrawal symptoms from some medications not explained by the staff to Chamberlin; the use of the word "community" to describe the ward by hospital staff, implying equality, contradicted by the clearly hierarchical structure and fundamental powerlessness of patients; punishment for refusing to obey arbitrary "rules" by seclusion and injection with psychiatric drugs; and, eventually, transfer to a state hospital with no right to leave for at least sixty days.

Despite all of these incidents and the imposition of psychiatric diagnoses upon her, Chamberlin was fortunate enough to have a family doctor, Dr. Jonas, who refused to accept the psychiatrization of Chamberlin's distress: "...I sat across the desk from Dr. Jonas as he glanced through the records. I was sure he would turn from me in disgust. Instead, he told me he was more convinced than ever there was nothing wrong with me... 'What about my diagnoses? I've seen some of them – that I'm a schizophrenic, that I have a character disorder.' 'Nonsense,' he told me."[6] Jonas was not problematizing the entire psychiatric enterprise. Rather, he believed the problem to be that the psychiatric notes were all written by what he said were "young doctors."[7] Chamberlin writes that this sympathetic doctor told her, "[Such young doctors] like to use big words but don't know what they mean. Who would you rather believe – them, or me, a doctor who's been in practice for years?"[8]

The confirmation of Chamberlin's own doubts about psychiatry, thus, originally came from a doctor who saw Chamberlin's experiences as resulting from inexperienced young doctors. Yet, as she reflected upon her experience in several hospitals with numerous psychiatrists and related personnel, she came to understand psychiatry, as a whole, as oppressive. By late 1971, she had become involved with the Mental Patients' Liberation Project.[9]

Several years later, after a period of antipsychiatric activism, Chamberlin found herself in "crisis" again. This crisis she attributed to the break-up of a relationship: "In 1974, I was going through a long and painful attempt to break off a relationship with a man I had been involved with for two years...I couldn't believe what was happening. Everything began to feel unreal. There was suddenly only one reality – my lover would leave me, and I would die."[10]

When this event occurred, Chamberlin did not seek nor was she forced into hospitalization. Rather, she spent a short period of time in the Vancouver Emotional Emergency Center (VEEC) – an alternative setting in which she felt she was treated with respect, was not controlled with drugs, and was allowed to "work through" her "crisis." The crisis subsided, and she came to see her experience at VEEC as an example of a real alternative to psychiatric treatment.[11]

Amidst her other mad liberation movement activities, Chamberlin set about writing a book which would capture the possibility of humane emotional crisis support and other alternative support, service, and living contexts for mad people. In particular, she interviewed and/or visited members of Project Release, an apartment program and community center in New York City; Elizabeth Stone House, a short-term crisis respite house for women near Boston; the Mental Patients' Association in Vancouver, British Columbia, which consisted of both a drop-in centre and housing; and several other smaller groups and sites. It is above all the exploration of alternatives to which Chamberlin's book is devoted. In this, she departs from the dominant civil libertarian/abolitionist focus of practice of *MNN*.

In her concluding chapter, Chamberlin writes, "We must support the establishment of neighborhood crisis centers, drop-in centers, community residences, and group homes – in our own neighborhoods...Only by building a network of real, community-based alternatives will we be able to prevent today's troubled people from being...damaged and crippled [by the mental hospital system]."[12] Here, Chamberlin clearly advocates the development not only of a few, independent alternative services, but an elaborate, widespread system of humane alternative institutions[13] dedicated to servicing the needs of people with emotional and mental difficulties.

Chamberlin's book, so influential that numerous groups in the U.S. and Canada named their fledgling organizations after the book's title, laid the groundwork for a shift in seeing converting the discourse, and related practices, of abolitionism to one of alternativism. In the last two years of *MNN*, we witness this discourse battle played out, with voices for abolitionism and civil libertarianism dominant, but with a number of articles which directly call for, or indirectly indicate a shift towards, alternativism.

The issues of money, alternatives, and cooptation

The text following the heading "Where Do We Go From Here," written by the editors of *MNN*, in the Winter 1985[14] edition of that paper, directly addresses the rising questions which the movement had itself generated:

> We invite members of the psychiatric inmates liberation movement to respond to this article [a subsequent article by Lenny Lapon, discussed below], and/or share your views on the future of the movement. In addition to the urgent concerns raised below, some ongoing issues for our movement to look at are: How should we relate to non-ex-inmates and professionals? How can we connect with and support other liberation struggles? How can we solve the problem of giving each other emotional support at the same time as meeting the demands of our political work?....[15]

Lenny Lapon's subsequent article raises the issue of "co-optation and democracy." Lapon begins, "My stomach is in knots. I feel a tremendous amount of sorrow and anger and alienation. I just finished reading the minutes and other items in the mailing of the second teleconference (September's), an event/organization funded by the genocidal National Institute of Mental Health."[16] These teleconferences, which grew in part out of the efforts of Paul Dorfner, a mad liberation activist in Vermont, did receive funding from the National Institute of Mental Health (NIMH), allowing for periodic gatherings, by telephone, of groups of movement activists. For Lapon, the fact of NIMH funding rendered the teleconferences immediately suspect.

"The independence of the movement is being threatened," Lapon writes, "as more of the so-called movement projects – teleconferences, organizing of ex-inmates, conferences, 'self-help' groups and the like are being funded by our enemies at NIMH....CSP, the Community Support Program, is but the latest embodiment of the co-optation arm of NIMH. This clever carrot-and-stick approach is nothing new. We've always been thrown a few crumbs along with our Thorazine. Money means control – no two ways about it."[17]

Lapon directly addresses the discursive shift which was being advocated by those who wished for the movement to become less "controversial" and militant:

> I strongly believe that they [the National Institute of Mental Health] love to fund 'safer' activities, such as those labeled 'self-help' and 'consumers'-this and 'patients'-that. They are pushing many of our numbers to concentrate on these issues on their terms...I am not a self-helping consumer of 'mental health services.' I am a liberation fighter – struggling against psychiatric oppression, tyranny, and murder. We used to often use the term 'mutual support' to describe the way in which we tried to give each other emotional support. We've lost a lot more than the term, when we call ourselves self-helpers, consumers, and patients.[18]

Despite the fact that Lapon strongly criticizes those activists involved in the practices he derides, later in the article, he goes on to write, "I realize I must sound somewhat self-righteous. I am certainly not without error. I have worked as counselor [sic] before (before I became involved with our movement). I worked with an ex-inmate group that accepted some government funding. Many questions must be raised and discussed. (When) should we accept such funding? Should we speak at the conferences of our oppressors? How do we use the unjust legal system?"[19]

Lapon discusses his own history of working in the mental health system prior to his involvement in the movement. This, in itself, does not necessarily mean that his denunciation of the increasing acceptance of some form of relationship with government funding can be called hypocritical. Nevertheless, he, himself, admits that he was involved in a group that took government funding *after* he joined the movement. While this does not impeach Lapon's character, it nevertheless indicates that as much as Lapon wished to maintain an utterly independent, abolitionist movement, he recognized that the mad movement might have to consider taking money from the very system the movement abhorred in order to address on a wider scale the very problems which psychiatry – if not madness, itself – presented. Lapon's deep concern is that the inevitable consequence of doing so would be cooptation. As much as he was tormented by this, as much as he decried it, at least in this article Lapon tacitly acknowledges that the issue is not one that can be resolved simply.

Responses to the editors' own call for input on the issues also raised in Lapon's article were abundantly forthcoming in the following issue of *MNN*. Fran Nowve states, regarding Lapon's article, "I find myself in agreement with the entire article."[20] She continues, "How can we oppose something that is paying for us to do it?...I think we have to be independent, even if it means less ambitious and less far-reaching in what we can do."[21] Suggesting a clear split in the movement, she writes, "If shrinks want to support something they call a 'consumer movement' or whatever name they call it, let them do so."[22] For at least some radicals, the term "psychiatric consumer" had come in effect to refer to that wing of the movement from which it was necessary for radicals to disassociate. The "true" movement would consist of those committed to independence from, and (therefore) the eschewing of any funding from, psychiatry and psychiatry-related government agencies.

Judi Chamberlin, evincing her desire to see the movement grow and reach larger numbers of mad people and her desire for the building of alternatives, offers a different point of view. In her article in the Summer 1985 issue, she focuses on what she considers the central pragmatic issue facing the movement: adequate financing to reach out to many more people than the movement had hitherto been able to reach. Chamberlin writes, "...I think we all know that we are not reaching all the people we should, that the majority of ex-inmates haven't heard of us...and that the greatest factor holding us back is lack of money. Somehow, it always comes back to that."[23]

Nevertheless, Chamberlin seems torn. She writes:

> I fully understand Lenny's fears (in fact, I share them) that in taking money we may soften our opposition to the mental health system, involuntary treatment, ECT and psychosurgery, and overall psychiatric control of people's lives...But it will *also* be a major defeat if we remain a movement that most of our potential membership has never heard of, and which fails to have a major impact on our oppression.[24]

What, then, does Chamberlin propose in the face of this quandary? She writes, "I think the key is to set up safeguards when we take funding, to constantly reevaluate our positions to check that they are not being softened, and to get our money from a variety of sources, so that the withdrawal of funding from one source will not lead to disaster."[25] She goes on to give the example of the Mental Patients' Liberation Front of Boston. When applying for funding from the Department of Mental Health to set up a drop-in centre, the group made "a clear statement of our political position, and the consequences of those positions on our operations"[26] in their application. Despite her insistence that it would be possible to operate the drop-in centre on that basis, Chamberlin nevertheless states the following: "We also fully intend to continue to demonstrate against the policies of the Department of Mental Health, file lawsuits against them when necessary, work for legislative change in oppressive policies, and continue our long tradition of active opposition to forced drugging, ECT, seclusion and restraint, and involuntary treatment. (Of course, *these* activities won't be funded out of our state grant, nor should they be.)"[27]

But if these antipsychiatric abolitionist and civil libertarian practices were to occur outside of the grant, what, then, would the grant fund? She indicates that the funds would support a drop-in centre that "would provide information and support for people who wanted to get off psychiatric drugs;...would not monitor or enforce people's attendance at psychiatric 'treatment' program;...would not provide information about people to their therapists or anyone else;...[but] would provide full information and advocacy services to people attempting to refuse psychiatric drugs or otherwise exercise their rights."[28]

Still, what would actually *happen* at the drop-in centre on a day-to-day basis? Chamberlin does not elaborate beyond her statement regarding "advocacy services," but her distinction seems to be that the drop-in centre would provide *direct services* to those who came to it. Subtly, but unmistakably, a compartmentalization was occurring, on the basis of the need to secure funding, between providing services, on the one hand, and more militant political activism, on the other.

The issue of the National Teleconferences

Both Chamberlin and Paul Dorfner address the question of the funding of the recently-established periodic National Teleconferences, phone meetings of activists from around the country which were intended, at least from the point of view of some, to be discussions of movement issues and strategizing that could occur more regularly than the Annual Conferences. Some activists, such as Lapon, felt that the National Teleconferences were at the very least suspect because they were funded by the NIMH's Community Support Program (CSP).[29] Chamberlin, however, emphasizes the degree to which ex-inmates originated and furthered the teleconference, considering it "essential to keep in mind that the project originated with ex-inmates –...it was something <u>we</u> felt we needed and <u>we</u> devised the structure..."[30]

Dorfner, who was instrumental in getting the technology and the grant for the Teleconference, addresses his article directly to Lapon. In essence, Dorfner argues that it was the movement which was turning the tables on NIMH-CSP by using their grant in order to create a context in which the antipsychiatry movement could expand. "Hit 'em real hard where it really hurts," Dorfner advises. "Hit their values, their beliefs, their precious money."[31]

At the same time, Dorfner undertakes an effort in this article to minimize the connection of CSP funding to the Teleconference:

> The cost [of the Teleconference] is $3.60/minute which is very cheap for teleconferencing time...The total grant is $5184 which as you might know is spare change to the federal government. At this point neither NIMH nor CSP has anything to do with it. They gave the money to the state of Vermont. The GSA [General Services Administration] bills Vermont. The state treasurer pays the bill. Vermont has already agreed to be the required contractor for another year."[32]

Yet, even though he distances the Teleconference from the CSP by pointing out the indirect nature of the funding, Dorfner then goes on to say, "I do not see the CSP as a threat. I realize that it[33] is the $10 million crumb of an agency[34] that puts $25 million/year into brain research alone, but I guess that I naively believe that despite the fact that we are one of the last bastions of capialism [sic] we still have the freedom to challenge the ideas and put forth new ones."[35] Having thus minimized the threat and significance of the CSP, Dorfner then reiterates that the point of taking CSP money is not to become beholden to the agency, but rather to challenge it: "It seems to me that by taking their money we can prove that we are right and they are wrong...I can belittle their concepts, demonstrate how easy impossible things are to do. Really break their confidence."[36]

Thus, we see in the writings of Lapon, Chamberlin, and Dorfner arguments that centre on the question of the implications of funding. Fundamentally, these three are asking: If we take money, is it inevitable that we will be coopted? Lapon says yes; Chamberlin and Dorfner say that it is at least possible that cooptation is not a necessary result of taking money.

Reconciling – or not reconciling – the differences

Underlying the issue of funding was the fundamental question of what the growing movement should focus on in terms of practice. Granted that the movement had historically been antipsychiatric, abolitionist, and civil libertarian, should it now respond to an implicit question posed by the rejection of psychiatry, a question which itself turns on the meaning of madness? For if madness is nothing but a myth produced by specious labelling of non-customary feelings, beliefs and behaviours, including spiritual experiences, then the appropriate response, one could argue, is no response at all. One possibility, then, would be to leave people alone to experience what they experience or, at most, create networks of support for people who voluntarily wish to talk about these experiences together. On the other hand, if madness is fundamentally a response to, or a keen awareness of, social oppression, then the proper response to madness is not to "treat" people, but rather to address social oppression.

But what if madness, even if it is not considered an "illness," and even if it is the result in part of social injustice, nevertheless has, at least for some people (or many people), an aspect of intrinsic suffering, suffering that people who are not mad do not experience, even if they are oppressed? And what if this intrinsic aspect of madness leads to dire economic and social consequences (such as difficulty maintaining a job, consequent lack of income, and further consequent impoverished housing conditions or homelessness)? If these propositions are true, then even if one is opposed to the way psychiatry addresses these problems, nevertheless these are problems which the movement, if it truly supports the liberation of mad people, must address.

As with so many of the more radical activists, Sue seems at pains to reconcile these different discursive stances. Sue writes, "I do support those fighting for reform. Working within the system is vital for people currently entrapped, with no option. Changes are needed for those suffering right now, today."[37] Yet, elsewhere she states, "...[R]eform does absolutely nothing in the long run. The psychiatric system just cannot be separated from the capitalist/imperialist system...Reform has isolated results, with no impact upon the core system...Reform itself is co-optation, if that is where people stop."[38] Sue then writes, "I have to wonder if the time is arriving just to split into separate groups."[39] Sue states that she supports those fighting for reform; she nevertheless goes on to state that the effects of reform are severely limited. Most interesting, however, are her statements that people trapped in the system are "suffering right now, today" and that reform has isolated "results." What is the source of the suffering she mentions? Is it exclusively the oppression that they experience in the psychiatric system? Moreover, what are the "results" to which she refers? Is she talking about ameliorative effects on the system, or is she talking about the alleviation of the intrinsic suffering caused by madness in some people? Implicit in her article, however subtly, is an acknowledgement that there is more to the opposition to psychiatry than addressing the negative effects of psychiatry. However tacitly, her statements acknowledge that (at least some) people caught up in the psychiatric system have other problems – or at least needs – which must be addressed.

Sally Clay is forthright in her counterargument. After describing the abuse she endured in her experiences of psychiatry and her consequent rage, Clay writes, "I do not regret this anger and violence [at the psychiatric system] one bit – it is only because I have always fought psychiatric treatment that I have been able to survive it. So what right do I have to criticize the militant rage of the Anti-Psychiatry Movement – when clearly drastic and radical change is called for?" She continues, "There is the very real possibility that I am not politically sophisticated enough to 'belong' to this Movement, especially if it chooses to deliberately exclude the very broad spectrum of 'mental health clients' who eschew militant politics. Politics seems to demand adopting a 'party-line' mentality whereby all issues are clear-cut – 'we' are right and 'they' are wrong."

She further asserts:

> But since I am called upon here to make a political statement, here it is (subject to revision):
>
> ...[O]ne-sided militancy is not the solution. 'Clean' anger – personal

> anger, anger without hate – is a valid and necessary response, a means of consciousness-raising. But militant anger is not valid as a social tool, if for no other reason because *it does not work*. Anger, and especially hate, in a social context become nihilism. They may destroy; but what do they create, except more oppression?
>
> ...We will truly change the System if, and only if, we communicate with the people who are under its grip. Starting with ourselves. Including *all* ex-psychiatric patients. Reaching the public. And finally including even the bureaucrats, the generals, the doctors, and the bigots."[40]

Here, then, is a fundamental conflict at the core of what Sue, herself, suggested was at this point in Summer 1985, already seen by some as an inevitable split: Given that the movement had grown, nevertheless, far from having achieved the abolition of psychiatry, it had begun to face the issues that social movements in the United States, as Sue, herself, says, universally face. In her way of understanding this issue, "Every large liberation movement in the U.S. has been taken over and destroyed by liberalism."[41] From the point of view of radicals, the integrity of such movements, their radical challenges to overthrow the existing order, are inevitably coopted by those elements of the ruling élite (economic, psychiatric, or both) who use a divide-and-conquer strategy to siphon off the threat to their domination by making token compromises with the less radical members of such movements, often funding various less controversial and less challenging efforts. This, in turn, takes the "steam" out of the overall movement, as segments of the movement themselves, become workers for a mildly reformed system. The inevitable result, from this point of view, is that no fundamental change occurs, and rather than being dug up from the roots (as the term "radical" suggests), the system, figuratively speaking, continues to proliferate, albeit with a few token "branches" of slightly less oppressive practice.

At the same time, those who situate themselves in the reformist camp see the situation from a different point of view. Like Judi Chamberlin they believe, at least initially, that they can make use of "the system" (and its funding) to create alternatives that continue to radically challenge the existing order. This may require some moderating of rhetoric and practice, at least overtly, but ultimately either (a) they will eschew the funding if they are forced to compromise their "fundamental" principles; or (b) they believe their practices will create such a range of alternatives that ultimately, despite its own best efforts at cooptation, the system will fundamentally change.

In brief, the pages of the Fall 1985 issue of *MNN* portray a movement in the throes of upheaval, due to all of the conflicts addressed above: the question of government funding, the question of cooptation, and the split between the radical and what I will henceforward call the "alternativist/reformist" or "A/R" wing of the movement.[42]

The Fall 1985 and Spring 1986 issues of *MNN* are, in many respects, devoted to this (by this time acrimonious) debate. In the "Where We're At" column of the Fall 1985 Amanda writes, "The state has the time and money to buy off movements. Hold out the $/carrot [sic], then impose increasing conditions to continue funding: fill out forms telling who uses services, become increasingly tied to the police, shrinks, 'professional', or lose your funding."[43]

The "national organization" conflict

Much of the Fall 1985 issue of *MNN* focuses on the highly contentious 13th International Conference on Human Rights and Psychiatric Abuse ("Annual Conference")[44] and another conference, held earlier that year, called "Alternatives" or the "Alternatives Conference." Alternatives '85[45] was, in fact, the first of the Alternatives Conferences funded, in part, by the National Institute of Mental Health's (NIMH) Community Support Program (CSP), and in later years funded in part by a subsequent and related U.S. government organization agency, the Center for Mental Health Services (CMHS).[46] This inaugural Alternatives Conference was held in Baltimore, MD.

What might be considered the catalyst, or igniting spark, for the conflagration in the movement which occurred in 1985 was the attempt by some members of the movement to create a "national organization" – a single organization which would attempt be a systematic, cohesive context for the movement to achieve what those who wanted such an organization perceived as its goals. The machinations that took place around this issue are complex. John Judge discusses them as follows:

> A 'Committee on the Development of a National Organization' formed by the Teleconference (CSP funded), presented recommendations to the 'Alternatives '85' Conference in Baltimore (NIMH/CSP funded). In response, the Baltimore participants 'adopted' the right and power to 'form a national Organization of Consumers.' This new term, 'consumers' is now used interchangeably with the more political terms by many long-time movement activists...[A] seeming majority [of the participants at the Alternatives Conference] were pro-psychiatry. There was a great deal of animosity toward openly anti-psychiatry participants, and we were baited as 'radicals'....
>
> The most heated debate arose over one of the proposals from the teleconference committee suggesting that 50% of the seats in a newly formed 'Steering Committee' of a 'National Organization' be chosen at 'The Vermont Conference'.[47]

After much debate and confusion over this proposal, the meeting was adjourned, according to Judge. Upon returning to the plenary session, the announcement was made that the original wording of the 50% seat proposal had been changed. Judge states:

> The original wording was changed to read that '*up to* 50% of the seats would be open to people elected in Vermont. This was clearly a response to their [the non-radical participants at the Alternatives Conference] openly expressed fear that any 'block vote' could have a majority (i.e. 'radicals' would determine the political direction toward anti-psychiatry politics)....
>
> I believe that the real purpose of this reactionary 'compromise' was as follows:
>
> A. To *limit* the participation of antipsychiatry activists and elements to 50% or *less*....
> D. To assure that the 'National Organization of Consumers' would be *overwhelmingly* depoliticized in representation and formation...[48]

John C. Allen gives similar testimony regarding events at the Alternatives Conference in Baltimore: "Much of the 'democratic process' at the Baltimore Conference was a farce, perpetrated upon those who are new to the movement, by the long time activists and participants of the teleconference, to set themselves up as leaders and maintain themselves in power by having 'up to 50% of the representatives to the national organization' be from the Annual Conference....A major voting session in Baltimore was set at the same time as other workshops, so major decisions were voted on by only ¼ (or 100 out of 400) of the participants."[49]

Richard Stanley, in his article, "The Creation of a Counter-Movement," reports on the relationship between events at the Alternatives '85 Conference in Baltimore and what then occurred at the 13th Annual Conference in Vermont. According to Stanley, "In consequence of these prior manipulations [at the Alternatives Conference], our 13th Annual Conference was subjected to situations none of our earlier Annual Conferences were subjected to."[50] He notes that "[a] significant number of people attending [the 13th Annual Conference] were ISC members,[51] most of them being there only as a result of NIMH funding."[52] Stanley goes on to state that the "up-to-50%" proposal, described above, was "the major issue"[53] at the 13th Annual Conference. He frames the vote on this issue as "the offer to nominate people [at the 13th Annual Conference] to be co-opted into the ISC of the National Organization."[54] Stanley reports that after much lobbying and counterlobbying, this proposal was defeated, "in a vote of about 27 to 18."[55]

For Stanley, the defeat of this proposal at the 13th Annual Conference was a victory for the mad liberation movement. "Our independent anti-psychiatry movement has made a decision against its own suicide! We remain an independent movement!"[56] he declares. Nevertheless, Stanley warns that "the NIMH-funded effort to destroy us as an independent movement"[57] could succeed at a later date – possibly at the 1986 International Conference on Human Rights and Psychiatric Oppression. Ultimately, Stanley misjudged this vote as a victory, even a temporary one. For, as we shall shortly see, the creation of a national organization went forward *without* the participation of delegates to the ISC from the Vermont Conference. Moreover, the International Conference on Human Rights and Psychiatric

Oppression never convened again.

Two petitions to the 13th Annual Conference are reprinted in this issue of *MNN*. They indicate that, indeed, there was a battle over the formation of a national organization. While the reprints of these petitions give the number of people who signed these petitions, neither reprint lists the names of those who signed them. Nevertheless, the position of the petition signed by 37 people states the signers' desire to "oppose any further action being taken at this time to start a national organization."[58] The other petition, signed by 21 people, reads in part, "We are a group of ex-inmates who are urging participants in this 13th International Conference to support the proposed national ex-inmate organization. We are concerned that myths and misinformation are being circulated about what has gone on so far in terms of forming a national organization, and about proposed future directions."[59]

This "Petition of 21"[60] states that the signers wanted a national organization "to stand for our strong beliefs in ending psychiatric oppression."[61] It also states that the signers "are opposed to involuntary commitment and 'treatment'..."[62] Furthermore, the signers adopted a militant position in relation to psychiatry, asserting: "We see psychiatry as a means of social control, and we support the development of autonomous user-controlled alternatives."[63] The signers declare their intention to eschew NIMH funding for the national organization: "We are opposed to taking NIMH or any other psychiatric money to form or run the national organization."[64] They warn that if the participants at the Vermont Conference do not elect representatives to the Interim Steering Committee, "[Y]ou are guaranteeing that your viewpoint [sic] will go unrepresented at this formative stage."[65]

Then the petitioners state the reasons they see for the forming of a national organization:

> 1. We believe it will increase our visibility and our ability to reach the millions of our brothers and sisters who are being damaged by psychiatry. The movement so far has reached only a tiny minority of

> its potential membership...
> 2. We believe it will make possible coordinated efforts such as campaigns to end shock treatment and forced drugging.
> 3. It will give us the ability to reach the media quickly when psychiatric issues are being discussed, making sure that our perspective is heard.
> 4. For the first time, we have the possibility of a truly democratic process for making ongoing decisions and choosing spokespeople. This has been difficult while we meet only once a year. This structurelessness has meant that spokespeople are usually self-appointed and decisions made on an arbitrary, ad hoc basis....[66]

There is thus no question that both the Alternatives '85 and the 13th Annual Conference were contentious. Regarding the Annual Conference in Vermont, Sally Zinman discusses potential disruption and actual violence that occurred:

> A policy for dealing with disruptions was formulated at the Saturday morning general meeting and carried out for the duration of the conference. The policy stated that the identified disruptor would be given five minutes to address the meeting. At the end of that time if the person refused to surrender the floor they could be granted an additional five minutes...with the warning that said disruptor would be physically removed by four people of the same sex if they continued to be disruptive.[67]

While there had been disruptions at a number of conferences, as discussed in the previous chapter, a further remark by Zinman alludes to a much more unruly context which developed: "Much of the conference's energy was spent dealing with the violence that was erupting everywhere."[68]

The question as to whether or not there was something of a conspiracy regarding the stacking of the 13th Annual Conference seems to be supported by some evidence. Yet it must also be noted that the paper reporting on this Conference, *MNN*, had a strong bias in favour of the point of view that there should be no national organization, at least not one formed in the manner in which it took place. Thus, the "Petition of 21," which favoured the immediate creation of such an organization, can be interpreted in one of two ways. Certainly some viewed the entire effort to quickly create a national organization as the effort of certain movement activists – apparently many of whom had participated in the Teleconferences – to form an organization which they would control. As such, one interpretation of this petition is that it paid lip service to the radical antipsychiatric demands of much of the existing movement, perhaps in order to garner votes for agreement to the immediate formation of the national organization. On the other hand, if one takes the text at face value, it was clearly antipsychiatric in content and tone. From the point of view of the petitioners, at least as expressed in the Petition of 21, the reason for forming the national organization was not in order to create a hierarchy of self-appointed leaders, but rather to create a significant shift in the movement from one that they saw as too loosely coordinated to have a national impact to one that was more organized. The Petition of 21 argues that as long as the movement had no national organization, it could not hope to reach millions of potential movement members, nor could it hope to have the degree of coordination and forcefulness to respond to pro-psychiatric assumptions about mad people which proliferated, uncontested on a large scale, in the mass media. Thus, another interpretation of the actions of those supporting this petition could be that they were lobbying forcefully, not acting stealthily, to move the movement in the direction that they saw as critical for its ongoing and greater success.

Perhaps there is some truth to each of these points of view, and it is doubtful that evidence exists which could prove either point of view. Furthermore, testimonies from participants today would likely be coloured, as they would have been then, by the urgency each side felt regarding its position, and/or further clouded by the passing of time. One thing seems certain: whatever the intentions of those who attempted to push the approval of measures which would have led to the presence of probably more radical activists on the Interim Steering Committee, a key resentment of those who rejected the motion was the issue of time. That is to say, a major complaint directed at the proponents was that their tactics had not provided those who were not aware of this apparently quite recent initiative (nor, for that matter, the entire movement) adequate time to consider the meaning, implications, and constitutional nature of such an organization. Perhaps Sue Doell summarized this viewpoint best when she wrote, in a statement to the 13th Annual Conference:

> I am pleading with you at the 13th Annual Conference to slow down. We need to take a good, hard look at where we're going. Instead of any final decisions being made at this time, I propose:
>
> - That a thorough *proposition* for a *national organization* be specified, written and sent to all movement groups
> - That the desired goals of a national organization be specified, written, and made available to all, along with *alternative* ways of achieving those goals
> - That the proposition and goals be published in *Madness Network News,* and we use MNN as a public form to discuss the 'pros and cons' of such an organization
> - That the final decision be made next year at the 14th Annual Conference...[69]

The debate over the direction of the movement raged through even more of the pages of the Fall 1985 issue of *MNN*. Rather than dying down, it grew even more fierce in the subsequent Spring 1986 issue as well. Throughout these articles, the same basic arguments, however are made.

On the radical side, the fundamental issues were (a) the desire that the movement maintain an antipsychiatric, abolitionist, and negative rights/civil libertarian focus, (b) the imperative of refusing government funding, as this was seen as a certain road to cooptation, and (c) the consequent rejection of an alternativism which is built on the basis of such funding. Anne Boldt thus declares, "I do not wish to reform psychiatry. It is an inherently evil system and must be destroyed."[70] Further, she writes, "We can not win by playing their game. The government is not my friend. I'm sure they will be happy to meet with us (as long as we dress appropriately, talk politely, and smile), give us a little money, write rather liberal sounding positon [sic] papers – and even make some progressive recommendations."[71]

Critiquing alternativism, Sue Doell writes,

> Our current push for alternatives is dangerous. Recovering alcoholics started alcohol detox programs. 'Mental health professionals' have taken control.

> Community concern created voluntary shelters for the homeless, and now that 'concern' locks us up if it gets 'too cold'. The women's movement introduced consciousness-raising groups and rape hotlines. 'Feminist therapy' took them over...The mental patients movement is blindly marching right off the same cliff, so self-absorbed, so hungry for government money, that we no longer see the world as it is.[72]

On the alternativist side, the fundamental issues were (a) that the mad liberation movement was turning inward on itself and not reaching the millions of mad people that these activists saw as in desperate need of alternatives to psychiatry, (b) that part of this problem was due to classism and elitism within the movement, and (c) that alternatives to the psychiatric system, even if this meant compromise, had to be constructed. Sally Zinman writes:

> In the past structurelessness worked. Love, solidarity and a common purpose held up [sic] together, was all the structure we needed....But the lack of bonding [at the 13th Annual Conference], I feel ran deeper than current political differences. For there was no concrete objectives [sic], no overall tasks, nothing outside of ourselves to direct our energies toward and to hold us together. It is no longer enough just to hate psychiatry, we have to take action, *do* something about it....We are stagnated...In the name of political correctness we have been content to remain talking to each other, the same 120 more or less of us who keep reaffirming the same 10 year old Statement of Principles.[73]

Howie the Harp, in a column supporting the formation of a national organization, also takes aim at classism and elitism in the movement:

> Most of the people in the leadership of our movement have never been homeless, never had to beg and steal just to survive, never lived in a transient hotel, never, or not recently, had to deal with living on a fixed income...So naturally these issues are not high priority....Our movement both locally and nationally has often strayed dangerously close to elitism and classism.[74]

In an indication of the willingness to compromise in order to reach the millions of people who had not heard of the movement, but only of psychiatry, Zinman writes, "We need – have a responsibility to our brothers and sisters – to take the message and hope to them. For me, this may mean controlling my rhetoric or prioritizing my goals so as to reach the greatest amount of people."[75]

Fragmentation and multiple organizations

These fundamental arguments continued in the Spring 1986 issue. Subsequently, the Summer 1986 issue, the last edition of *Madness Network News* ever published, also had one full article as well as a two-page spread both reporting on and advocating abolitionist positions and activities.[76] What stands out, as well, in these last issues, are the representations of two rival national organizations which were in formation, the second of which was formed by dissidents from the Steering Committee of the first organization. These representations indicated both the victory of those who had wanted to form a national organization, but they also indicate tensions in that organization, the National Mental Health Consumers Association, even from its very inception. Moreover, beyond this conflict, yet another group was in the process of forming a "National Un-Organization."[77]

The national organization originally intended to be formed is, in fact, represented in this issue by the printing of its "Preliminary Goals Adopted at Pottstown Meeting."[78] These original goals of the National Mental Health Consumers[79] Association (NMHCA) evince unmistakable discursive shifts. Clearly, the very name of the organization uses the word "consumers," not ex-inmates, ex-patients, or survivors. The very first goal of the organization, as well, centres on "the development of local mental health consumer-controlled alternatives....These alternatives can include but are not limited to self-help peer support groups, drop-in centers, independent housing, cooperatively-run businesses, rights and advocacy and holistic healing."[80] The second goal aims to "[i]mprove the quality of life for mental health clients by addressing housing and employment needs and ending discrimination in these areas."[81] The third goal states the intention of the group to "[b]ecome recognized as a viable and representative national voice of, by, and for people labeled mentally ill."[82] This goal further seeks to improve representation of mad people on "mental health boards, national commissions,"[83] and other related bodies.

Crucially, while the organization does not accept the term "mental illness" as the *only* way of understanding madness, it does allow for the right of people to hold such views. Nevertheless, this goal does emphasize that there are other understandings, some informed by political and cultural, and other, factors as potentially helpful in understanding the nature of madness. Finally, the NMHCA, while not employing the term "stigma" as a noun in the "Preliminary Goals" document reproduced in *MNN*, does focus on the use of education and media to combat the "stigmatizing attitude and lack of sensitivity of major segments of the media..." in regards to people currently or previously "labeled 'mental patients'..."[84]

The NMHCA goals can be compared with those listed in the "Suggested Goals and Philosophy for the National Alliance of Mental Patients (NAMP)." Many of the goals of the NAMP are strikingly similar to those of the NMHCA. Goals 2, 3, 4, 5, and 6 of NAMP are almost identical in form and content to goals just discussed of the NMHCA – development of user-controlled alternatives, addressing housing and employment needs, becoming a national voice and representative body, challenging stigmatizing attitudes. Even NAMP's goal #5, which discusses the nature of madness, is virtually identical to the positions taken by NMHCA. The content of these points are so close in actual language and sentence structure, that it is almost certain they are drawn from the same original document.

Two goals of NAMP, however, distinguish it from NMHCA – its first and last. The first goal is firmly in the civil libertarian tradition. It reads in part, "To promote the rights of people in and out of psychiatric treatment situations, with special attention to their absolute right to freedom of choice. To work towards the end of involuntary psychiatric intervention..."[85] The seventh goal reads, "To seek and develop funds from diversified sources for our organization and to remain independent from any single source of funding, in order to maintain our autonomy."[86]

There are clearly two issues at hand. In a preface to the presentation of both organizations' goals, the editors of *MNN* report that "[t]he Steering Committee [of what was to be the single new organization] first met on December 12-15, 1985 in Pottstown Pennsylvania and formed the National Mental Health Consumers' Association. Because of serious and irreconcilable political differences several delegates resigned from the Steering Committee and formed a second national organization, the National Alliance of Mental Patients."[87] Thus, it seems, the split between these two organizations was not originally about abolitionism, but rather was concerned with issues of forced treatment, civil liberties, and autonomy from government funding.

While NAMP (later renamed the National Alliance of Psychiatric Survivors [NAPS]) went on later stake out radical positions, the most radical position expressed in these final issues of *MNN* was that of "The National Un-Organization of Mad People (NUMP)." Regarding NUMP, we read: "An ad hoc group of individuals is hereby calling for the formation of yet another national organization of current and former psychiatric inmates. Our sole purpose is to oppose the formation of any and all such national organizations – When this goal is achieved our unorganization will automatically self-destruct....Join the National Un-Organization of Mad People now and help stomp out national organizations."[88]

In the same issue, the following article appeared, announcing a conference in the spring of 1986. "Dear Friends: *Madness Network News* is sponsoring a conference/demonstration on May 9-12, 1986 in Washington, DC during the American Psychiatric Association...convention."[89] The notice makes it clear who is and who is not welcome at this conference.

> This gathering is open to: (1) Anyone who has been incarcerated in a psychiatric institution for at least 24 hours; (or) has been involved in the psychiatric system as an 'outpatient'; (or) is an activist endorsed by an ex-inmate anti-psychiatry group...:(2) AND Agrees *unequivocally* [my emphasis] with the Declaration of Principles...AND: (3) Receives no salary or compensation from the national, state, local, public, or private 'mental health' system...AND: (4) Receives no funding, grants or financing of any kind from

> 'mental health' monies, either as an individual or as a member of a group which receives funding.[90]

This extraordinarily strict set of conditions is obviously intended to deny attendance at the conference to anyone associated with the A/R groups discussed above. Nevertheless, Morgan Firestar's striking "Dissenting Opinion" regarding the conference is printed on the same page as this announcement/article by Boldt and Doell. Firestar writes, "I don't think that *MNN*, or any organization, has the right to decide which groups and/or individuals are 'legitimate' members of the anti-psychiatry movement...I believe that our movement has room for everyone who wants to end psychiatric oppression, and I would like to see us all putting more energy into coexistence."[91]

The dissolution of *MNN*

The appearance of all of these conflicting views and the clear split between radicals and alternativist/reformists, and, if Firestar's views are any indications, a further evident split among the radicals were strong indications that a movement which had for years had a strong consensus in the United States was coming apart. A poignant indication of the split appears in the "Where We're At" column of the final issue of *MNN*. The tensions at *MNN* had grown so great that, not only was this fact acknowledged, but the editorial board was so fragmented that even this column has two endings – in some sense, symbolically representing the fragmenting of the movement. Anne Boldt introduces this "Where We're At" by writing, "The Madness Network News Collective for this issue dissolved a few days before the paper was to be taken to the printer...following is a draft of Where We're At. It was not approved before the collective dissolved."[92]

The first ending of this "Where We're At" reads, "Very few anti-psychiatry projects remain. But one thing is certain, no matter how unorganized the movement may currently appear the public – and underground – resistance to psychiatric assault and psychiatric oppression will continue to grow. Psychiatry *will* one day be abolished."[93]

The second ending reads,

> "A lack of real communication and trust in recent years among people has been another major cause of this success [of NIMH/CSP and the APA to co-opt the movement] and continues to jeopordize [sic] what is left of our movement. In addition overwhelming personal problems makes [sic] it impossible for some of us to remain involved. Very few anti-psychiatry projects remain. Those that do tend to be isolated. It remains to be seen whether or not a visible, organized anti-psychiatry movement will continue to exist at this time."[94]

Conclusion: whither the movement(s)?

The discussion above makes clear that the end of *Madness Network News*, and even more importantly, the debates in its final issues, express eloquently the fundamental division between two increasingly divergent viewpoints in the movement. Judi Chamberlin's book, written by a long-time movement activist and radical, posed challenges to the movement which were certainly on the minds of more people than Chamberlin herself. At the same time, as we shall shortly see, the radical wing of the movement, while deeply threatened by the meltdown of *MNN* and in the minority as more and more movement activists began to shift towards alternativist practice, did not die with *MNN*. In subsequent chapters, we will also see that even if the alternativist/reformist wing of the movement made compromises, this does not mean that it totally abandoned the radical values out of which it was born. *Compromise*, after all, does not mean utterly changing one's point of view to that of the opposition; on the contrary, it means residing somewhere in-between. Consequently, the evidence shows that this "in-between place" was one in which discourses were sometimes contradictory and in flux, but which nevertheless achieved what the radical wing of the movement did not: the creation of relatively stable and relatively more elaborate contexts of practice.

Moreover, while rancour remained after the split (and was, itself, evidence of the divisions in the movement),[95] I wish to point out that, the split was never absolute.

Membership, so to speak, in the two major wings of the movement, after all, was not like exclusive political party membership.

Thus it is that Howie the Harp, for example, made a point of joining both the National Mental Health Consumers' Association and the National Alliance of Mental Patients (again, later renamed the National Alliance of Psychiatric Survivors), which were considered rival organizations when they were formed.[96] Sally Zinman's writing appeared in the *NEC Newsletter*,[97] and she was co-editor of *Reaching Across* and *Reaching Across II*, manuals dedicated to the logistics of building alternatives, generally funded by mental health system funding. Nevertheless, Zinman was the contact person between the Coalition for Alternatives in Mental Health in Berkeley and the larger Support Coalition International, a coalition of groups promoted by and closely associated with *Dendron*, the largest post-split publication which was the closest in tone, content, and range of coverage to *Madness Network News*. Sally Clay was a major participant in the COSP study, which began in 1998 (and lasted four years), a $20 (US) million federal study of "consumer-operated services programs" funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).[98] Nevertheless, she was also the founding president of Support Coalition International.[99]

There were certainly divisions and significantly different emphases within the movement. The distinct discourses, practices, and contexts – radical, on the one hand, and alternativist-reformist, on the other – discussed in the following chapters substantiate this assertion. Still, I wish to emphasize that after the split, neither wing of the movement was monolithic or self-contained. A number of activists were willing to work on a variety of fronts in order to counter, in one way or another, the medicalization of madness.

Moreover, even if some A/R activists accepted the idea of "mental illness," at the very least they opposed, and attempted to create alternatives to, what they saw as the over-reliance on medical interventions, emphasizing the confronting of the *social* issues of discrimination, abuse, loneliness, poverty, and homelessness which so many mad people face. As we shall shortly see, as well, the emphasis on alternatives was also taken up by the radical wing of the movement, which struggled with the tension between calling for well-funded alternatives while, at the same time, while consistently considering the accepting and use of government funding as a sign of cooptation and loss of autonomy.

In the following chapters, I examine the discourses, practices, and contexts produced both by the revived radical wing and, following that, the alternativist reformist wing of the movement. The evidence shows that while there were two overall orientations after the split in the early radical mad movement, discourse, practices, and contexts created by both wings of the movement, while in many ways quite distinct, continued to be influenced by each other and, perhaps above all, by the early radical movement's call for autonomy. The final chapter, in particular, shows that while it is possible, and valuable, to analyze the distinctions between the radical and the A/R wings of the movement, there were practices in which the line of demarcation between these positions seems to have been rendered less intense, at least in part, by certain individual and collective efforts and expressions which are the focus of that chapter.

CHAPTER 5: POST-SPLIT RADICAL DISCOURSE

Introduction

On January 1, 1988, a new radical antipsychiatric paper was born. Edited by David Oaks, *Dendron* eventually became the primary and enduring paper of record for the radical wing of the mad movement which Oaks and others associated with the paper sought to revive and strengthen.

Oaks reaches out to activists in that original edition, writing:

> What helped your group win a victory? What pitfalls should we look out for? What are your current campaigns and activities? In what direction should the movement head? What helped you feel better? How can we reach the vision of human rights and alternatives that so many have worked so hard to achieve?[1]

These questions indicate a desire for openness and dialogue. They also mention the possibility of emotional suffering ("What helped you feel better?") and the issue of "alternatives." On the other hand, much of the content in the first edition indicates many of the traditional themes of the radical mad movement which we explored in Chapters 2, 3, and 4. For example, books reviewed in the issue include a number of titles on the organizing of social movements; a full-page review is given of Lenny Lapon's book, *Mass Murderers in White Coats*, drawing what Lapon asserted were connections among psychiatry, nazism, and mind-control; and several unpaginated discussions of psychiatric drugs appears with large-font headlines and exclamation points in their titles, such as, "PSYCHIATRIC DRUGS: Forcible drugging widespread, street people now targeted. The drugs used can kill!"[2]

It is important to consider the conditions under which Oaks initiated the paper which he was to edit from the late 1980's through to the end of the century and beyond. While *MNN* was born in the zeitgeist of 1960's/early 1970's radicalism, *Dendron* was born in a more conservative period, near the end of eight years of the right-wing Reagan Administration, at a time when the radical movements of the late 1960's and early 1970's, despite their lasting influences on American society, had long since faded.

Moreover, *Dendron* was born at a time when coerced hospitalizations of months and years were much rarer than in previous decades, partly due to the rise of "community mental health" programs and partly due to the very efforts of mad liberation activists and civil libertarian lawyers to reduce the power of psychiatrists to force long hospitalizations upon patients and potential patients.

Crucially, as well, *Dendron* came into being at a time when the discursive assertions and activities of the alternativist-reformist wing, discussed in Chapters 7 through 10,[3] were already well underway, at least in some areas of the country. Despite opposition by radical antipsychiatric activists to government- and mental health system-funded alternatives, the idea of alternatives, as well as the successes and increasing power of some alternativist-reformist organizations, agencies, and activists, made it all but impossible for the radicals of the late 1980's and 1990's to avoid the discussion of the idea of alternatives.

Ultimately, *Dendron* stands as a voice of the radical wing of the movement which was persistently inclined towards antipsychiatric activism and discourse, but which could not avoid addressing the fact that even among its activists, the acknowledgment of individual emotional and mental suffering was on the rise, just as non- or less radical political efforts to address such suffering through "consumer-run" government-funded alternatives were expanding.

Dendron, perhaps in consequence of all these developments, maintained a number of discursive strands quite consistent with those in *MNN*. Nevertheless, at times its writing ventured into new discursive territory.

Discourses similar to those of the early movement

Myth of mental illness/labelling discourse

In *Dendron*, a prevalent strand of discourse focuses on the idea that "myth of mental illness" discourse. As we saw in previous chapters,[4] in this framework of understanding, psychiatric discourse turns unconventional behaviour and thoughts into various "illnesses," diagnosing (or, put another way, categorizing and labelling) some distressing emotional experiences. Psychiatric practice, then, subjects patients to (allegedly) medical procedures, while, at least in the experience of some, eschewing humane support.

A particular emphasis of *Dendron*'s presentation of "myth of mental illness" discourse is found in those articles which question "normality," effectively turning the tables on medicalization by showing the degree to which that behaviour and those attitudes which are customarily considered "normal" actually consist of self-restriction, lack of creativity, and acquiescence to political and social injustice.

As was also done in *MNN*, a comparison is made in *Dendron* of the *DSM* to the *Malleus Maleficarum* (or *Hammer of Witches*), a medieval document which "diagnosed" witches and justified their "treatment" – burning. A *Dendron* article, whose author goes by the name of "human being," calls into question one "cluster" of symptoms of schizophrenia which the *Diagnostic and Statistical Manual of Mental Disorders-III-R*, the article states, includes, "[o]dd beliefs or magical thinking, influencing behavior and inconsistent with cultural norms..."[5] Moreover, "human being" argues, "...[T]his particular symptom [odd beliefs, magical thinking][6] must violate a culture's standards to be 'schizophrenic'," suggesting that just such beliefs belonged to "Europeans [of the Middle Ages] who believed and practiced the nature-based pagan beliefs still found in much of other parts of the world."[7] The diagnosis of "schizophrenia," then, it can be argued, is a cultural judgment, not a medical diagnosis. Thus, "human being" draws a parallel between forced psychiatric treatment and the medical practices of centuries past, where, the writer alleges, "Forcibly giving the Holy Sacrament was used by medicine to try to save some souls."[8]

One direction in *Dendron* that the emphasis on labelling takes is discussion of how the experiences and behaviours of certain social groups are rendered, by psychiatry, as "disordered." Several articles in the Fall 1993 issue focus on this particular issue, regarding three different groups of people: trans people, gay people, and women, the latter in terms of a discussion regarding the then newly-generated and hotly contested diagnosis: Premenstrual Dysphoric Disorder, or PMDD.

Interestingly, two different discourses for opposition to the PMDD diagnosis appear in the article. A caption about a demonstration against the diagnosis by members of the National Organization for Women (NOW), reads, "PMS: Patriarchal Made Stress,"[9] implying that certain "symptoms" which some women endure near the time of their period is manufactured by male domination in society. On the other hand, another activist group Women's Action Coalition (WAC) states an acknowledgement of a biological explanation, but considers this not sufficient for the labelling of such a situation as a mental disorder. In a statement, WAC writes, "Men also have hormonally based mood changes, but the APA is not proposing to classify any of them as 'mental illness'..."[10]

Nevertheless, the underlying unity among the opponents to "PMDD" was their outrage at the appropriation by psychiatry of experiences, sometimes personally experienced as problematic in some women, as constitutive of a condition which was allegedly worthy of psychiatric treatment. In particular, the article notes that the medicalization of mood changes associated with the menstrual cycle had dangerous consequences in terms of rights and freedoms. For example, "A.P.A. leaders didn't count on having to face a recently-discharged psychiatric survivor lesbian teenager Lyn Duff [as a protester at the APA's annual convention] who had just seen young women being forcibly drugged in a Utah institution for, among other things, PMS!"[11] Moreover, the statement by WAC also asserts, "'[r]ecently, a woman's ex-husband claimed her PMS made her unfit to retain custody of their child.'"[12]

This same article also critiques the alleged "science" behind the new diagnosis, as well, noting that such diagnoses are created by the internal discussions and convention votes of APA members. This is not science, the article argues, but a "rite of pure politics," where the ultimate motivations are "[a] unified dogma of chants...necessary to manifest research grants, lock people up, and bill them for it."[13]

Similarly, this issue of *Dendron* addresses the medicalizing of trans people, gay men, and lesbians by psychiatry. At the same APA convention in San Francisco, Transgender Nation activists protested the APA convention's vote to continue to include transsexuality in the *DSM-IV* as a "gender disorder." A statement by protestor Camille Moran conveys the consequences of psychiatric labelling of transsexuality/transgenderism as a disorder:

> My name is Camille. I am a born transgendered woman. When I was a child I said that I was a girl but the world called me a 'faggot.' Under the sky of pain called psychiatry I was locked away for many years and had the requisite tortures: the terror of electroshock, my bones broken, my body drugged and raped. I was not raised as a gender but as a bug of a child to be smashed.[14]

As Susan Stryker, a founder of Transgender Nation noted at the protest, the consequences of the pathologization of trans people were severe. Stryker asserted, "'We [trans people] have been arrested, institutionalized, drugged, shocked, beaten and emotionally assaulted just because we insist on expressing ourselves the way we choose... being the people we want to be....These are the things we transgendered people share with many of the nontransgendered survivors of psychiatric abuse.'"[15]

Despite the fact that the APA had removed homosexuality from its list of mental disorders in 1973 (also by a vote at its annual convention), a reprint article about the story of Lyn Duff,[16] a young lesbian teenager, discusses the psychiatric treatment she and other gay and lesbian teenagers received at a Utah psychiatric hospital. For Duff, this was originally justified by her diagnosis of "ego-dystonic homosexuality,"[17] a category of "disorder" which remained in the *DSM* which, put in franker terms, means being unhappy about being lesbian or gay.[18] Duff states that the reason her diagnosis was changed to "major depression" was not because she was depressed. Duff, in fact, asserts that she was not depressed. Rather, she writes, "[M]y mother argued that I was not *really* a lesbian, I was just saying that to her."[19] Shifting the diagnosis to "major depression" allowed psychiatrists to "treat" her. Furthermore, Duff describes "therapy" at Rivendell Hospital in Utah as consisting of "hypnosis, aversion techniques, and a bizarre therapy called 'holdings,' where a kid was held down on a mattress and was yelled at ('you're hurting your parents because you're gay and 'repent, homosexuality is a sin') until they were crying and screaming to be left alone, often for hours at a time."[20]

This article does not, itself, argue that this was the practice of all psychiatrists; however, the implication is that, in the hands of psychiatrists with conservative religious leanings, at least, psychiatric diagnosis works as a vehicle of translation, where moral judgments are transformed into illnesses and disorders.

Madness as clarity regarding social oppression

Generally in *Dendron*, the "myth of mental illness" discourse strand focuses far more on the issue of labelling than on the question of "responsibility."[21] The subtle discursive shift in *Dendron* consists of moving from a discrediting of psychiatric labelling to the undermining and discrediting of "normality." This culminates in a conceptual reversal, in the sense that unconventional behaviour becomes more acceptable, and conventional behaviour is, in effect, deemed "abnormal," even "mad."

An early example of this is Janet Foner's assertion, "Society tries to put everyone into little boxes which no one really fits into. We [ex-patients] taken on the role of the child in the 'Emperor's New Clothes' story and say, 'Hey, those boxes don't fit!' then they label us 'crazy.'"[22] Thus, Foner portrays mad people, in a sense, as the "true sane" people – those who are not colluding with the lies effectively perpetuated by obedient conformity.

An article by Mario Heilmann argues a similar point. Heilmann's article focuses on a set of studies by a professor at the University of California at Los Angeles, Shelley E. Taylor, who asserted that her studies showed that people considered to be "mentally healthy" actually persistently generate "Unrealistically positive view[s] of the self...Exaggerated perceptions of personal control...[and] Unrealistic optimism."[23] Heilmann, himself a student of Taylor, goes on to state that Taylor's research indicates that "people with low self esteem or mild depression do not suffer from these illusions."[24]

Heilmann's article turns his professor's work on its head. Taylor's evidence showed that depressed people have more realistic perceptions of themselves and of life events. Yet rather than concluding that one should, for example, reassess the "pathological" nature of depressed people and their thoughts, she asserted that the illusions of "mentally healthy" people are to be lauded. "[Taylor] suspects that people create life-affirming and positive illusions in order to cope with their existential terror in an uncertain and frightening world,"[25] Heilmann writes. He then counters her assessment: "Unlike Shelley I do not believe that this world is functioning very well. We have constant war, make holes in the ozone layer, create a population explosion, and spend most of our life in futile struggle for money and prestige."[26] In the end, Heilmann implies, it is the very people who are labelled "mentally ill" who are closer to the truth, and they are punished for it. Heilmann writes, "People who do not share these [falsely positive] illusions risk being locked up in mental institutions."[27]

The Spring 1995 issue of *Dendron* includes a full-page list of the "ten warning signs of 'normality'," written by Janet Foner. The text is humorous, the emphasis is on reversal. With witty phrasings, Foner effectively asserts that it is "mad" people who are sane; while "sane" people are worthy of diagnosis. The list includes such warning signs as being "serious" (diagnosis: tearlessnicity); "nice" (diagnosis: stiff upper lippity); "boring" (diagnosis: hyper-inactivity); and "obedient" (diagnosis: adjustment-prone/adjustment reaction). "Normal people" also "avoid feelings" (diagnosis: severe blinderitis), and they "don't trust [themselves] (potential diagnoses: schoolmania, "which, if not stopped in its early states can lead to...in advanced stages *'corporate asskissingitis'*)."[28]

Underneath the ironic, clever humour of such reversals is a sharp attack on labelling, precisely by means of the device of labelling, itself. This tactic stands as a reclamation of the value of non-conformity, situating madness in a positive light by casting a doubt over the legitimacy and value of the attitudes and behaviour of less non-conformist people.[29]

Madness as emotional suffering due to social oppression

Discussion of madness as a result of social oppression is not as prevalent in *Dendron* as in *MNN*. As we shall see below, the discussion of actual emotional suffering shifts to other discourse strands. There are, however, a few articles which do directly touch on the relationship between social oppression and madness. While these articles certainly express opposition to social oppression, they generally do not approach the social revolution-oriented language which we saw in Chapters 2, 3, and 4 was expressed by a number of writers in *MNN*.

David Oaks for example, states, "There are reports that ancient and present-day shamans recognize all 'hurt' as essentially a person's disempowerment, and all 'healing' as essentially regaining one's power, in the true sense of that word."[30] The expression "disempowerment" can be understood, as can Lenny Lapon's phrase, "psychiatric oppression, tyranny, and murder,"[31] to indicate that individuals have been dispossessed of power and/or freedom. Oaks' expression is nevertheless milder. A "disempowered" person can, arguably, become "empowered" without overthrowing psychiatry; a person subjected to what is seen as "oppression, tyranny, and murder" is not merely "disempowered," but, as the phrase itself indicates, "tyrannized."

Another article draws a link between psychiatric treatment and the minimization of the deleterious effects of war. In an article entitled "Psychiatry & War," the author challenges the applicability of the biochemical model to "so-called 'post-traumatic stress disorder'..." Here again, we also have a critique of psychiatric labelling, but in this article the critique is directed at the effects of collective violence. In a rare departure from *Dendron's* generally relentless discrediting of psychiatric medications, the author suggests that, in response to hearing voices, feeling guilt, having nightmares, feeling depressed, and having suicidal thoughts after engaging in and experiencing the extreme violence of war, a pill may help, albeit temporarily. "Perhaps, for immediate relief, a pill could help to ease [a traumatized soldier's] severe pain."[32] Nevertheless, the main point of the article is that, despite the possible temporary relief supplied by psychiatric drugs, this soldier's problem should not be considered primarily biochemical. The author asks rhetorically, "But isn't war itself the real cause of the problem? Isn't this soldier's reaction a healthy sign of his underlying humanity?"[33]

Generally, even those articles which directly touch on social oppression focus the discussion less on the painful emotional experiences which result from social oppression and more on the issue of the awareness of mad, or non-conforming, people in relation to various social injustices. Here, I wish especially to note a recurring emphasis in *Dendron* on ecology and environmentalism. As we have seen, Heilmann (above) referred to this concern. Moreover, the "Heal Normality, Naturally" campaign, which I will discuss further in Chapter 6, likely uses the term "naturally" to refer, at least in part, to both ecological concerns and as well as the eschewing of the "unnatural," technology-based interventions of psychiatry.

In "Imagine no labels!," again by "human being," an imaginary dialogue takes place between a "Human" and a "Doctor." This dialogue discusses a number of issues: labelling, psychiatric power, and the class privilege of psychiatrists, and further issues. But recurring in the dialogue is the theme of ecological destruction of the earth. The character, Human, says to the character, Doctor, "The ecology of the Earth is now being hurt...so if you label anyone, then tearing up our planetary nest must logically be one of the craziest of all behaviors of all time."[34] The proper response, Human asserts, to nuclear weapons and destructiveness towards the earth's ecology is not psychiatric treatment. Rather, Human pleads, "Let's explore alternatives based on equality, respect, freedom, and empowerment. Let's try mutual support...wholisitic living."[35] Here, "human being" uses the kind of reversal found in the "Heal Normality, Naturally!" campaign to show the relationship between ecological destruction and human "craziness." The "true" madness is the destruction of the earth; implicitly, however, human suffering results from such destruction. Thus, while "healing" consists, in part, of living in a non-destructive relationship with the natural world, people suffer emotionally, at least in part, due to their alienation from nature and ecological destructiveness, a collective injustice which reverberates back to the very beings who have damaged the ecosphere.

Madness as spiritual experience/journey

Another discourse found in both *MNN* and *Dendron* is that of madness as a spiritual experience or journey. For example, Sheila Batey, in a letter to *Dendron*, writes that she considers what she refers to as her "mental illness"[36] to be "more of a peak-experience/transcendental experience."[37] Several months later, Batey writes again, elaborating her views with direct reference to radical psychiatrist R.D. Laing. "What if psychotics are the most sensitive of people, gifted and talented with abilities this civilization has not been willing to admit for two thousand years?" Batey asks. "What if so-called psychotic breakdown is really break through, as Laing suggests?...What if hearing voices is a gift, seeing images a coveted ability?"[38] Writing several months later, Batey shapes her experiences in the language of Eastern mysticism: "The problems I was going through in 1973 I now call a Kundalini – psychosis – spiritual emergence."[39]

Similarly, "Anonymous" writes of his experience, which occurred after a period in which he[40] was "overworked [and] wired"[41] and during which he deemed his diet to have been "insufficient"[42] due to periodic fasting. "I felt great...A penetrating insight had come to me, allowing me to see through the illusions of reality that each of us constructs. It was kind of x-ray vision that let me see the auras around plants & people. This put me in ecstasy, filling me with a grinning exuberance and an indomitable verbosity."[43] As was the case with a number of writers in *MNN* who described spiritual/mystical experiences and whose public acknowledgement of these states of feeling and perceiving led to hospitalizations, so Anonymous found himself pressured, if not coerced, into hospitalization. There he was administered Thorazine, which he describes as a "chemical lobotomy."[44]

Many of the articles and letters whose main focus is discussion of these altered, or unconventional, states indicate that their authors experienced such states as positive. However, there were those who were ambivalent about these states, or considered them terrifying. For Barbara Peller, her "voices and visions" may have initially evoked "fear and resistance,"[45] but she nevertheless chose to attempt to consider them not as signs of illness, but as phenomena towards which she cultivated awareness and "a sense of choice."[46] She writes, "...I developed an attitude of welcome, as for old friends, or someone who is delivering a message I need to hear and acknowledge, but not necessarily understand, accept, or act on."[47]

On the other hand, for Nina Wouk, her spiritual experience of "a very hot sexual and emotional affair with a disembodied spirit"[48] led her to near-total isolation from human contact. As much as she desired this relationship, she felt that sustaining her relationship with her "spirit guide"[49] was impossible: "...I'm alive and can't afford to get disconnected with life."[50] Ultimately, Wouk found herself at the point of suicide and, rejecting psychiatric treatment, joined a 12-step program, took physical care of herself, wrote, maintained connections with other people, and used Chinese herbs.[51]

In many ways, then, the presentation of spiritual experiences in *Dendron* is quite similar to that in *MNN*. In neither publication are these experiences the main discourse regarding madness, and these mystical-spiritual discussions do not appear, as we shall see, to inform the overwhelmingly political thrust of practice. For some, the experiences are positive, for others unpleasant or terrifying, and for still others a mixture of all these. At the same time, these experiences, whether positive, negative, or a mixture of the two, are presented as unusual states of consciousness without being labelled as symptoms of "illness."

Discrediting psychiatric practices

Relying less on what in *MNN* were not infrequently relatively lengthy testimonies of psychiatric abuse, *Dendron* nevertheless severely critiqued psychiatry – above all in informational articles and protest-report articles regarding psychiatric drugs and electroshock, particularly in reference to their dangerous effects. These articles, and others as well, took aim at the issue of forced treatment and psychiatry. Included in such critiques are the almost exclusively negative articles about the National Alliance for the Mentally Ill (NAMI), a group, consisting largely of family members of people with emotional and mental difficulties, which frequently took positions of support for coercive psychiatric measures.

The issue of psychiatric force was closely related to another area of discussion: political oppression related to, or promoted by, psychiatry. Some articles portrayed what could be called "psychiatric spread" – the extension of psychiatry and psychiatric practices, particularly in terms of "outpatient" commitment; the relationship of outpatient commitment to homelessness; the relationship of psychiatry to racial oppression; and the increasing use of psychiatric practices on children, including the administering of psychiatric drugs.

Finally, other articles conveying discrediting discourse include testimonies, articles about psychiatrists who had committed particularly egregious acts, and alleged connections between psychiatry and fascism, or between particular psychiatrists and fascism.

Psychiatric drugs

Dendron frequently published articles which focused on the dangerous effects of psychiatric drugs and electroshock, and (less often) psychosurgery. Despite the repeated negative rights/right-to-refuse assertion of "informed consent" and "choice" regarding the first two of these practices, the overall portrayal of these practices presents them as dangerous and damaging.[52]

Regarding psychiatric drugs, numerous articles discuss the dangers of, and damage resulting from, their use. Thus, for example, as alluded to in the introduction to this chapter, the inaugural issue of *Dendron*, only twelve 8½" by 11" pages, contains three full articles ("Snowballs") [53] which prominently assert the dangers of psychiatric drugs. One article states "Compounding the human rights violation of forcible drugging is that scientific studies show the major psychiatric drugs, even at 'therapeutic levels,' can kill."[54] A subsequent article entitled, "Psychiatric drugs: Drug industry profits are astronomical!" states, "For the sake of their health, hopefully the stockholders [of pharmaceutical companies which produce psychiatric drugs] didn't use their own products to calm down [after the 1987 stock crash]."[55] Even more to the point is the article entitled, "Psychiatric drugs: Neuroleptics can cause death!"[56] This article uses a number of quotations from mainstream publications – *Science News*, *American Journal of Nursing,* and even *American Journal of Psychiatry* – to point out both the significant rate of development of neuroleptic malignant syndrome (NMS) among users of neuroleptic drugs. According to the article, "...[S]tudies have shown that between 20% and 30% of those with NMS die."[57]

Also present, particularly in some of the earlier issues of *Dendron*, are articles about tardive dyskinesia and tardive dystonia (TD/TD), two conditions which develop in some people who use neuroleptic drugs. These conditions consist of uncontrollable muscular movements and spasms, in the first case, and muscle pain, in the latter case. A number of articles discuss the campaign of Ira Gruber, who himself had developed tardive dystonia as a result of the use of Haldol, a neuroleptic, to start "a national association to say 'NO' to this massive health cover-up!"[58] The article quotes Gruber as asserting that "[b]oth [tardive dyskinesia and tardive dystonia] are considered irreversible, but Tardive Dystonia is usually much more severe and can cause 'blepharospasm' or functional blindness."[59]

At least eleven more articles in *Dendron* take direct aim at the dangers of neuroleptic drugs, both "older generation" (such as Thorazine, Navane, and Haldol) and the newer neuroleptic drug, Clozaril (generic name: Clozapine).[60, 61] Many of these follow the same "warnings and dangers" theme; two are notable, however, for other reasons.

One, entitled "Thorazine therapy," is an excellent (and, in *Dendron*, relatively rare) example of article-format testimony regarding psychiatric oppression. This article, also discussed above as an example of "spiritual awareness" discourse in *Dendron*, follows the author's spiritual awakening, his communication of his experience to friends and associates, and his subsequent hospitalization. In the hospital, he was administered Thorazine. Regarding the effects of six weeks of receiving neuroleptic drugs in hospital, he writes, "I emerged...a slow, reticent, chemically-mangled person. I felt like my mind had been put through a meat grinder. No longer could I think clearly, no longer could I speak articulately, no longer could I act confidently....[I]t's taking a long time to heal."[62]

Another article reports on a successful lawsuit by James M. Angliss, a man with tardive dyskinesia, against Western State Hospital in Washington State. The article notes that as of that verdict, only eighteen lawsuits regarding tardive dyskinesia had been won, though the article does not mention how many suits had actually been initiated.[63]

Electroshock

Another major psychiatric practice which comes under fire is the use of electroshock.

As with psychiatric drugs, discussions of electroshock appear in articles whose main subject is not electroshock; however, numerous articles have as their main subject the targeting of electroshock. Some of these are discussions of the dangers of, and damage caused by, shock;[64] others are reports on anti-shock demonstrations.[65] While the many articles on shock also make allusions to the minimizing of the effects of shock by the doctors who administer it, at least two articles directly address this issue at length.

"Zap their lies about electroshock," issues point-by-point refutations of assertions that electroshock had been "improved" over time, was minimally harmful, is used as the "treatment of last resort," is proved useful in that patients report "gratitude" for having received shock, and has benefits which outweigh the risks. While not all of these points are concerned directly with the issue of safety and damage, several of them are, and *Dendron* sets about to refute these. For example: "One thing has stayed the same for 52 years: Shock doctors still lie. Almost all written informed consent...cover up the fact that many shock survivors report long term memory problems, and other mental difficulties."[66] In response to the assertion that the technology of ECT has improved, the article asserts that, to the contrary, "Electricity and the brain are still the same as when shock was used on a human being in 1938...Muscle paralyzers and anesthesia may stop bones from breaking, but not brains from frying."[67] And in response to the assertion that the benefits of shock outweigh the risks, the article states, "...[A] number of doctors hypothesize that shock 'works' by causing brain damage. After a head injury there is often a period of euphoria & apathy, which psychiatrists take as 'improvement.' Some scientists feel that's why up to 50% of survivors in one study 'relapsed' within 6 months after shock."[68]

"Shock survivors listen in on shock doctors"[69] discusses the infiltration of a meeting of electroshock-administering doctors by the Committee for Truth in Psychiatry. This organization went as far as to tape these doctors' discussions, and *Dendron* reports that the organization offers to make tapes available to interested parties at cost. A quote, apparently taken from one of the doctors at the meeting, is printed in the article. The article states, "Here's Harold Sackheim, one of the main proponents of shock in the U.S., describing shock survivors who complain of memory loss: 'And so it looks like we're saying you have these complaints because you're crazy. But at times that's true'."[70]

Psychiatric force

Dendron repeatedly addresses the issue of forced treatment. At a fundamental level, the issue of force is couched in the principle of the right "to say no" to unwanted psychiatric treatment or intervention on principle. However, as discussions of negative rights confront the issue of social and economic problems, they blend in *Dendron* into issues of the relationship between psychiatry and political oppression.

Regarding force, per se, Susan Stefan makes an eloquent statement:

> ...[T]he Supreme Court and other courts have said that if the state's purpose in intervening in someone's life is treatment rather than punishment, regardless of how that intervention affects the individual, or how the individual...experiences that intervention, the individual's protection against unwanted interference by the state diminishes. We have to change the law. Something that is not sought as treatment and not experienced as treatment and which, in fact, in many circumstances makes the person's condition worse, is not treatment.[71]

Stefan's statement clearly expresses one issue at the core of the debate regarding the right to say no. The state believes it has the right to intervene, via psychiatry, in the lives of people whom it deems to be either incapable, due to "mental illness," of sound judgment regarding their own lives and/or dangerous to themselves or others, even if they have committed no legally prosecutable act of violence. This intervention is called "treatment." Two questions follow. First, whether or not it is experienced as positive or negative by the "patient," do the judgments of others – psychiatrists, family members, courts, etc. – trump the individual's right to refuse coercion in situations where no criminal act has been committed?

Second, is what psychiatrists do (at least under coercive conditions) actually "treatment," even if it is experienced as ineffective, tormenting, or torturous by those so treated? Throughout *Dendron*, the implication contained in article after article discrediting psychiatric practices is that such practices do not, in fact, constitute treatment in any benign sense.

In an editorial, reprinted from *MadNation*, a radical mad publication which came into being in 1997,[72] Vicki Fox Wieselthier writes, "In Virginia, Gloria Huntly died after a month in which she lay spread-eagled and strapped to a bed for 300 hours...even though she had asthma and epileptic seizures. The liberal use of restraints was part of Ms. Huntley's behavioral treatment plan..."[73] Here, the issue of force is discussed not on the basis of legal theory, but on the basis of the possible consequences of the use of force in psychiatric treatment.

Of grave concern in a panoply of articles is the use of force on an "outpatient" basis and the potential relationship between force and homelessness. While homelessness was significantly less discussed in *Dendron* than among some alternativist/reformists,[74] the issue of forced "outpatient" treatment was of great concern to *Dendron*, especially in mid-1990's and forward, and the connection between outpatient coercion and homelessness was sometimes made.

One early article argued against forced outpatient drugging among homeless people. The main point of the article, however, was not so much about the social injustice of homelessness. Rather, the article took a more narrowly civil libertarian stance: forced outpatient treatment was a violation of the right to refuse treatment; the better option would be human services.[75] In general, these articles critiqued the notion, espoused by such organizations as the National Alliance for the Mentally Ill, that forced outpatient treatment, including drugging, was a humanitarian gesture, alleviating and/or reducing the "need" for hospitalization and offering help to homeless mad people. Rather, as *Dendron* portrayed the issue, such intervention, including “assertive community treatment” teams which might include the dispensing of psychiatric drugs to people at their homes[76] or by “depot” injection,[77] was a “Chemical Crusade.”[78]

Psychiatric “spread” and/as social oppression

Also explored is the reaching of psychiatric discourse and practice farther and farther across the terrain of social experience. This concern is particularly evident in a number of articles about psychiatry and what *Dendron* (and at least some African Americans) considered the racist “Violence Initiative,” as well as the increasing psychiatric treatment of children, both with the prescribing of drugs and also in terms of hospitalization. A Summer 1996 article asserts a possible relationship between coercive outpatient measures and the *avoidance* of services that could help a disturbed or troubled homeless person get off the street:

> There are proven empowering alternative models to help people without homes, such as...peer-run transitional residential facilities....We psychiatric survivors ‘vote with our feet,’ and when good programs...are available, it’s shown that even our most upset members tend to seek out help. IOC [Involuntary Outpatient Commitment] is terrorism that scares even more people, justifiably, from reaching out for support.[79]

Several articles discuss the “Violence Initiative,” the plan for a federal program to take place “in conjunction with the prison system to select approximately 100,000 inner-city youth – namely African-Americans with supposed ‘genetic’ tendencies to become violent and/or take street drugs.”[80] In the *Dendron* of May 1, 1992, dissident psychiatrist Peter Breggin attempts to get at the heart of the Violence Initiative. He analyzes the project in the following way:

> The Violence Initiatve [sic] is essentially a biomedical approach to social problems. It is one example of a remarkably consistent viewpoint that has recycled in modern history at critical periods of social conflict in the U.S. and Europe. It rationalizes social ills & instead blames the victim...[81]

An article in the subsequent issue reports on the swift building of a coalition to fight the Initiative. Members of the Congressional Black Caucus stood in opposition while other "African American leaders quckly [sic] started the Committee to Stop the Violence Initiative."[82] A member of the NAACP is quoted as saying, " 'We're concerned that there is a move on the part of some people to relate crime to the African –American community, and to say there are ingrained or genetic reasons why we are more prone to crime than others.' "[83, 84]

The Chicago Coalition Against the Violence Initiative considers the "Violence Initiative" to be an example of the wide application of psychiatric discourse to non-medical social issues and problems, asserting the following, "[T]he Violence Initiative, and the treatment of 'violence' in society in general, promote an ideology that blames social discord on dysfunctional individuals and families instead of racism, unemployment, poverty, homelessness, and the lack of medical care, education, and prospects for a real life."[85]

Another example of concern with psychiatric force and psychiatric spread has to do with the increasing use of psychiatric drugs and hospitalization, as well as hospital-based abuse, of children as psychiatric patients. "mycall sunanda" [sic – name of author], for example, considers the use of Ritalin in children as a way of inducing conformity in what are in her view, fundamentally oppressive classroom situations. She writes, "...I think the major school causes of hyperactivity are: Enforced desk sitting. Forbidding strong emotions. Taboos of touching self & each other. Indoorism, which means keeping kids indoors most [of] the time."[86] She views the use of Ritalin as "poisoning" children with a purpose – control. "Why does hyperactivity upset so many adults who willingly poison their childrens' [sic] body/minds in order to chemically mash them into neat & cool roles of social conformity?"[87] Similarly, David Oaks writes, in an "open notice"[88] to a NIMH researcher, "Why do you assume that forcing children to sit quietly indoors, away from beautiful nature, in rows, for hours on end under neon lights, is the 'normal' thing we should all adapt too [sic]?...Perhaps some of those kids labeled ADHD are the few sensitive and energetic enough to rebel against the zombie training which is trying to recruit them to your hateful, bizarre, deadly culture."[89]

The issue of psychiatric intervention in children also concerns the (over)use of hospitalization and abusive situations within psychiatric hospitals that treat children. *Dendron* reprinted an entire front-page article from the generally conservative *Wall Street Journal* entitled "Children's Wards: Teen-Agers End Up In Psychiatric Hospitals In Alarming Numbers."[90] The author, James Schiffman, writes, "The number of Americans between the ages of 10 and 19 discharged from psychiatric units between 1980 and 1987 ballooned 43%...according to the National Center for Health Statistics."[91] More astounding, perhaps, than these figures are the sociological and political analysis by Schiffman of these figures. In particular, he cites the changes in American families and profitability for hospitals as the two major reasons that children were being incarcerated in such rapidly increasing numbers: "Many mental health experts say the rise of teens in psychiatric wards isn't due to a national epidemic of crazed kids...[Rather,] [f]amily turmoil – divorce, remarriage, frequent migration – and two-career households have left many parents either too busy or too distracted to deal with adolescents..."[92] Schiffman argues that psychiatric treatment substitutes for other institutions, such as schools and churches, which had hitherto guided children. Private, for-profit hospitals were cashing in on the trend away from such traditional supports, he asserts: "For-profit hospital chains have concentrated on building psychiatric wards and on advertising services to parents frightened by teen-age suicide, sex and drug use."[93]

Ted Chabasinski, a long-time radical antipsychiatric activist, wrote an extensive exposé on the abuse of children at Metropolitan State Hospital in California. Reporting in the Winter 1997-1998 issue, Chabasinski describes how more and more California children were being moved to "Metro" from other state hospitals (Camarillo State and Napa State). The stories of some of these children, and Chabasinki's own experiences as an advocate investigating the children's ward at Metro, are chilling. For example: "L. told us she had been put in five-point restraints...after getting into a fight with another girl. When she continued to struggle and tried to sit up, staff came in and tied a sixth strap as tightly against her chest as they could, and left her there. L. had asthma...Soon after having the chest strap tied down, she started choking and gasping for breath. Staff were nowhere in sight..."[94] Eventually staff came, but Chabasinki's observations of L.'s chart indicated that "she was tied to the bed several times a week."[95]

Chabasinski relates several similar stories regarding abuse of children at the hospital. Echoing Schiffman's statements regarding the substitution of psychiatric hospitalization for other forms of attention and care for children, Chabasinski writes, "These kids need love and nurturing, but all the mental health system can offer them is drugs and despair."[96]

Occasionally, more connections between psychiatry, eugenics, and fascism were drawn in *Dendron.* As mentioned above, one of the first book reviews in *Dendron* concerned Lenny Lapon's *Mass Murderers in White Coats*, published in 1986. In that book, Lapon attempted to trace the connection between modern American psychiatry and psychiatrists, and the connection of these to Nazi Germany, eugenics, and CIA "mind-control" experiments.[97] Lapon's book was regularly advertised in *Dendron.*

Similarly, a sidebar article in the December 15, 1991 issue of *Dendron* quotes a discussion of Ernst Rudin, "a central architect of the Nazi Germany science of 'racial purity...'," by dissident psychiatrist Peter Breggin in Breggin's book, *Toxic Psychiatry*:

> When Hitler came to power, Rudin was ready for him. It was Rudin who influenced Hitler, not Hitler who influenced Rudin. The psychiatrist became the architect and official interpreter of the first legislation establishing the Nazi eugenics program that lead to the castration and sterilization of tens of thousands of individuals accused of being schizophrenic, retarded, epileptic, or in some other way physically or mentally 'defective.'[98]

Another article in the same issue links then-present day psychiatry (of the 1990's) with both racism and fascism. It appears that "fascism" in this article is meant to indicate the idea of pervasive "government control" of African Americans on the basis of allegedly eugenics-oriented psychiatric practices and the coerced or pervasive use of psychiatric drugs among African Americans. Thus, we read, "The new trend of 'genetic biopsychiatry,' pushed by the Bush administration, is producing an epidemic of brain damage in the African-American community from forced psychiatric drugging. Instead of looking at the reasons behind a black person's distress, doctors in Bush's 'new order psychiatry' have turned to narrow genetic theories..."[99]

Disgraceful psychiatrists, disgraced psychiatry

Reports or praise regarding good deeds of, and/or good experiences with, psychiatrists are given no space in the pages of *Dendron*, with the exception a small number of radical dissident psychiatrists such as Peter Breggin and Thomas Szasz.[100]

Thus, a number of articles report on individual psychiatrists who have engaged in particularly abusive acts. An article in *Dendron*'s December 1988 issue, for example, reports on the firing (or resignation)[101] of Harvard psychiatrist Shervert Frazier. The article states, "...Harvard University fired Dr. Shervert H. Frazier on November 23rd for plagiarism in large sections of four articles published back in the 1960's & 1970's. Dr. Frazier resigned, in disgrace, both as a faculty member...and as the director of a Harvard psychiatric teaching facility, the infamous McLean's Hospital..."[102]

A reprinted article in the April 26, 1989 edition notes the revoking of the licence to practice of psychiatrist Robert Feeney. Feeney is indirectly quoted in the article as stating that he believed that "some mental imbalances are caused by demonic possession."[103] The article states, "[Feeney] said he is particularly suspicious of supernatural causes in cases that do not respond to his usual therapies."[104] In such cases, Feeney stated that he turned his patients over to ministers.

In a later issue, *Dendron* again reported on two separate cases of doctors who inflicted sadomasochistic sexual practices on their patients. *Dendron* discusses reports in the *San Francisco Examiner* and *The San Diego Union* regarding the case of Dr. Gary Arden, whose license was revoked for, among other things, "BRANDING his clients on their private parts with heated metal devices, including an iron that bore his initials!"[105] Another article reports the case of Canadian psychiatrist James Tyhurst, who received a four-year prison sentence for his activities. Accusations portrayed the following situation of some women under "treatment" with Tyhurst: "...women patients bedecked in chains and negligees, reduced to automatons and sexual obedience by a deranged slave-master with his whip..."[106]

Civil libertarianism and abolitionism

In Chapter 2, I argued that despite its many civil libertarian statements, couched in the language of "rights," "civil liberties," and "right to say no" to psychiatric treatment, the underlying position in *MNN* was abolitionist. As much as *MNN* dedicated itself to fighting for and reporting on the fight for negative rights, as evinced, for example, in the "LAMP Notes" and "Legislation and Litigation" sections of the paper, underlying this civil libertarianism was, at least for some activists, the ultimate aim of abolishing psychiatry.

The relentless discrediting of psychiatric treatments under the partial guise that these were critiques of force combined in *MNN* with a near-total lack of any articles reporting on positive experiences with psychiatrists, hospital stays which were considered helpful by writers, or reports of positive experiences with psychiatric drugs or electroshock.[107] The relentless discrediting of psychiatry and psychiatrists in *MNN* leads one to the conclusion that civil libertarianism in that paper is a tactic, while the overall goal and orientation is abolitionism.

In the previous section, we saw that *Dendron*, too, engaged in a thoroughgoing discrediting of numerous psychiatric practices – psychiatric drugs, electroshock, forced treatment, and psychiatric spread. Still, as with *MNN*, it is not simply that *Dendron* published articles critical of *forced* treatment: in article after article, as we have seen, negative experiences with psychiatric drugs and electroshock are recounted; in article after article, the potential dangers and actual damage caused by psychiatric drugs and electroshock are relayed. The discrediting of psychiatric medication, of electroshock, of psychiatric force, of psychiatric spread and the collusion of psychiatry in racist oppression, and the (relative to *MNN*, admittedly rarer) discrediting of individual psychiatrists all lead to the conclusion that the writers of *Dendron* unquestionably disapproved of psychiatry.

Furthermore, though the paper had no column similar to the "LAMP Notes and Legislation" columns and sections of *MNN*, *Dendron* did track some significant pieces of national and state-level legislation, policy initiatives, and court cases. I found twenty-three full articles in *Dendron* from 1988 to 1999 which had as their central focus legislative or litigation-related issues or on government policy efforts and drives.[108] The vast majority of these articles are concerned chiefly with either electroshock or forced drugging.[109] However, one article mentions a class-action lawsuit to free forcibly incarcerated children in Alabama.[110] Two articles focus on the attempt by the Alabama Department of Mental Health to eliminate basic patients' rights standards.[111] An article on psychiatric living wills appears in the October 7, 1992 issue.[112] A short article in the December 15, 1991 issue focuses on the Patient Self-Determination Act, whose durable power of attorney provisions are portrayed as possibly useful for influencing treatment decisions should one be determined "incompetent via psychiatry."[113] Lawyer Susan Stefan wrote two articles which approach the "legal and legislative round-up" spirit of the LAMP Notes section of *MNN*.[114] Finally, the passage of a patients rights bill, long fought for in Massachusetts, is reported in the Winter 1998-1999 issue.[115]

It is true that there were some testimonies in *Dendron*, though these were few and far between.[116] Testimonies in *MNN*, particularly of experiences in hospitals, were frequent and damning. One could argue that, in comparison to the abundant presentation of testimonies in *Madness Network News*, the less frequent printing in *Dendron* of testimonies or other articles discussing hospital experiences and other hospital-related concerns reflects both deinstitutionalization and the use of increasingly shorter hospital stays.[117]

Yet, as we have seen, *Dendron* printed articles which focused on the ways in which forced psychiatric practices were extended outside of the hospital into the "community." I would argue that the lesser degree of reports regarding negative experiences of psychiatric incarceration and the greater frequency of reports regarding forced outpatient treatment reflects not a retreat on the part of *Dendron* from critiquing psychiatry, but rather a shift in discussion made necessary by the fact that inpatient stays, while still frequent, were generally shorter during the 1990's. On the other hand "community treatment" was increasingly used as people were moved out of state hospitals and as hospital stays decreased in duration.

On the issue of psychiatry, there is, in fact, very little difference in discourse between *MNN* and *Dendron*: both papers made strong civil libertarian claims, arguing against the legitimacy of forced psychiatric practice. Underlying these claims, however, as evinced by relentless discrediting of psychiatric practices (psychiatric drugs, electroshock, and psychosurgery) was an implicit abolitionist message.

Discourses distinct from the early movement

We have seen above that in many ways, discourses regarding both madness and psychiatry in *Dendron* are similar to those in *Madness Network News*. At the same time, there are some discursive distinctions. Ultimately, these are important because they indicate that to some extent, the very historical-contextual factors in which *Dendron* was born were having an influence on the radical wing of the movement, itself. The radicalism of the 1960's and early 1970's, as well as social movement activity generally, had waned in American society. Moreover, the A/R wing of the movement was actively pursuing the establishment of fixed, everyday contexts of alternative practice. These social currents had an effect on *Dendron*'s content, both in terms of what was actually discussed and in terms of *how* it was discussed.

Madness as "distress," "stress," "pain," or "crisis"

A major discourse strand in *Dendron* which is distinct from that in *MNN* considers madness in terms of the intrinsic suffering which people experience, even if in doing so, this discourse in no way medicalizes this suffering. The terms used to describe this set of views include "distress," "stress," "low self-esteem," "pain," and "crisis."[118] While these views reject medicalization, there is nevertheless a discursive shift apparent in them. First, they do not consider the suffering experienced to be typical human suffering mislabeled into psychiatric categories; there is, at least sometimes, something about this suffering that distinguishes it from the suffering that comes from losing a loved one, for example. Second, while political issues may be mentioned in these discussions, again the focus is not on social injustice as the cause of the suffering. Third, these are not discussions which frame the suffering in terms of spiritual awakening or mysticism.

For example, Bill Nordahl rejects the psychiatric notion that "mental illness" is caused by biochemical imbalances. Rather, he states, "a person's mental state can affect the biochemical state of his/her body/brain."[119] These imbalances do not cause the suffering, rather the suffering causes these imbalances. Nordahl does not elaborate on what he believes causes what he terms "distress";[120] however, he states that counselling "clears up" this distress. He writes, "I believe that this 'clearing-up' of a person's distress [through counselling] also corrects any 'chemical imbalances.'"[121] Despite the rejection of the idea of mental illness, here, however, Nordahl asserts the value of counselling and the reality of the experience of "distress." This indicates a shift away from a politicized version of madness to an exploration of more personal concerns.

Sharon XX [sic] indicates that "stress" was the cause of her "nervous breakdown."[122] On the one hand, she explains this stress as resulting from her "own desire to please others and to survive."[123] On the other hand, she makes mention of "run[ning] away from a bad situation at home...",[124] about which she does not elaborate. In the last paragraph of her letter, she thanks her sister "for the most help of all in telling me the root of my 'mental illness.' She was the first human being ever to tell me I had emotional stress!"[125]

Besides "stress" and "distress," other related terms which appear in *Dendron* include "pain" and "hurt." In the course of discussing one of the major campaigns promoted by and reported on in *Dendron,* a "Support-In Fact Sheet" asserts that "[m]any individuals in emotional pain want and deserve to have humane personal support that absolutely protects their rights, and respects them as whole and equal people."[126] Not only is the question of "hurt" addressed here, but this statement revisits the struggle in the early movement at Annual Conferences over the perceived dichotomy of "politics" and "support."

It is true that the previous statement indicated no attempted explanation for emotional pain. But other articles, particularly those by Janet Foner, a co-founder of the Support-In/Support Coalition International and a long-time participant in Re-habilitation Co-Counseling (RC), a network of people devoted to counselling each other, point to a number of sources for such pain. She writes, "The theory [on which RC is based] was developed by observing what worked for people in healing themselves from emotional and physical hurts through their own self-directed healing process."[127] Stronger words then follow: "Sometimes screaming is effective in releasing hurt if it helps the person to get to and get rid of the grief, terror, and anger back of the screaming."[128] In a later article, Foner indicates what she believes to be behind the grief, terror, and anger. She writes, "When people get hurt, starting as babies, they are not usually helped to heal, but hurt for asking for help to heal. (For example, 'Shut up or I'll give you something to cry about!')."[129] Moreover, "In order to survive such situations, people develop rigid behavior patterns in order to cope with emotional pain,"[130] and "Unhealed hurts clog thinking and prevent one from connecting with and acting on one's inherent nature."[131]

Such ideas come quite close to the precepts of psychodynamic psychotherapy, which, in general, explains extended emotional suffering on the basis of early childhood experiences[132] and attempts to heal such wounds with a variety of therapeutic techniques.

Finally, echoing the views expressed in Judi Chamberlin's book *On Our Own*, David Oaks framed emotional suffering as "crisis." Oaks does assert that "everyone goes through crises at one time or another,"[133] pointing towards the notion that painful emotional periods are a universal human experience, not exclusive to those who might be labelled "mentally ill" by psychiatry. Nevertheless, the increased discussion of "crisis" again indicates a shift towards personalistic concerns regarding experiences of madness. In one early article, Oaks, arguing against the "biochemical" model, states that there should be alternatives to the use of psychiatric drugs "during a crisis."[134] Thus, Oaks, like Chamberlin, emphasizes the "crisis" nature of emotional distress. Again, several years later, in a discussion of his personal past, Oaks states, "I was a working-class student going to Harvard...I went through some emotional, spiritual crises. And the Harvard authorities locked me up in McLean Hospital."[135]

Medicalizing strands of discourse

While the vast majority of discourse in *Dendron* rejects biochemical and neurological explanations for madness, there are a number of articles which actually indicate that at least some madness can be understood as the result of biological and biochemical factors. Ironically, then, while *Dendron* rejects any such *psychiatric* explanations, the paper was willing, at times, to print articles from writers who used biochemical explanations to discredit psychiatry through claims that psychiatric treatments iatrogenically induce "madness"; to indicate the possibility of biochemical treatment on the basis of so-called “orthomolecular medicine”; and finally, perhaps not surprisingly considering the ecological views presented in *Dendron* generally, as caused by environmental toxins.

The medicalization of iatrogenic madness

An article about a Prozac-survivors group states, “Prozac [sic] scientific critics say the drug can cause brain damage, in the long run shutting down the serotonin supply in the brain, increasing aggressiveness and self-destructiveness.”[136] One Prozac survivor gives a testimony in which she states, “‘The patient begins to act totally ‘out of character.’...they begin robbing, shoplifting, embezzling, becoming obsessed with sex, alcohol, and money...They are experiencing homicidal and suicidal compulsions.’”[137]

One might dispute the uniformly negative picture portrayed of the effects of Prozac on users in this article. Nevertheless, the important point here is that in this article, the mental states and behaviours referred to are portrayed as *pathological.* Such a portrayal contradicts other antipsychiatric writings which reject the notion that similar states of mind and/or similar behaviours in people not taking psychiatric medications should be considered signs of illness – nor should such states be construed as having any biochemical causes. In *Dendron*, behaviours and states of mind, even those which are objectionable or cause discomfort in others, are customarily portrayed as non-medical concerns when occurring among those not using psychiatric drugs. In general, *Dendron* portrays these either as acceptable variations of human behaviour or unacceptable behaviours subject to legal (not psychiatric) intervention. Here, however, both medical model explanations (“shutting down the serotonin supply”) and/or psychological evaluations (“out of character,” “obsessed,” “compulsions”) are used to discredit Prozac. Ironically, “madness,” is portrayed here as various types of pathology which, at least at times, are characterized by dangerousness.

Similarly, certain behaviours and experiences which are portrayed among those *not* on medication as "spiritual experiences" or "crises," or simple human emotional variation become, in an article decrying neuroleptic drugs, "brain damage."[138] Among the list of indications of "irreversible brain damage" due to neuroleptics in this article are "[s]evere emotional distress...very disturbing speeded up activity...[s]eeing and hearing *imaginary* things."[139] Again, another article entitled, "Drug-induced madness & lobotomy,"[140] reads, "Long-term neuroleptic drugging may be linked to a wide range of brain damage...that's right, neuroleptics at times chemically manufacture *madness*..."[141]

The preponderance of articles discussing iatrogenically-induced "madness" focus on medications. One letter, however, does ask readers for information on the possible "psychosis"-causing capacity of electroshock. Its author, Patricia Woody, writes, "I was given three shock treatments and began hallucinating. The psychiatrist told me that it was not uncommon – that it would pass...It did not pass."[142] Stating that she had endured memory loss due to shock, Woody nevertheless indicates greater concern about "psychosis," stating: "...I feel [applications of electroshock] may have even more serious side effects as sending someone into a psychosis..."[143]

Biochemical causes of madness in "alternative medicine"

On the other hand, a short series of articles in *Dendron*, three times entitled "The Paradigm Shift," and once entitled simply, "The Shift," indicate *Dendron's* willingness to entertain the possibility that emotional difficulties, including long-term difficulties, are sometimes caused by biochemical factors.[144] However, none of these articles discusses the possibility that psychiatric drugs might be effectively used to treat such biochemical factors. Rather, all of these article focus on "alternative medicine" or "orthomolecular medicine"[145] – particularly (though not exclusively) the use of diet and " dietary supplements."[146]

John Hammell, the author of all of these articles, describes himself as a psychiatric survivor. In his third article, he discusses his history of emotional difficulties in the following way: "Thirteen years ago I recovered from suicidal depression, severe fear, inability to concentrate and other debilitation..."[147] While Hammell does mention a range of possible alternative treatments apart from biochemical ones,[148] repeatedly he emphasizes the use of a "nutritional treatment program" and refers to the chemicals he uses as "nutrients."[149] In one article, he lists these chemicals as "vitamins, minerals, amino acids, and trace elements."[150] In another, he specifically discusses L-tryptophan, noting that "Prozac and L-tryptophan have one thing in common: they are both serotonin precursors, they build the amount of this brain chemical to make more of it available to us."[151] However, he argues that L-tryptophan is "natural" while "Prozac, on the other hand, is dangerous as hell and helps induce some people to become homicidal killers!"[152]

Underlying Hammell's discussions of orthomolecular medicine, nevertheless, are biochemical explanations of at least some experiences of madness. Hammell writes, "...[T]here's no doubt in my mind that many survivors never had any sort of organic problem like I have, but to blindly conclude that biochemistry never plays a causal role is not objective..."[153] Furthermore, he seems to assert that a problem with psychiatry is it does *not* take biochemical causes into account: "The DSM-3 provides worthless behavioral descriptions of complex biochemical phenomeon [sic], shedding zero light on what underlies the symptoms!" [154] Moreover, he states, "The problem with mainstream psychiatry is that they've been trying to solve these problems strictly through the use of petrochemical based drugs..."[155, 156]

Madness and environmental causes

One the one hand, as we have seen above, there is an openness in *Dendron* to ecopsychology – an analytical and a therapeutic orientation which critiques the emotional effects of living in urban contexts as well as suggesting the use of "nature" as a source of emotional healing. On the other hand, an arguably corollary proposition is asserted:

environmental factors may cause emotional distress.

At least one *Dendron* article discusses the relationship between environmental factors, or toxins, and madness. An article which reviews an "Environmental Illness Guide" states, "E.I. [Environmental Illness] often overlaps with psychiatric labeling for at least two reasons: First, much of the pollution can cause mental and emotional difficulties. Second, people's reactions and fear to environmental poisoning are often disbelieved and dismissed as an emotional disturbance."[157] In the first sentence, the discourse clearly indicates a biological relationship between environmental toxins an "mental and emotional difficulties." The second sentence, however, returns us to labelling theory, wherein reasonable distress caused by fear is labelled as "emotional disturbance."[158]

Ironically, then, considering its generally staunch rejection of biological models of madness, *Dendron* in various ways makes use of a biochemical explanations of madness. However, it only does so when (a) such explanations discredit psychiatry or psychiatric drugs, and/or (b) when such explanations offer treatments which negate the possible value of psychiatric drugs.

Coalitionism: welcoming (certain) allies

Unlike the early wing of the mad liberation movement, which had effectively, after about 1975, rejected significant participation in the mad movement by non-patients and non ex-patients, *Dendron* was open to participation of anyone who opposed psychiatric force – ex-patients, dissident psychiatrists and other dissident mental health workers, and family members.

The initial several issues of *Dendron* seem to have been calculated to situate the mad liberation movement in the context of other human rights struggles. These issues took up the black civil rights movement, alternatives to psychiatry by and for women, Cesar Chavez and the largely Chicano United Farm Workers union and grape boycott, and aspects of the lesbian/gay rights movement.[159]

Dissident psychiatrists and mental health workers, as well, were well-represented in the pages of *Dendron*. For example, an early *Dendron* interview with R.D. Laing appears in the February 1988 issue of the paper.[160] Moreover, the January 11, 1990 issue of *Dendron* reports briefly on a memorial held for Laing in December 1989, after Laing's death in August 1989.[161] This particular article mentions, as well, anti-psychiatric psychologist Seth Farber, who wrote at least one article for *Dendron*[162] and whose book, *Madness, Heresy, and the Rumours of Angels: The Revolt Against the Mental Health System* was positively reviewed in the paper. About the book, the reviewer states, "[Farber's] new book could serve as a bridge between psychiatric survivor activists...and...the large, strangely-quiet [sic], often-silenced community of dissident psychologists and other professionals who have been challenging the 'mental health' system...."[163] Sympathetic discussions and mentions of Thomas Szasz appear in the paper, especially in conjunction with his presence at conferences of the National Association for Rights Protection and Advocacy (NARPA), which, while formed by dissident mental health professionals, was at that time increasingly becoming open to psychiatric ex-patients/survivors.[164]

Most mentioned on the dissident front, however, was Dr. Peter Breggin. Though a psychiatrist, Breggin was staunchly critical of mainstream psychiatry – in particular of its emphasis on biological explanations of mental and emotional difficulties as well as what he saw the proliferation, and dangers, of psychiatric drugs. He appears repeatedly in the paper. Early issues of *Dendron* discuss the debate regarding controversial remarks on the *Oprah* show.[165] He is pictured attending the 1992 *Dendron*-promoted "Support-In" events in Washington, D.C.[166] In the May 1, 1992 issue, *Dendron* published his critical analysis of the "Violence Initiative" (discussed above).[167] Moreover, his book *Toxic Psychiatry*, highly critical of mainstream psychiatry, was very favourably reviewed in *Dendron*.[168]

An organization of dissident mental health workers, Mental Health Employees for Ethical Treatment (MHEET), was covered by a dissident mental health worker in several articles.[169] In the final years of the 1990s, as well, it appears that the Support Coalition not only supported, but helped to foster, an activist group of parents and friends of consumer/survivor/ex-patients, in part to counter the influence of an organization that was repeatedly portrayed in *Dendron* as conservative and retrogressive in relation to mad people: the National Alliance for the Mentally Ill (NAMI). This alternative organization was called Relatives & Allies of Psychiatric Survivors (RAPS).[170]

An article in the March 11, 1991 issue is particularly forceful about the idea of mad liberation movement "allies." In this article potential allies listed include: "Mental health"[171] workers, friends and family members, women, gays and lesbians, "working-class blue collar people," young people, artists, elders, immigrants, the homeless & the poor, men, Jews, Prisoners, Disabled people, "people labeled retarded," and "environmental folks."[172]

On May 1, 1992, *Dendron*'s editor had the following to say about the "networks" of people forming in opposition to psychiatry:

> The human response had to happen to something as outrageous as psychiatric oppression...
>
> People are organizing more and more diverse grassroots actions throughout the globe. People are publishing, filming, writing, taping. They are praying, singing and composing songs, drawing. they are laughing, crying, holding each other, and seeing a vision of freedom. They are linking up in protests and at conferences.
>
> Internationally, people are discovering whole decentralized networks of activists working on this issue they had no idea existed. They are finding allies who have been there all along. So am I.[173]

In this statement can be discerned not only the idea of a coalition of antipsychiatric allies, but also, I would argue, an appeal which bolstered the growing promotion in *Dendron*, of the formal antipsychiatric coalition which the publication increasingly fostered.

Alternativism

As we saw previously,[174] the question of alternatives was far from absent in *Madness Network News*. However, in that paper, the priority in terms of practice was given to political demonstrations and some activists asserted that political activism *was* the appropriate "alternative" to psychiatry. In *Dendron*, there is no question that in terms of prominence, major articles were devoted to opposition to psychiatric practices, in general, and psychiatric force, in particular. However, the question of alternatives, I have argued, was virtually inevitable in *Dendron*, as the paper was not only facing the issue of psychiatry, but the historically new and growing issue of the alternativist-reformist wing of the movement. As such, despite short shrift given to the efforts of the A/R wing, as we shall see in the next chapter, much more space was allotted in *Dendron* to discussing "alternatives." Importantly, however, articles in *Dendron* attempted to represent alternatives, both discursively and in terms of actual reported practices, in ways distinct from that of the A/R wing of the movement.

How, then, was the issue of alternatives conceptualized in *Dendron*? Two statements by David Oaks indicate the conflicting and unresolved orientation of the *Dendron* from its 1988 inaugural issue until 1999 regarding the subject of alternatives and the activities of the alternativist/reformist wing of the movement.

On the one hand, in an editorial entitled "Free Space" in the October 7, 1992 issue, reviewing the history of the mad movement, Oaks writes:

> [I]n the mid-1980's, the movement for human rights in psychiatry ran into a new, huge problem maintaining a 'Free Space.' That's when a federal 'mental health' agency (plus some states & cities), seemed to recognize the value of peer support and empowerment. They funded a bit of advocacy, model 'consumer-run' alternatives, conferences.
>
> Some strong, experienced activists at the time were outraged with the likelihood of 'co-optation,' that is, government control of networks of psychiatric survivors. They put their foot down, saying, '*No money from the 'mental health' system!*' All hell broke loose....

> People going to 'mental health' funded drop-in centers, conferences, peer groups, 'empowerment centers,' etc. need to be crystal clear about the difference between what they are doing, and a 'Free Space.'...[175]
>
> Ironically, some radicals who angrily left the movement in the mid-1980's and some moderates who sold out have something in common now: *Silence about psychiatric oppression.* Nurture the independent movement, and make YOUR space free![176]

Here, it is clear that Oaks (a) at least implicitly considers himself a radical, (b) considers the radical position to be a rejection of mental health funding, and (c) considers those who have taken government money to build various alternative sites of support and service to have "sold out."

Nevertheless, another statement in his editorial in the Summer 1994 issue strikes a more conciliatory tone. He writes:

> We're also listening to you about more articles on 'alternatives' for achieving well-being. This can raise a controversy. Good. There are so many seemingly-conflicting approaches, that an advantage of the psychiatric survivors and 'mental health' consumers movement is that we provide a common denominator for all the varying options other than forced psychiatry.[177]

Here, rather than lambasting the more moderate, alternativist wing of the movement for having allowed itself to be coopted, Oaks seems to be indicating that the movement is a "big tent," with a number of tendencies and strategies – all of which offer, in one way or another, an alternative to what he considers their common enemy: forced psychiatry.

One of the most elaborate statements regarding alternatives occurs in the July 14, 1990 edition of *Dendron.* In this article, entitled "Mental freedom means...the right to *choose*!", the following are listed as "[a]lternatives that have helped the whole person, and empowered them":

- User-run support groups, drop-in centers, housing
- Meeting basic human needs of adequate shelter, nutrition and income
- Taking political action together to change our society and overcome
- Mutual support between equals
- ...inexhaustible other options...including exercise, trips into nature, hugs, massage, meditation, prayer, friendship, good jobs, creative arts, and on and on...[178]

What is so striking about this list, however, is the fact that already-existing efforts to create the alternatives mentioned in the first two bullet points are so rarely addressed in *Dendron*, particularly in terms of lasting sites which acted as contexts of alternative practice, such as drop-in centres and (user-controlled, user-run) housing. When these are addressed, this is done in very short articles of a paragraph or two.[179] Moreover, the vast majority of content in *Dendron* can be characterized as politically-focused antipsychiatric discourse. Articles focusing chiefly on "adequate shelter, nutrition, and income" per se, as well as the means to achieve these, are virtually non-existent in *Dendron* from 1988 to 1999.

As we shall see in the next chapter, numerous alternatives are presented in *Dendron*: however, those discussed almost invariably focus on activities which are not grounded in specific, lasting contexts or agencies, but in other alternatives such as "user-run support groups," "mutual support," and a variety of practices engaged in by individuals apart from any dedicated, geographically-fixed supportive context. The exception to this is, ironically, not found in extensive discussions of the government-funded supportive contexts constructed by the A/R wing of the movement. In fact, the largest articles about geographically-fixed "alternatives" consist of two article about private facilities. As I will discuss, in one of these cases, *Dendron* lists the cost of the facility, certainly prohibitive for the vast majority of mad people attempting to survive on disability welfare such as Supplemental Security Income. In the other case, while no cost is mentioned, despite all the antipsychiatric and "mutual support" discourse found in *Dendron*, the Windhorse Associates program is reported to include the following: "The principal therapist meets with the clients as often as four times a week for individual therapy sessions...A psychiatrist may act as adjunct to a particular treatment team to monitor medications or to provide psychotherapy."[180]

Conclusion

In this chapter, we have seen that after mid-1980's split in the movement, the radical wing was revived in part by the efforts of a publication called *Dendron*. While it appears that, originally, the paper was initiated by David Oaks, *Dendron* became a publication with a relatively large circulation[181] in which radical mad activists occasionally debated, but for the most part reaffirmed, the traditional discourses of antipsychiatry. At the same time, some discursive shifts are apparent in *Dendron*.

In terms of reaffirmation of traditional radical discourse regarding madness, all of the following discursive strands are apparent in *Dendron*: myth of mental illness discourse; madness as a response to social oppression; madness as keen awareness of social oppression; and madness as spiritual experience. In terms of the reaffirmation of traditional discourse regarding psychiatry, again, all of the following strands of discourse are prominent in Dendron: the discrediting of particular psychiatric practices; the portrayal of psychiatry as social oppression, itself (with a particular emphasis on "psychiatric spread"); and the discrediting of psychiatry by reporting particularly egregious examples of misconduct and abuse by non-dissident psychiatrists.

Nevertheless, there are strands of discourse regarding both madness and psychiatry which I did not find in *MNN*. On the one hand, a number of articles argue, at least in part, that there are biochemical causes for madness. Some of these do so in the interest of supporting (or perhaps promoting) "orthomolecular" treatments, including chemicals which are portrayed as "dietary supplements." The rejection of psychiatry is maintained, as chemicals used by psychiatrists are discredited, but underlying the "orthomolecular" argument is a clear biologistic discourse regarding madness.

A particularly ironic set of statements is found in those articles which, in criticizing psychiatric medications, argue that these medications cause "madness," an assertion which I would argue undermines the very reframing of the term "madness" which radical writers in *Dendron* generally sought to achieve. For, if non-iatrogenically-caused "madness" is to be celebrated as the refutation of "normality," what does it mean to refer to iatrogenically-induced altered states of consciousness (or, as one letter-writer put it, as we have seen, "psychosis") as "madness"?

In addition, in at least one instance, a biologistic cause of what is alternatively termed "emotional disturbance," and "mental and emotional difficulties" is asserted on the basis of "environmental toxins."

More important, however, than the above assertions, I would argue, is the discursive shift in which madness is portrayed increasingly as a personal, rather than chiefly political (or spiritual) experience, of suffering.

It is true that terms such as "hurt," "pain," "distress," "stress," and "crisis," maintain an emphasis on the idea that none of these experiences constitute "illness." On the other hand, such language indicates a greater degree of emphasis on suffering and a partial shift away from antipsychiatric political focus. To the extent that such a focus also entails discussion of efforts of individuals (alone or mutually) to cope with such experiences (which we shall see in the next chapter is, in fact, a major emphasis of the later radical conceptualization of "alternatives"), this indicates a distinct shift from the greater relative emphasis on what was conceived of in *MNN* as "support" in the context of the "politics" vs. "support" question which I discussed in Chapters 4 and 5.[182]

The discrediting of psychiatry remained a mainstay of *Dendron*; no softening of opposition to psychiatry can be observed in the paper. In that sense, *Dendron* remained resolutely committed to reporting on negative rights violations and the assertion of the right to refuse treatment. Despite occasional statements supporting the "right to choose" *in favour of* psychiatric treatments (in particular, psychiatric drugs), the relentless discrediting of psychiatric drugs in terms of their dangers, deleterious, and sometimes fatal effects; the relentless discrediting of electroshock; the discrediting of all psychiatrists except dissident psychiatrists; and the portrayal of psychiatric and social oppression, in discussions of what I have dubbed "psychiatric spread" – all of these indicate that underlying the negative rights stances of *Dendron* (which were undoubtedly sincere) was a desire to see psychiatry either severely limited or abolished.

Nevertheless, the radicals writing in *Dendron* did not take the same position as those writing in *MNN* regarding the issue of what could be called "separatism." The radicals of the early movement increasingly disassociated themselves not only from mainstream, but also from dissident psychiatrists, resolutely asserting a mad movement constituted chiefly, if not entirely, of mad people, themselves. *Dendron*, on the other hand, welcomed any and all who supported an antipsychiatric and/or anti-psychiatric-force agenda: mad people, psychiatrists, other mental health system personnel, and family members. In this sense, *Dendron* developed a discourse of antipsychiatric coalitionism which was not present in *MNN*. This emphasis on coalitionism, as we shall see in the next chapter, was eventually embodied in an growing coalition of organizations and activists which came to be called Support Coalition International.

CHAPTER 6: POST-SPLIT RADICAL PRACTICE

Introduction

What emerges in *Dendron*, in terms of practice, is a picture of radical antipsychiatric activists who, on the one hand, remembered, and attempted to renew the spirit of the early radical mad movement. On the other hand, the radicals of the late 1980's and 1990's were contending with the issues of (a) how to rebuild that radical movement and (b) how to respond to the growing interest in and emphasis on "alternatives," not only by the alternativist-reformist wing of the movement but also by some radicals.

It is particularly in *Dendron*'s reporting regarding anti-electroshock demonstrations and other anti-shock activities that we see the spirit and the practice of the early radical wing of the movement most closely recapitulated. Apart from this, reporting on campaigns and demonstrations was limited, with the exception of a few reports on the "Heal Normality, Naturally!" campaign. That campaign was similar to *MNN* activity in some ways, but distinct in others.

It is true that *Dendron* successfully promoted several "Support-Ins," which appear to have been intended to be protest actions as well as celebrations ; however, these were not reported on in later years. It is almost certain that the lack of reporting reflects the lack of occurrence, considering the increasing promotion of the organization, Support Coalition (later, Support Coalition International) which was founded on the basis of the early Support-Ins.

Some efforts, it appears, were made to reinstate some form of Annual Conference on Human Rights and Psychiatric Oppression. However, based on reporting in *Dendron*, this appears not to have been a successful endeavour, despite attempts in the early 1990's to revive an annual event in the form of the "Support-In." Ultimately, however, it appears that the success of the original Support-Ins was not the establishment of an annual conference, but rather the establishment of a loosely affiliated network of organizations which focused on antipsychiatric themes and, in particular, on opposition to psychiatric force: Support Coalition International (SCI).

Perhaps one of the most fascinating aspects of *Dendron* from its inception to the end of the 1990's can be found in the various ways, in its pages, that its writers attempted to wrestle with the issue of "alternatives," even as the paper consistently eschewed alternativist-reformist efforts funded by the government and/or the mental health system. This led the paper to embrace (a) individual's own "private" efforts; (b) mutual support efforts, some of which were specifically, or drew upon, 12-step group beliefs or practices; (c) psychotherapeutic or quasi-psychotherapeutic efforts, and (d) private institutions which were deemed adequately outside of the orbit of psychiatric treatment, even though at least two of these were quite expensive and thus economically out of reach for the vast majority of mad people.

Practices similar to the early movement

Electroshock demonstrations and the "Zapback" campaign

As was the case with *MNN*, the largest number of demonstrations reported on in *Dendron* are demonstrations opposing electroshock – in particular, the forced use of electroshock. In fact, the anti-electroshock campaigns constitute the clearest, most sustained example of antipsychiatric political activism reported on in *Dendron*.

One might ask why electroshock-related demonstrations were so prominent in both papers. Of course, on the one hand, it is clear that the use of electroshock, especially forced electroshock, as we saw in the previous chapter, was resoundingly opposed by the radical wing of the movement. However, psychiatric drugs came under heavy fire, as well, and if electroshock was seen as a violation of the human body, even more so was psychosurgery. On another level, as well, we might ask why the radicals were so intent upon demonstrations regarding negative rights (particularly the right to refuse treatment), but reported so much less on issue regarding poverty and homelessness, and even less so in promoting demonstrations concerning these latter issues.[1]

I have no certain answer regarding this questions. As to the first – the question of the prioritization of anti-shock demonstrations over other psychiatric practices – it might be argued that, as much as *Dendron* discredited psychiatric drugs, it did not take a firmly negative position regarding their (chosen, as opposed to forced) use.[2] Electroshock, however, was arguably even more resolutely discredited in *Dendron* than psychiatric drugs. Regarding lobotomy and other psychosurgery, my supposition is that, considering that it was a considerably less widespread practice than electroshock at that time, opposing (forced) electroshock may have been felt to be the more urgent issue. Perhaps, as well, opposition to electroshock has a more visceral appeal: It is possible that for many people, the idea of taking pills, while perhaps unwelcome, does not necessarily immediately appear as a violation (despite the fact that for some people, psychiatric drugs *are* experienced just in that way). But the idea of "zapping" the human brain – of causing convulsions and possible damage to brain tissue may be more immediately disturbing to many people.

The exact number of articles focusing chiefly on anti-electroshock and anti-forced electroshock campaigns may be debatable, in part because articles in *Dendron* not infrequently cover a variety of related topics and, as well, sometimes have titles which do not directly reflect the main content of the article. Nevertheless, I estimate that between 25 and 30 separate articles reported on shock demonstrations, lobbying actions, and an increasingly developed anti-shock campaign were printed in *Dendron* between 1988 and the final issue of the decade (Winter 1998-1999). Other articles, as we saw in the previous chapter, reported on the dangers and damages which the writers believed shock to have been proven to cause. Of course, these articles on shock protests and campaigns also made arguments against shock; my point here, however, is that actual actions were planned and/or taken, sometimes by people and groups closely associated with *Dendron*, sometimes by people and groups not reportedly so associated, in various cities.

Seven articles report on demonstrations which were targeted at the issue of what demonstrators saw as lack of adequate informed consent and/or the closely related issue of the right to refuse electroshock. All of the articles regarding the right to refuse and informed consent are discussed as being related in some way to Support Coalition International (SCI) or the Clearinghouse on Human Rights and Psychiatry, closely associated with *Dendron* and SCI.[3] The first such demonstration, reported on in the January 11, 1990 issue, was not linked to the Support-In, but rather to the Clearinghouse on Human Rights and Psychiatry, nevertheless closely associated with David Oaks and *Dendron*.[4] A small demonstration of about twenty people "held a second protest over lack of informed consent at Sacred Heart General Hospital in Eugene, Oregon."[5]

A widespread set of simultaneous demonstrations occurred in July 1991, on Bastille Day. These were overtly associated with the Support-In. "On July 14, 1991, at more than 15 sites in the U.S. & Canada, psychiatric survivors organized events to break the silence about electroshock human rights violations.... This year's simultaneous actions were promoted by '*The Support –In*,' a national coalition of human rights, advocacy & support groups..."[6] The article specifically discusses or mentions demonstrations in Madison, WI; Toronto, ON; Syracuse, NY; Denver, CO; Philadelphia, PA; Eugene, OR; Santa Cruz, CA; San Jose, CA; Long Beach, CA; and in Michigan.[7]

Dendron increasingly positioned the Support-In as the epicentre of anti-shock activism grounded in human rights discourse. Thus, for example, a front-page article in the December 15, 1991 issue declared, "A national campaign targeting human rights violations from electroshock is making breakthroughs. The human rights coalition, The Support-In, is asking U.S. Congressional representatives for a public hearing in Washington, D.C."[8]

Another right to refuse campaign associated with SCI was the "Save Lucille Campaign," concerning an eighty year old woman, Lucille Austwick, a nursing-home resident who "said 'No!' to psychiatrists' requests to give her electroshock..."[9] According to the article, "S.C.I. held simultaneous national protests...in Chicago, Syracuse, Austin and Santa Cruz...."[10] Moreover, in Lake Oswego, OR, "more than 50 protesters held up huge cardboard lightning bolts outside the headquarters of a shock manufacturer, MECTA Corp."[11] While *Dendron* rarely exhibited the presence or interest of celebrity or major politicians' endorsements, a sidebar article notes that the actor and comedian, Lily Tomlin, endorsed this campaign.[12] The following issue of *Dendron* notes that "protests by Support Coalition and others helped save Lucille Austwick from forced shock in Chicago."[13]

By the Spring 1995 issue, SCI had framed the spate of anti-forced electroshock demonstrations and activities as the "Zap Back Campaign." In one sense, the campaign included all anti-forced shock activities. For example, the "ZAP BACK against forced shock"[14] article in this issue makes reference not only to the "Save Lucille Campaign," but also to resistance against shock on the part of another woman. Furthermore, the article discusses the efforts of a Wisconsin group to fight for a "federally backed investigation of forced shock,"[15] as well as the situation of a nurse fired for her opposition to shock treatment at the hospital where she worked.

On the other hand, at times it seems that the "Zap Back Campaign" more specifically refers to activities designed "to alert the U.S. Dept. of Health & Human Services (DHHS) about forced electroshock (ECT) against the expressed wishes of the subject."[16] It appears that the and DHHS-related campaign in fact began as part of the "Save Lucille Austwick" campaign discussed above. An article about Austwick states, "S.C.I. is now focusing its campaign on Donna Shalala, the Secretary of the U.S. Dept. of Health & Human Services..."[17]

An article in the Spring 1995 issue states, "For more than a year, Support Coalition has led a 'Zap Back Campaign.' Hundreds of members and allies have used e-mail, letters, postcards, faxes, protests and personal visits to alert the U.S. Dept. of Health & Human Services (DHHS) about forced electroshock (ECT)...."[18] By 1996, the paper was accusing the Clinton Administration of juggling a review of forced electroshock. In response to the Administration's foot-dragging, "Support Coalition co-sponsored a national protest against forced electroshock in Sec. Shalala's home town of Madison, Wisc."[19] As of the subsequent Winter 1997-1998 issue, an article notes that despite ongoing pressure by Support Coalition which had "mobilized hundreds of people...to pressure the Clinton Administration to look at force and fraud in electroshock...[t]he Clinton Administration continues its one-year juggling act of a long-promised 'review' of federally-funded forced electroshock..."[20]

Finally, in March 1998 (as reported in the Winter 1998-1999 issue), the U.S. Center for Mental Health Services (CMHS) released a report. On the one hand, Lynda Wright stated that the CMHS's "Electroconvulsive Therapy Background Paper is unique in reporting a much more balanced position on the pros and cons of ECT than previous public reports..."[21] On the other hand, she critiques the report for representing what she claimed were "myths" about electroshock as "facts." While the editorial introduction to the article claims that the CMHS's report was a "whitewash,"[22] it also claims a degree of success by the Zap Back campaign: "Four years ago Support Coalition launched a ZAPBACK campaign demanding that the Clinton Administration acknowledge force and fraud in electroshock...[T]he feds did quote Support Coalition several times about horrendous human rights violations and memory loss from shock. Also, the report had to acknowledge that there was 'clear evidence' of incidents of forced illegal electroshock at St. Mary's Hospital in Wisc. [Wisconsin]"[23]

In one sense, it may not matter whether the demonstrations and campaigns were all part of a larger "Zap Back" campaign: the point of all these activities was to oppose forced electroshock or electroshock, per se. *Dendron* made a point, as a newspaper, of reporting on these because it was highly committed to this particular agenda.

On the other hand, the argument can be made that in associating demonstrations and individual actions that were not (or at least were not reportedly) themselves directly part of SCI's activities, *Dendron* was attempting, as the newspaper at the core of the building of SCI, to draw an ever-closer association between opposition to electroshock, *per se*, and involvement in SCI via its Zap Back campaign. This could be seen as part of the larger agenda of *Dendron* which sought to reunite, however loosely, antipsychiatric radicals under the banner of a single "coalition" or "network" – that is, SCI. I discuss further the building of SCI below.

Thus, a variety of demonstrations against electroshock were reported on, and while they increasingly were linked to SCI in *Dendron*, this was not exclusively the case. In general, there were at least four separate themes on which one or more demonstrations focused. First, as we have seen, there was the focus on informed consent and right to refuse: the issues at the core of the vision of electroshock as what *Dendron* termed a "human rights" issue. Second, there were several demonstrations which took place which pointed out what was seen as the unfairness of having educational forums about electroshock which excluded the very viewpoints of the people who had experienced shock – particularly those who had experienced it negatively. These included an international symposium regarding electroshock,[24] two industry-sponsored "certificate courses,"[25] and, twice, the annual research conference of the New York State Office of Mental Health.[26]

Third, there was one campaign of lobbying and there were two demonstrations whose direct purpose was to restrict the use of electroshock. A significant number of people and groups were involved in a Texas campaign which resulted in what were at that time some of the strongest restrictions on electroshock in the United States, according to the article. At least two electroshock survivors, Dianna and Doug Loper, cofounders of the National Association of Electroshock Survivors (NAES) lobbied the Texas legislature, while psychiatric dissident Peter Breggin and two neurologists testified in favour of the shock-restricting legislation. Moreover, the article states, "Group support for the bill included the Committee for Truth in Psychiatry (C.T.I.P. is a national organization of 500 psychiatric survivors), Mental Health Association of Texas, Gray Panthers, Texas Mental Health Consumers, and National Organization of Women."[27]

As *Dendron* (and SCI) began to have an increasing international focus during the 1990's, two articles reported on "stop shock" efforts outside of the U.S., as well. One article discussed the efforts of the Second Opinion Society, a movement group in the Yukon Territory of Canada, to create a "shock free zone" in that Territory.[28] Long-time U.S. anti-shock activist Leonard Roy Frank (whose hospitalization testimony and records I discussed in Chapter 2), travelled to the Yukon to deliver a public talk about electroshock. Another article focused on efforts in Britain to "Pull the Plug!" on electroshock.[29]

Fourth, one campaign, briefly referred to above, focused on the firing of a psychiatric nurse who had objected to the use of shock in the hospital where she worked. According to the article, the nurse, Stacie Neldaughter, "worked as a psych. nurse at St. Mary's [Hospital] for five years, and repeatedly questioned the hospital's extensive and frequently coercive use of shock treatment."[30] Further, "She watched with increasing dismay as the hospital shocked old people (particularly old women), sexual abuse survivors, and one gay man, who got shock treatment in order to erase his attraction to men."[31] Ultimately, Neldaughter "was fired after refusing to directly assist with a shock treatment."[32] Neldaughter organized the protest with several supporters, a protest that consisted of fifty people, including at least two shock survivors.

Finally, a number of articles report on activities which indicate a general opposition to electroshock: a relatively large protest of 150 people which was initiated at the Alternatives '91 Conference,[33] a protest at a manufacturer of shock equipment, [34] and assorted acts of individuals, such as tabling, all of which fall under the heading of general anti-shock protests and activities.[35]

The disruption of normality: The "Heal Normality, Naturally!" campaign

As alluded to in the previous chapter, the "madness as clarity" discursive strand shifted in *Dendron* towards an emphasis on calling into question the concept of "normality," itself. On the one hand, problematization of "normality" fundamentally asserted that "madness" was a situation of enhanced clarity regarding social oppression or spiritual realization. On the other hand, in *Dendron*'s "Heal Normality, Naturally" campaign, the emphasis shifted from the idea that "madness" is clarity to the notion that it is lack of clarity which is "mad." Rather than focusing on antipsychiatry, in particular, the campaign attempted to celebrate the range of emotional experiences and behaviours which so often are labelled "abnormal" in American society. In a related manner, rather than focusing on mad people, ex-inmates, psychiatric survivors, and people labelled mentally ill, the campaign focused, by means of inventive ironic reversal, on people customarily considered "sane," in effect *pathologizing* lack of interest in or sensitivity to larger political injustices and conformity.

Perhaps the first indication of the advent of this campaign was the Anti-Normality Contest noted in the Summer 1994 issue of *Dendron*. Initiated with a spirit of humour, a notice regarding a contest read, "A panel of official psychiatric survivors will award a prize of $50 to the most normality-defying entry, which will be used in a new 'Normality Free Zone' poster."[36]

However, the actual campaign was proclaimed by David Oaks in the following way in the Summer 1994 edition:

> I announced [the campaign] from the stage of the Oregon Country Fair's ethereal 'Midnight Show.' Of course I had just mooned them. The next day a real celebrity – the outrageous new-Vaudevillian Rev. Chumleigh – blasted things off by performing exorcisms of 'normality,' slapping volunteers from the audience in the head with his 'shamanic' rubber chickens. The 'normals' fell back. It worked![37]

The Summer 1996 issue gives a campaign update with a keen analysis of the seriousness underlying this rather playful campaign: "Support Coalition's 'Heal Normality' campaign is a humor sandwich. Funny on the outside. Serious on the inside...The campaign to heal normality gets to the true roots of 'stigma' and discrimination against people with psychiatric labels."[38] *Dendron* insists this was a "real campaign,"[39]: buttons were distributed, Janet Foner's "Ten Warning Signs of Normality" [40] posters were also distributed. Moreover, events such as a "Mad Tea Party," a musical band was created, and an early indication of the use of the internet for organizing are all discussed in this article.[41] Furthermore, an accompanying article indicates that the campaign was "building power in Gainesville, Florida..."[42]

Nevertheless, little more is said about actual activities related to this campaign in the remaining *Dendron* issues of the 1990's. Janet Foner does note in the Winter 1998-1999 issue that the campaign had had an influence outside the U.S., as well.[43] It is unclear what became of the campaign, but it is possible to speculate that it had less visceral emotional appeal than anti-electroshock activities, thereby rendering it less successful in drawing support. It is also possible that some activists were less interested in the "prankster" orientation of this campaign than in the more traditional protest repertoire of the anti-electroshock campaign. In fact, one could argue that despite the framing of "Heal Normality, Naturally!" by *Dendron* as a "serious campaign," and despite its promotion, in practice, of a traditional radical discourse, in many ways "Heal Normality, Naturally!" did not closely resemble traditional antipsychiatric political practice, at least not to the degree that the anti-electroshock efforts did.

From annual conferences reporting to the promotion of SCI

The participation of mad movement radicals in conferences may be underreported in *Dendron*. As we shall shortly see, reporting on conferences in *Dendron* started out with some enthusiasm, but abated over the 1990's, to the point that by the final issues of the paper, very little mention of national conferences was made in the paper. One reason why this may be so is that the last International Conference on Human Rights and Psychiatric Oppression, an annual mainstay of the early radical mad movement, occurred in 1985 and, in many ways, was eclipsed by the U.S. government-funded "Alternatives Conferences," which began in 1985,[44] though the National Association for Rights Protection and Advocacy,[45] a radical conference made up both of mad activists and dissident psychiatric professionals, did take place throughout the period of *Dendron* under study.

Perhaps, too, for some radicals, memories of the painful final International Conference on Human Rights and Psychiatric Oppression remained alive long after 1985, though if this is so, I did not find discussion of it in *Dendron*.

Another reason for the reduction in reporting regarding conferences is the fact that, as alluded to above, annual meetings of the APA became focus of Support Coalition (SCI) yearly protests. In the following sections, I argue that the major reason for the reduction in reporting on all conferences may have been due to the fact that, even as Support Coalition appears to have failed, despite efforts in the early 1990's, to revive an annual conference analogous to the Annual Conference on Human Rights and Psychiatric Oppression of the early movement, whether coinciding with APA conventions, in relation to Bastille Day,[46] or in other contexts or locations, the Support Coalition original efforts eventually evolved into an organizational form which was found to gain increasing (if loosely-affiliated) adherents to

Support Coalition International. This coalition embodied the desire of some radicals for an activism imbued both with antipsychiatric radicalism and decentralized, non-hierarchical organizational relationships.

The "Alternatives" conferences

The Alternatives Conferences were enthusiastically endorsed and attended by the alternativist/reformist wing of the movement. While radically-oriented workshops occurred at the Alternatives Conferences, such workshops were likely in the minority.[47] The title of the these conferences – "Alternatives" – is itself, from a discursive point of view, very different than the title of former radical conferences, where the main issues were clearly stated to be "human rights" and "psychiatric oppression." It is perhaps not surprising, then, that at least as reported in *Dendron*, the relationship between the radical wing of the movement and the Alternatives Conferences was troubled.

Nevertheless, the first article in *Dendron*, a report on Alternatives '88, which took place in Salt Lake City, Utah, was relatively upbeat. Janet Foner writes, "The Alternatives '88 conference was superb – the best organized ex-patients' conference I've been to yet."[48] On the one hand, the fact that Howie the Harp, a long-term radical who had nevertheless embraced the creation of class-aware alternatives and reforms of the psychiatric system, gave the keynote address indicates the desire for the mad movement to have a unified voice. On the other hand, Foner states the following, indicating a clear division in the movement: "Both NAMP[49] and NMHCA[50] had interesting programs going on *simultaneously* during one day of the conference, but the speakers were staggered so that one could easily go to some of each of the programs."[51] NAMP was one organization around with radicals gathered; NMHCA was the major organization of the alternativist/reformists at the time of this article. The fact that the organizations had separate workshops, even if staggered, indicates the split in the movement. Moreover, despite the fact that the occasion was generally civil, Foner reports that there was a plenary debate on forced treatment, clearly a wedge issue in the movement. Foner notes that the moderator of this debate, Peggy Timblin, "insist[ed] a number of times that no one interrupt anyone else..."[52] Further, she states, "...Peggy saw to it that no arguments were allowed to erupt and all got a hearing."[53] These statements indicate that even if civility reigned, feelings regarding this issue were passionate and that opinion was divided.

The September 1988 issue included three articles about Alternatives '88, indicating a real interest by *Dendron* in the conference. At the same time, despite the positive tone of his article, Andrew January Grundy of NMHCA, prefaced his interview with Rae Unzicker of NAMP, with the following question: "Can a Representative [sic] of NMHCA interview the NAMP co-ordinator fairly and without bias?"[54] The content of the article suggests an affirmative answer to this question; however, the fact that Grundy posed the question indicates that some of his readers would assume that these two factions of the movement would be unable to view each other without prejudice.

In fact, Robert Emerick portrays the two groups as in intense and robust rivalry. Writing in 1991, he states:

> For the past several years, NAPS and NMHCA have been competing for the attention and membership affiliational alliances of former patient groups. This is demonstrated annually at the national Alternatives conferences that attempt to bring together self-help groups from all over the nation. Typically these conferences include numerous 'flare ups' between members of NAPS and NMHCA who vie for the attention and allegiance of uninitiated former patients and fledgling, newly-formed local self-help groups...[55]

An article the following March about the upcoming Alternatives '89 Conference clearly evinced ongoing tensions: "This year's event [i.e., the Alternatives Conference] ignited a conflict about who will plan it: Mental health professionals, not survivors of psychiatry, have the final say. Ex-inmate consultants to the conference are fighting back."[56]

The report on Alternatives '89, held in Columbia, South Carolina, spanning several pages of the September 15, 1989 issue, began in the following way, "Alternatives '89 featured dozens of workshops. The personal contact was the heart of the conference though."[57] In this way, much of the discussion of this Alternatives Conference focused on individual attendees and their views, minimizing discussion of the events of the conference, itself. Nevertheless, several statements in other sections of the Alternatives '89 report indicate tensions. For example, indicating the assertion of opposition to federal involvement in the movement, the article states, "Mainly by stationing ten Dendron supporters at the top of the stairs at the end of a major plenary, we distributed 900 of the Dendron #13 inserts about drug-induced lobotomies & federal censorship of dissidents."[58] Moreover, what appears to have been a personal confrontation occurred, as reported in the following way: "After people had left, Editor David Oaks walked up on the stage and cordially handed Joe Rogers his personal copy. Joe said he would sue unnamed individuals, but said he wouldn't sue Dendron."[59] As noted in Chapter 4,[60] there appears to have been ongoing tension between David Oaks and Joseph Rogers, the latter being an alternativist-reformist activist associated with publications and organizations discussed in Chapters 7 to 10.

The tension between radicals and reformists (or at least between one radical[61] and those who sided with him or her, on the one hand, and one [unnamed] less-militant organizer, on the other) is revealed in the following statement, as well, over what to call a demonstration at "an enormous psychiatric institution"[62] in Columbia, SC. "People planned and held a protest there a few days later, even using that institutions [sic] own buses to get there. Unfortunately, one of the organizers thought the 'protest' should instead become a 'visit,' and tried to stop my bringing a simple sign that read 'Stop Forced Drugging.' Luckily, the entire bus voted by acclamation – three times – that they approved of the sign."[63]

An article in the January 11, 1990 issue of *Dendron* mentions the scheduling of Alternatives '90 at Duquesne University in Pittsburgh, PA. Even this notice indicates controversy and tension: "One note of contention: Gilberto Romero, who serves people of color on the conference planning committee, announced that the traditional organizing day for activism and national groups will be placed at the end of the conference. Gilberto said this was partly because of federal pressure to depoliticize the conference, which in 1989 had several days of lengthy, controversial group meetings."[64]

The Alternatives '90 Conference, held in Pittsburgh, PA, seems to have been a moment, however, of unusual unity between the two wings of the movement. An introduction to Janet Foner's report on the conferences notes the contentiousness in the movement in prior years: "In past years, the 'Alternatives' conference had political struggles between conservatives and radicals. 1989 was marked with intense in-fighting within the ranks of 'moderate' survivors, nearly destroying the National Mental Health Consumers Association."[65] A large protest of 600 people, likely fueled by the high attendance of 1,500 at the conference, marched on July 14, Bastille Day, during the conference, shouting, Foner writes, "Tear down the walls!" and "1 - 2 - 3 - 4, We won't take your drugs no more, 5 - 6 - 7 - 8, Fuck the therapeutic state."[66] Crucially, the radical National Association of Psychiatric Survivors[67] and the moderate National Mental Health Consumers' Organization (NMHCA) dedicated themselves to writing a joint pledge not to join the "National Mental Health Leadership Forum," which Foner characterizes as "a government-sponsored consortium including the American Psychiatric Association, Mental Health Association, etc."[68]

However, this pledge was apparently subsequently undermined by the National Mental Health Leadership Forum. In the August 6, 1991 issue of *Dendron* reported that the NMHCA had, in fact, joined the Leadership Forum after the Leadership Forum "amended their affiliation agreement to say that member groups only had to support goals not in conflict with their own mission."[69]

Perhaps this set of events led to an article on the Alternatives '91 Conference in Berkeley which pulled no punches. The full title of the report is, "Behind the scenes at

Alternatives '91: National shock protest held. Conference coordinator blows it".

A number of issues were touched on in this article. First, the article criticized the Alternatives conference coordinator, Nancy Donigan: "...[G]overnment control stood out very starkly this year, as Alternatives coordinator Nancy Donigan had a participant hauled away by Berkeley police to a psych. institution, over the objections of the vast majority of participants, and despite the existence of many alternatives." [70]

The majority of this article, in fact, is not about general events at the Alternatives '91 Conference, but rather about the radical activities which took place at the conference. Some people not directly referred to as members of the Support-In are mentioned, including Howie the Harp, Judi Chamberlin, and "a new gay rights group, 'The Fruit and Nut Bar.'"[71] Much of the article, however, emphasizes activities associated with the recently-founded Support-In. Seven bullet points emphasize Support-In's activities, including a plenary address by David Oaks. The penultimate paragraph of the article concludes, "It's finally hitting home that while government funding of some projects is vital, the real 'home' of the movement is elsewhere, in completely independent struggle."[72] This paragraph then goes on to distinguish between what could be characterized as the alleged "purity" of Support-In and what seems to be a characterization of some reformist activists as "sell-outs" in the following way: "The Support-In receives no government money, so nothing could be done by reactionary 'Clarence Thomas-type Consumers' to stop it."[73]

After 1991, however, despite the apparently strong presence of radicals (or at least those who favoured the Support-In) at that year's Alternatives Conference, there are no articles, nor even calendar announcements of the Alternatives Conference in *Dendron* again until the Summer 1994 issue. All told, from 1992 until the end of the decade, there are only four short calendar listings, one banner advertisement, and one short report for or about the Alternatives Conference. The single report about Alternatives '95 appears as a two-paragraph section of Janet Foner's occasional column, "Reclaiming Power" in the Summer 1996 issue.[74] Because most of the content of these paragraphs focuses on remembrances of Howie the Harp, considered to be a major leader in the movement by many, it may be that *Dendron*'s near silence about Alternatives Conference was broken precisely because of the loss of this long-time movement hero.

The NARPA conferences

Alternatives Conferences were funded by the federal government, though also for a number of years coordinated either by the National Mental Health Self-Help Clearinghouse or the National Empowerment Center, the first of which was a resolutely alternativist/reformist organization associated with Joseph Rogers, the second of which was also generally alternativist/reformist, but which, in its newsletter (to be discussed in subsequent chapters), took positions that sometimes ran on a spectrum from radical to reformist.

On the other hand, the National Association for Rights Protection and Advocacy (NARPA), founded in 1982 as a "coalition of ex-patients, advocates social workers and lawyers,"[75] took resolutely libertarian positions in regards to society. At least for a number of years, radical mad movement activists gravitated to NARPA's annual conferences. Nevertheless, it is striking how few reports on the annual meetings, let alone other activities, of NARPA are portrayed in *Dendron*.

While I found thirty-one mentions of NARPA from the inaugural issue in 1988 until the final issue of the 1990's, I found only eight articles which could be considered to have as their main topic reports on NARPA annual conferences. Importantly, *seven out of eight* of these articles are about NARPA conferences which took place during the earliest two years of *Dendron* – 1988 and 1989. The eighth is a one-paragraph article. Eight other discussions of NARPA conferences were announcements about upcoming conferences which contained some further information regarding NARPA, such as luminaries involved in the organization, the purpose of the organization, or conflict about the organization. From the March 11, 1991 edition forward, fully twelve mentions consisted no more than announcements in *Dendron*'s calendar of upcoming NARPA conferences. One single-paragraph article gave notice of a video which had been produced of the 1992 NARPA conference. One banner advertisement of an upcoming conference was printed, and finally one full-page advertisement regarding audiotapes of the 1997 NARPA convention was printed.

In contrast to discussions of Alternatives, which were, as we have seen, often permeated with a significant degree of criticism and mistrust of the intentions of government sponsorship, all but two mentions of NARPA conferences are positive or neutral. This is even true of calendar announcements. Here I juxtapose two announcements of upcoming Alternatives and NARPA conferences found in "Calendar" section of the March 11, 1991 issue of *Dendron*. Regarding Alternatives '91, the announcement reads, "August 9 to 11. Berkeley, CA: Alternatives '91. A national 'pro-choice for human rights in electroshock' protest will take place at a shock shop. But will Alternatives '91 endorse the protest? If not, The Support-In plans to pull it off anyway."[76] The announcement does not actually describe the point of the Alternatives Conference, and it offers a challenge, if not also a warning, to organizers of the conference regarding impending radical action.

By comparison, this is the announcement for the NARPA '91 Conference:

> October 23-26, 1991. Austin, TX: The National Association for Rights Protection & Advocacy will meet in Austin, Texas. Amazingly enough, this is one of the very few – if not the only – annual conferences in the U.S. open to the public and focusing on advocacy for psychiatric inmates on major issues such as forced drugging, outpatient commitment (which is forced drugging in the community), etc. They also include advocacy for people labeled 'retarded' to boot. If your state Protection & Advocacy agency doesn't send someone, you might ask if they are too busy fighting isolated battles for minor reform....[77]

Here, NARPA's conference is portrayed positively. An arguably backhanded slight is given to the Alternatives Conference, as well, in the indirect suggestion that the NARPA conference may have been the only conference focusing on the use of force regarding psychiatric inmates. No challenge is laid down to the NARPA conference, as was done regarding the Alternatives conference; on the contrary, here the gauntlet is thrown at the feet of government-funded Protection and Advocacy agencies,[78] who, the announcement suggests, were not seriously taking on major pressing issues regarding psychiatric inmates.

Because, year after year, announcements regarding the NARPA conference consistently lauded the organization, it is striking that, with one exception, no articles reporting on the NARPA conventions appeared in *Dendron* after 1989. With only two exceptions, the 1988 and 1989 reports on the NARPA conferences of those two years highly praised the NARPA conferences. Even then, the negative reports were not so much about the NARPA conference itself, as about a single troubling event which occurred at the 1988 Conference.[79] All other conference reports, from at least four different writers, highly praised the Conference or reported neutrally about conference events. For example, Kentucky Protection and Advocacy agency worker Rick Cain writes of the 1988 conference, "I felt that the NARPA Conference was the most enlightening, informative, and educational conference I have attended."[80] Of the 1989 conference, Paul Ottenstein writes, "To make the personal, political – or for that matter to make the political, personal – that is what NARPA is about."[81]

It is all the more striking that *Dendron* does not report on the conferences in any articles after 1989, given that the only other conference report article, found in the Spring 1995 issue mentions that the editor of *Dendron*, himself, David Oaks was the co-recipient of NARPA's "David J. Vail National Advocacy Award."[82] Moreover, a full-page advertisement for audiotapes of the NARPA '97 conference makes it clear that both the President of NARPA and at least two NARPA Board Members were long-time mad movement activists who either had remained radicals (as was the case with Rae Unzicker), or who, while engaging in alternativist/reformist practices, had in many ways never abandoned their commitment to the radical values of the early movement (Judi Chamberlin and Laurie Ahern).[83]

A number of articles make reference to Bastille Day protests. In fact, in 1991, the idea of the "Support-In" was associated with Bastille Day.[84] An announcement accompanying an article on the history of Bastille Day in relation to the mad liberation movement in the U.S. stated, "Join in Bastille Day – Support-In Sunday 1991."[85] In the August 6, 1991 issue, the main thrust of the Support-In/Bastille Day protests was discussed as focusing on electroshock.[86] In the October 7, 1992 issue, however, the 1992 Support-In was written about as consisting of a set of protests and other activities coinciding with the APA annual meeting in Washington, D.C.,[87] while only a single article was devoted to a set of at least five protests on Bastille Day in three cities in the U.S., one city in Canada, and one city in France. Only an indirect association was made between Bastille Day and the Support-In in this article.[88] Bastille Day, 1993, despite the apparent decision to make it a yearly day of remembrance, received only scant attention in *Dendron*, in an article which noted only two protests, both in New York State.[89] After this, for the rest of the decade, Bastille Day receives little mention in *Dendron*.[90] In the Winter 1997/1998 issue, for example, the events calendar does not even mention July 14 or Bastille Day. In the Winter 1998/1999 issue, the final issue of the decade, a short article mentions Alan Waché, a Parisian who had years before been inspired to hold a Bastille Day protest by his attendance at the 1992 Support-In in Washington, D.C. This article entitled "French Resistance," makes no mention of Bastille Day.[91]

While the dropping of Bastille Day as a mad movement event[92] may seem insignificant, I believe it, in fact, to be crucial. In relation to radical practice as portrayed in *Dendron*, in particular, this is one indication, among others,[93] of what appears to have been either the inability of the radical wing to revive a thoroughly antipsychiatric, mad conference like the earlier Annual Conference on Human Rights and Psychiatric Oppression; or, on the other hand, the vacillation of the radical wing as to where and how to invest an antipsychiatric mad identity in a recurring ritual practice such as an annual conference.

In a wider sense, the choice to ground psychiatric survivor identity in events co-occurring with the APA, as opposed to Bastille Day, is indicative of a central problem of the radical wing of the movement even from its earliest years, for the search for autonomy ironically may have been impeded by the relentless referral to psychiatry itself (indicated by demonstrations and forums tied to the APA annual meeting), rather than by the creation of events structured around an important event of liberation (Bastille Day), not bound to the discourse or the schedule of psychiatry and psychiatrists.

From Support-In to SCI

As the previous sections have shown, *Dendron* largely abandoned reporting on an annual conference it viewed with great suspicion, the Alternatives Conference, and even, for the most part, abandoned reporting about the annual conference toward which it was quite favourable, the NARPA conference.

It is true that other conferences were occasionally mentioned, – for example various "psychosocial rehabilitation" conferences,[94] a profession in some ways increasingly sympathetic to the concerns and views of alternativist/reformists[95] and even, arguably, radicals. There were also several reports on statewide "consumer" conferences, several of which, in Pennsylvania, likely appeared in *Dendron* because of Janet Foner's Pennsylvania-based activism.[96] Finally, part of author Kate Millett's speech at the 1989 conference of the radical organization, the National Association of Psychiatric Survivors (NAPS) was printed in *Dendron*,[97] and, while there was no report on the following, a conference of psychiatric survivors who were also "people of color" was listed in "Calendar" section of the Summer 1994 issue.[98]

On the whole though, particularly concerning an organization like NARPA, which had a large following among radical and progressive members of the mad movement, one might expect more reporting on conferences. And it is crucial to note that simply because *Dendron* did not report on NARPA conferences, this does not mean that they did not occur – they did. More importantly, the lack of reporting in *Dendron* does not mean that these conferences were not important to some radicals. *Dendron*'s own announcements of NARPA conventions indicates that at least *Dendron* wanted people to know that the conferences were slated to occur. Moreover, particularly as years went by, *Dendron* regularly included a section which announced and briefly described the publications of other radical mad activist groups.

Why, then, the sharp drop-off in reporting of national conferences? Perhaps the explanation is indicated by the title of a front-page article in the May 7, 1990 issue, which directly followed the last issue to report at length on the NARPA conference. In italic typeface on the front page of the May 7, 1990 issue the main headline reads, "*New human rights coalition to be launched!*" This coalition was what at that time was called "The North American Support-In to Celebrate the Human Spirit," which was shortly thereafter to be renamed "the Support-In,", then "Support Coalition," and, eventually, Support Coalition International. From this point forward, *Dendron*, while always offering news of various radical (and, upon occasion, alternativist-reformist) non-SCI related activities, increasingly became the voice of SCI, in an effort to foster a loose coalition (or, as David Oaks had also written, a "decentralized network")[99] of radical opposition to those practices which were referred to in *Dendron* as "psychiatric oppression."[100]

Even some months earlier, the January 11, 1990 issue of *Dendron* had announced, and contained an extended article about, the launching of a new "coalition" called "The North American Support-In to Celebrate the Human Spirit" or, in short, "Support-In." The coalition's aims were explicitly political: "...[E]ven as federal & state funders have begun to recognize the validity of...peer empowerment, there has been a pressing need for grassroots community action to break the silence about severe oppression."[101] The agenda of the organization is here described as having, but not being limited to, several key points: confronting electroshock, confronting outpatient commitment laws, the medicalization of homelessness and poverty, and the need for "humane personal support that absolutely protects their rights, and respects them as whole and equal people."[102] In asserting, in the next sentence that "...these alternatives are seldom explored, funded and offered,"[103] the Fact Sheet implies that existing government-funded alternatives constructed by the alternativist-reformist wing of the movement did not adequately protect the rights and did not adequately respect the personhood of the people they served.

Support-In events were scheduled to coincide with the 1990 annual conference of the American Psychiatric Association (APA). These events were intended to "[focus] on positive, festive & even fun alternatives to psychiatry."[104] At the same time, the political emphasis is evident: "We are also directly challenging human rights violations. We plan to communicate...that something fundamental is changing in the relationship of psychiatry and the people they label."[105] The Support-In was again announced on the cover of the May 7, 1990 edition of *Dendron.*[106] That announcement states, "The intention of this coalition is to 'Break the Silence about Psychiatric Oppression'"[107] and further asserts that "[s]imultaneous 'Support-In' events are planned in other parts of the country, including Birmingham, Alabama; San Jose, Calif.; and Estes Park, Colorado."[108]

It is worth noting the language used in these announcements. While likely intended to kindle the militant demonstrations against the APA which occurred at more than one Annual Conference on Human Rights and Psychiatric Oppression, nevertheless two words stand out: "support" and "alternatives." Deliberately or not, the announcements clearly were appealing to sentiments in the movement in favour of the provision of support and the creation and building of alternatives to psychiatry and not solely to antipsychiatric political activism.

A report by Janet Foner in the July 14, 1990 edition of *Dendron* states that over a period of five days "about 150 participants"[109] were involved in the first Support-In events. Two protests were held, one of which was characterized in the following way: "A circle of 50 people sang, held hands, and had a 'Support-In.'"[110] Furthermore, according to Foner, this Support-In consisted of "remember[ing] friends, relatives and others who had been killed by the psychiatric system,"[111] indicating that even in terms of "support," the Support-In privileged the issue of psychiatric oppression over support regarding other matters, such as ongoing emotional difficulties. The participants in the Support-In then "rallied in front of the entrance to the APA's annual meeting...."[112] A second protest was also held, but no numbers were given; and a "Mad Celebration" consisted of dance, songs, poetry, and a "jam."[113] It was also noted that events took place in a number of other cities. However, no report is given of the numbers of these events, though Foner does state that these included "[p]rotests, public forums, picnics, and other Support-Ins..."[114]

Perhaps more important than this event itself was the enduring term "Support-In" which was to become the name of a "coalition" of various groups who all took radical positions in relation to psychiatry. In the March 11, 1991 issue, the coalition was called, "The Support-In to Celebrate the Human Spirit" or simply "The Support-In."[115] As of the October 1992 issue, however, the coalition became known as "Support Coalition International,"[116] the name which lasted until the end of the century (and beyond).

By the March 11, 1991 issue, a more formal description of the coalition was produced, including its history, its organizational members, and the Support-In staff. This article notes that the organization did accept a $10,000 dollar grant "from the Levinson Foundation, which enables it [i.e., the Support-In] to employ Janet Foner & David Oaks part time as co-coordinators."[117] The staff consisted of Janet Foner, David Oaks, and Mary Ann Ebert; there were also ten regional coordinators.[118]

Throughout the 1990's, APA demonstrations remained a focus of SCI activity and self-promotion. At the 1992 Support-In held in Washington, D.C., five days of demonstrations and "counter-workshops" were held near the annual meeting of the APA. The main article discussing these events was entitled simply "Support-In '92,"[119] a phrase arguably analogous in structure to the Alternatives Conferences (Alternatives '90, Alternatives '92, etc.), which were partially government-funded and, as we have seen, increasingly ignored by *Dendron*. In this sense "Support-In '92" may have been an attempt to create a radical-wing analogue to the Alternatives Conferences.

Nevertheless, demonstrations at the APA convention in San Francisco in 1993, were not dubbed a "Support-In." Rather, SCI claimed victory, along with several other organizations[120] in "break[ing] the silence"[121] about psychiatric oppression. Here, the idea of the Support-In had shifted to a coalition of organizations: the Support Coalition International is referred to as "an alliance of 16 groups..."[122] Another APA annual meeting-related demonstration by SCI is reported on, albeit more briefly, in the Winter 1997-1998 issue.[123] An article in the subsequent Winter 1998-1999 edition reports on a demonstration in Toronto at the APA annual meeting in that city. Here, the relationship of SCI to the demonstration is discussed, but not made at all prominent. Rather, the article places in the foreground the organizing of the demonstration by the organization People Against Coercive Treatment (PACT), while also noting, "The APA conventions have become the focal point of protests by survivors over the last few years, mainly under the banner of Support Coalition International."[124]

The very masthead of *Dendron* indicates the evolution of the publication from a paper which reported on the radical wing generally to one which, while maintaining a wide range of reports (and especially short notices regarding events, publications, and organizations), increasingly promoted SCI. From its inaugural issue through July 1989, the masthead of virtually every *Dendron* began, "The goal of *Dendron* is to provide an independent service to the many individuals & groups concerned about human rights in – and alternatives to the current psychiatric system."[125] As of September 15, 1989, the wording of this introductory remark changed slightly to, "Dendron [:] An independent service to the many individuals & groups concerned about human rights in psychiatry, and interested in exploring options for emotional support."[126] This slight change in wording perhaps indicates an even more specific rejection of psychiatry: whereas the first statement allowed for the possibility of a system of psychiatry other than the "current" one; the second statement steps entirely outside of any reference to psychiatry except in terms of psychiatry as a locus of concern regarding human rights.

Only minor grammatical changes in the wording of the masthead ensued for a considerable time. However, almost exactly ten months after the Support-In launch was announced, farther along in the masthead, a significant addition is inserted. Prior to this, there had been no "disclaimer." The following was added for the first time in the March 11, 1991 issue: "**Disclaimer:** *Dendron News* is an independent publication. Dendron is also dedicating a section of its pages each issue to the human rights coalition, The Support-In. Nothing outside of those articles should be taken to reflect the official positions of The Support-In or their member groups."[127]

In the Summer 1996 issue, this disclaimer, only slightly modified, remained. However, in that edition's editorial, David Oaks writes the following: "Support Coalition has re-made itself. Two years ago, to simplify everything, Support Coalition re-incorporated was one group, combining with *Dendron*."[128]

Subsequent to the Summer 1996 issue, the disclaimer distinguishing material in *Dendron* that was specifically dedicated to The Support-In or Support Coalition International disappeared. Rather, the masthead of the final 1990's editions of *Dendron* begin with the following simple statement: "*Dendron News* is published by Support Coalition International."[129]

It might be argued that these changes in masthead wording are negligible in significance, but I would assert the contrary. While they are subtle, they nevertheless indicate a clear trajectory, supporting my contention above that the decrease in reporting of conferences is likely associated with the shift towards the building of SCI as a radical coalition.

The shift over time from "Support-In" to "Support Coalition" to "Support Coalition International" can be understood as an evolving, developing organizational phenomenon, in which the APA demonstrations acted as a focal point and a catalyst to a more extensively revived radical wing of the mad movement. From something that was more an event than an organization, the Support-In evolved into a network of organizations, locally autonomous, yet in principle dedicated to eradicating forced psychiatric practices.

Dendron did gradually emphasize its own campaigns over the campaigns of other groups, even if the paper never limited itself to reporting solely on the activities of Support Coalition International. At the same time, the emphasis on SCI continued to privilege political activism over the building of enduring geographically-fixed contexts of practice (or "counter-institutions"). An indicative sidebar in the Summer 1996 issue lists "Some highlights of six years of Support Coalition victories."[130] Of the approximately twenty activities which *Dendron* lists, only two of these could be considered the building and maintaining of alternative institutional contexts – the "lending library & archives" and the "[main] office [which] provides advocacy, information and referral to about 40 individual a week..."[131] Approximately five of the action bullet points describe conferences, workshops, retreats, and protest rallies. Several bullet points refer to the dissemination of information, and several others to investigations and campaigns promoting antipsychiatric and civil libertarian causes such as anti-electroshock campaigns, deaths at a hospital related to forced psychiatric drugging, and the issue of racism in psychiatry. This list of "highlights" in the Summer 1996 issues clearly indicates that the radical wing continued to prioritize political activism over the building of service-related alternatives, and/or other alternatives situated in long-term, enduring locations.

In summary, David Oaks, and others in the radical wing of the movement associated with *Dendron*, attempted to rescue that wing of the mad movement from oblivion. Originally, it seems, *Dendron* was in some sense a place of regroupment, an editorial location where radicals, wounded by the battles of the early-mid 1980's, and new radicals, could find an enduring and at times (arguably) somewhat more flexible, radical voice than that found in *Madness Network News*.

Within a few years, *Dendron* gained traction. For reasons not spelled out in *Dendron*, Oaks, to all appearances, did not attempt to make *Dendron* the written representative of an organization such as the National Association of Psychiatric Survivors, even though *Dendron* presented that, and other, radical organizations sympathetically. As I have argued throughout my discussion of *Dendron*, part of its discourse and part of its vision, was of a network rather than an "organization." There was, it is true, a litmus test for joining SCI, at least as a sponsoring group: opposition to the use of psychiatric force. But apart from standing in opposition to forced treatment (and in support of the "promot[ion] [of] human empowering alternatives"),[132] SCI's supporting organizations appear to have in no way simply "local branches" of SCI. While a few did name themselves as local incarnations of SCI, the vast majority were organizations which joined SCI, not organizations which were created as branches of SCI. In some cases, too, the sponsoring groups were diverse in terms of their aims. Many were primarily political activist organizations, but sponsoring groups also included at least one drop-in centre, at least one business, and an arts group.

Alternatives from the radical point of view

Conceptions and types of alternatives indicate a consistent minimization or ignoring of government funded efforts on the part of the alternativist-reformist wing of the movement. This left *Dendron* in the position of supporting efforts which were sometimes individualized, rather than collective. Another major type of alternative discussed in *Dendron* consists of mutual support which was staunchly non-professionalized and informal. This included support for specifically apolitical "peer-run" groups[133] which, one could argue, therefore held values in contrast with *Dendron*'s radical political orientation. It also includes some groups which appear to have accepted psychiatric diagnostic categories, as we shall see below. Moreover, some of the alternatives discussed, because they were "private" facilities, indicate a class bias in favour of practices and contexts which would either effectively exclude or be very difficult to obtain if one were not upper middle class or wealthy.

Mutual support groups and the 12-step group influence

In the July 21, 1989 issue of *Dendron*, David Oaks writes of a trip in the Midwestern U.S. he took with Barbara Peller, an ex-patient who, he reports, "is in seven (count 'em, seven) mutual support groups: ACORN, a homeless drop-in support system in Evanston, Illinois. GROW...Adult Children of Alcoholics. Co-dependents support group. Recovery. Depressive and bipolar support. And a spiritual exploration group of ex-inmates and counselor, acting as equals."[134]

Oaks describes some of the places that he and Peller visited. Two of these he critiques: "We then attended an ACORN self-help group for homeless people. ACORN has a friendly drop-in center, but it is not user-run and so was somewhat disempowering."[135] He devotes an entire separate article to his critique of GROW, which he characterizes early in the article as a " huge network of self-help groups for ex-mental patients that began in Australia in 1957."[136] Yet, Oaks later shifts away from the representing GROW as a having the kind of loose-knit structure that the term "network" implies: "...[I]t turns out that this highly-organized movement, led by an ex-inmate Catholic priest named Con Keogh, has an official prejudice against gays and lesbians, says Mark A. Davis, Director of an advocacy group in Philadelphia."[137] Later, Oaks quotes Diane Maxwell as stating that GROW was "based...on Alcoholics Anonymous...Like AA, there are twelve steps..."[138]

In fact, support groups based on the 12-step model are portrayed as alternatives in *Dendron*. Thus, Nina Wouk writes about her eventual use of 12-step programs in response to suffering she endured "[e]very three or four years." [139] Referring to the 12-step concept of a spiritual "higher power," she writes, "If you're desperate enough to turn yourself over to a shrink, you're desperate enough to turn yourself over to whatever Higher Power is willing to help."[140] Ultimately, Wouk chose 12-step programs to deal with her difficulties. After having sought relief in many traditional psychiatric/mental health settings, she began to attend Alcoholics Anonymous meetings. Eventually she "switched to a similar group, Emotions Anonymous."[141]

"Clover" writes a similar testimony in the Winter 1997-1998 issue, telling of the torments of "31 years of psychiatric 'care' by more than 200 psychiatrists."[142] Eventually, she left the psychiatric system and "found psychologically grown-up adults in a 12-step program. These were people of love and truth, who knew I was a person equally worth loving....Treated as if I were a person, I became one."[143]

In the same issue of *Dendron*, the term "recovery," in the sense of recovery from addiction to drugs and alcohol, is carried one step further in an article entitled "Psych. Drug Addiction Recovery" which announces the existence of "TURN (Tranquilizer User Recovery Network)...a network that provides support for people suffering from tranquilizer use."[144] Using language reminiscent of that found in the texts of 12-step literature[145] Sandra Jacobs writes that "the alternative [to recovery] for those of us at TURN is spiritual, emotional and (possibly) physical death."[146]

"Alternative 'therapy'"? re-evaluation co-counseling

In the pages of *Dendron* there are also discussions of another group, "Re-evaluation Co-counseling" (RC) which used less formal mutual support interpersonal interaction, in contradistinction to the creation of more highly funded standing institutions created by the alternativist/reformist wing of the movement.

For some time, Janet Foner worked in the alternativist/reformist wing of the movement in the Pennsylvania Mental Health Consumers Association (PMHCA).[147] According to her own report, she also formed Support Coalition International with *Dendron*'s founder, David Oaks.[148] She was also a long-standing member of Re-evaluation Co-counseling. In the April 1988 issue of *Dendron*, she defines RC: "Re-Evaluation Counseling, also called co-counseling, is an international network of people from about 50 countries and numerous backgrounds who use a peer/self-help method of counseling in order to remove the effects of past hurts. Most are active in social change movements."[149] This particular article describes a weekend workshop "for ex-psychiatric inmates who are involved in Re-evaluation Counseling"[150] held in Philadelphia, PA.

Despite Foner's claim that "[Re-evaluation] Co-Counseling simply is not a therapy,"[151] her discussion of RC indicates that it has much in common with psychotherapy, even if it is done on the basis of peer counselling rather than on the basis of professionalized relationships. Foner claims that RC is not a "radical therapy," or therapy in any sense, because "in contrast [to most therapy, which] seeks to control people by trying to get them to 'adjust' to society and support the status quo," co-counseling "supports people to change the world for the better, to seek liberation of all people, fight injustice, and stop humans harming humans." Nevertheless, co-counseling is portrayed by Foner as employing "what work[s] for people in healing themselves from emotional and physical hurts," though she does add that this is a "self-directed process." At the same time, she writes, "Personally, some of the best co-counseling sessions that have released the most terror and grief occurred while being held close gently by my co-counselor, while I cried and cried."

While Foner may be correct in asserting that most therapy focuses on individual, not political, concerns, the *techniques* of RC described in the previous paragraph – crying, being listened to, expressing grief in the company of a co-counselor are in fact quite similar to the practices of some professionalized forms of psychotherapy. Certainly, as well, some forms of radical therapy do address issues of social injustice and oppression.

A letter from Kris Yates to *Dendron*, supportive of RC, states, "After trying Radical Therapy, Reichian bodywork, feminist therapy, and never having anything really work, I came upon Revaluation [sic] Co-Counseling. In R.C. I get together with another person and we take turns listening to each other. This has been great support for me because co-counseling recognizes mental health oppression, is free, and involves peers. With a co-counselor I can cry and not worry that I'll be seen as crazy or in need of drugs, etc."[152] Is this "not a therapy"? I would argue that this is, in fact, "counselling" or "therapy," albeit done by peers rather than by professionals.

An interesting discussion, and critique, of the potentially *apolitical* (or, at least, de-politicizing) nature of co-counseling undertaken by David Oaks, appears in the May 1, 1992 issue of *Dendron.* Oaks reports on his attendance at a retreat entitled "Mental Health System Survivors and Allies Workshop." Co-coordinated by Charlie Kreiner and Janet Foner, the focus of the retreat was "to support each other and, for a while, live a vision of the world without psychiatric oppression."[153] Oaks writes that he is "not technically a part of the RC community"[154] though he "enjoyed and participated in all the activities."[155] Although he gives a positive account of the gathering, Oaks expresses a concern in his final paragraph: "My only question was, will participants take political action and <u>*then*</u> get emotional support for feelings... or will they *first* use support for comfort, but not take action."[156]

In this sense, Oaks expresses concern similar to that of the critics of therapy in *MNN*, concern which suggests a "madness as clarity regarding political oppression" strand of discourse. That is to say, he questions whether RC, like the therapy critiqued by *MNN* writers, ultimately is a way in which (some) people find personal relief from economic and political oppression, relieving themselves of personal suffering, but effectively rendering themselves depoliticized. This line of thought argues, as we saw in the discussions of therapy and politics in *MNN*, that in order to avert such self-serving and depoliticizing practice, the priority for radicals should not be therapy, but radical and/or revolutionary antipsychiatric political action.

Individual and individualistic alternatives

Striking, as well, in *Dendron*, are the individualized nature of some "alternatives." The cover of the October 1988 issue in fact directly poses the question, "But what are the alternatives?" The article begins with an introduction: "When traditional psychiatry is criticized, <u>that</u> is the inevitable question. Of course, the very first alternative can be found in the oath all doctors take: "<u>To do no harm.</u>" But then what?"[157]

The introduction goes on to say, "In this issue, readers take up their pencils, pens, typewriters & computers to explore creative options that have worked for them."[158] It is actually unclear how many of the articles in this issue are a response to this assertion,[159] but at least two do address the issue. One writer is Barbara Peller (who, as we have seen above, travelled about the U.S. Midwest with Oaks, sites which Oaks evaluated as alternative or non-alternative). Peller writes, "My first effort at self-help...was sharing the techniques I had developed for greeting my voices and visions – welcoming them, in calm openness, observing the colors, the faces, the expressions, listening, just hearing..."[160] Furthermore, Peller found the following helpful: "keeping a journal..., joining poetry workshops, yoga classes, massage, women's groups, assertiveness training, cross-country skiing, gardening, volunteer work, and most often sharing life in the company of friends."[161] While, as we have seen above, she did also join a variety of mutual support groups, Peller's list, in majority, enumerates informal, often individual, pursuits, some of which (for example, massage, yoga classes, cross-country skiing, and gardening) are less likely to be available to people on low or fixed incomes and/or people who reside in cities. Moreover, Peller writes in an accompanying article, "I found myself tasting of the 'spiritual smorgasbord' that flourished [in the Berkshire Mountains area of Massachusetts in the 1970's]. I sampled offering from chanting, guided imagery, group hypnosis, and animal spirit guides to out of body workshops."[162] Further on she writes, "I was fortunate to be with a therapist at the time who was caring enough to explore my experience with love and courage."[163]

Certainly all of these activities and efforts may be considered courageous, in that Peller made great efforts to come to terms with these sometimes very upsetting states of consciousness while simultaneously avoiding immediate recourse to psychiatry which, as we have seen throughout this dissertation, for many people ended up leading to a series of harrowing experiences.[164] Nevertheless, her writing portrays the efforts of someone who had the resources to engage in what she herself termed a "smorgasbord" of techniques – techniques not likely available, for example, to impoverished mad people living on the very limited income provided by welfare, and even less to homeless mad people unable at times to access even the most basic situations and services of survival, let alone "spiritual smorgasbords."

Erik Jonas writes about "some of the things I have done *for myself...*"[165] Such a statement indicates an interpretation of "alternatives" as individually-generated situations and activities. Jonas states, "[I] confronted my parents regarding our sick family system...realizing the necessity to be responsible for myself, realizing my chemical dependency and working the twelve steps of AA, and learning about the macrobiotic diet."[166] He also read a variety of what appear to have been self-help books,[167] the last of which, *The Science of Homeopathy*, he considered "a new approach and possible cure..."[168] In his penultimate sentence, Jonas writes, "I have worked very, very hard on my recovery and often it was painful and lonely."[169]

For Patrick J. Irick, recycling trash is his personal response to both social-environmental "insanity"[170] and his own "mood swings of ecstatic mania followed by the bottomless pit of depression."[171] In the face of these troubles, he writes, "I'll mix a can of corn into my dinner, remove the label with a sharp knife (is this the knife I might one day use on myself?) and open up the bottom of the can, folding it into the metal cylinder and flattening it beneath my foot."[172] Irick goes on to describe the completion of his process of can recycling. Some readers might find the idea of can recycling as an alternative to psychiatry unusual; however, it is clear that this article *is* presented as one person's alternative to psychiatry. Perhaps Irick is making the point that an alternative to psychiatry need not be directly related to "healing" or "therapy" at all – a point which I will revisit in Chapters 10 and 11.

In the Winter 1997-98 issue of *Dendron*, Kris Yates, a member of the Support Coalition International group, Network Against Psychiatric Assault, and at that time "an electroshock survivor working towards completing her Master's degree in counseling"[173] describes her "self-help program."[174] She writes, "Bottom line is taking care of my physical health because my emotional health is directly tied to my physical health....The three most important things for my physical health are: *food, rest,* and *exercise*."[175] Moreover, she states that "connection" is crucial: "Connection can involve spending time in nature, communicating with children, babies, and animals."[176] She also mentions the importance of spending time with friends and play, by which, she states, "I mean non-goal oriented nurturing activity which gives me pleasure."[177] On the one hand, the idea of "connection" is definitely not individualistic; on the other, Yates refers to activities which, overall, portray a vision of alternatives that is more about "self-care" than about organized, intentional, collective activities.

Private institutions/facilities as alternatives

Those few alternatives which could be considered as "institutions"[178] or facilities were not the efforts of the A/R wing of the movement funded by the government, but rather handful of (at least in two cases) expensive private facilities listed or discussed in *Dendron* – Pocket Ranch in northern California, Burch House in New Hampshire, Hanbleceya in southern California,[179] and The Windhorse Community of Northampton, MA.[180] In fact, articles about two of these, Burch House and The Windhorse Community, are long articles. No articles of such length were written in *Dendron* about government-funded alternatives. Again, while these can be understood as standing outside the traditional psychiatric system,[181] the expense of at least two of these places, as indicated in *Dendron*, itself,[182] as well as the geographical rurality and remoteness of at least two of them,[183] indicates a bias in *Dendron* in which the "purity" of refraining from taking government money (to construct alternatives) is preserved, while the severe limitation of access (on the basis of class) to these "alternatives" goes virtually unexamined.

In fact, the cover article of the Winter 1997-98 issue of *Dendron* is an interview, conducted by Matthew Morrissey, with Susan Brown, a "key Burch House leader."[184] In an interesting exchange, Brown seems initially oblivious to the financial limitations for either those who would like to create alternatives, those who might like to attend or live in them, or both. At one point in the interview, Brown says, "I don't really understand why it's so difficult for other people to run a place like this. I mean, we've had a lot of folks come through here with the idea that they want to go and open up a house like this." Morrissey responds, “It’s probably the money...,” to which Brown replies, “Well, I think it’s money and the physical energy...dedication, I guess...We were very lucky. This house was donated. You can’t just find a house!”[185]

Conclusion

Antipsychiatric radicalism as presented in *Dendron*, as we saw in the last chapter, adhered in large part (though with some exceptions) to the discourses also found in the earlier radical mad movement. Nevertheless, as we have seen, only one campaign clearly recapitulated the same discourse and strategic orientation as were found in numerous practices in *MNN* – the anti-electroshock or “Zap Back” campaign. Another campaign, “Heal Normality, Naturally!” did, in certain respects, resemble campaigns found in *MNN*. It was certainly grounded (even more, perhaps, than any early mad movement practice) in discourse strands regarding “madness as clarity” as social oppression and, arguably, spiritual experience. However, either the campaign itself, or reports of it, were not long-lived. Apart from these, the practices reported in and promoted by *Dendron* are dissimilar from those found in *MNN*. It is reasonable to wonder why this is so.

It appears that activists associated with *Dendron* attempted to reinitiate something akin to the Annual Conference on Human Rights and Psychiatric Oppression, originally grounding these in an event, or set of events, called “The Support-In,” and tying the Support-In, as did two of the Annual Conferences, to APA conventions. However, it also appears that this strategy did not work, or was abandoned, or both. Above, I discussed possible reasons for this, including the ascendancy of the yearly Alternatives Conference, which, as we will see in Chapter 10, gathered hundreds, and even up to 2,000 attendees per year. Some evidence shows that these conferences, again as elaborated in Chapter 10, privileged alternativist-reformist discourse and practices, though some radicals did attend these conferences, including those associated with *Dendron*, and some workshop titles indicate that the workshops advanced radical discourse and practice.[186]

Above, I showed that, in general, after its first several years of existence *Dendron* gave only brief reports or calendar mentions of conferences even to which it was more sympathetic, such as the NARPA annual conference.

Based on these indications, I would argue that it was likely that while many mad activists were sympathetic with at least some of the views of madness and psychiatry produced in *Dendron*, many of had also "shifted gears," moving towards the building of alternatives to psychiatry rather than focusing their efforts on the production of antipsychiatric discourse and practice. Important discursive shifts in *Dendron* leave little doubt that the idea of alternatives was on the mind of many mad activists, whether radical or alternativist-reformist.

It is thus that in *Dendron* we see a panoply of practices which were portrayed as alternatives, almost all of which had in common a single factor: the rejection of government funding. Mutual support groups, some based in or drawing on 12-step program beliefs and practices, the "self-care" activities of individuals, Re-evaluation Co-counseling, and private facilities, were consistently presented in *Dendron* as more legitimate alternatives than those constructed by A/R activists, if column-inches, as well as appraisals, are to be our guide.

Why did *Dendron* minimize discussion of alternative-reformist efforts or maintain such a critical view of them? Perhaps the following statement by *Dendron*'s editor provides an explanation:

> The Support-In itself is independent of any government or "mental health" funding. Government funding of empowering, humane programs is absolutely essential, and we demand more resources. *Those programs are our battleground, not our home.*
>
> However, independent political struggle can only be accomplished with independent funding, strength in numbers and self-reliance. *That's our real home.*[187]

On the face of it, this statement allows for, even demands, the existence of programs *funded by the government* which are "empowering" and "humane." However, virtually in the same breath, the statement indicates that such programs should be considered not as safe havens ("home"), but as places of (perhaps perpetual) political contestation. The "legitimate home" of psychiatric survivors should not be in the "humane" area of the mental health system, but rather in independent, autonomous activities of political struggle.

But can large numbers of people experiencing mental and emotional suffering really be expected to consider "empowering, humane programs" funded by the government as "battlegrounds"? Who is really being addressed in the above statement – mad people in general, or radical activists? Should an "empowering, humane program" be experienced as a "battleground" for someone undergoing severe distress? Should it not instead be experienced as a safe place where one can freely express one's madness without fear of discrimination and retribution?

The second paragraph in the quotation above is telling. The word "independent" appears twice; the word "self-reliant" once. Do these words refer to *individual* independence and self-reliance or *collective* "self-reliance" where the "self" consists of those experiencing, as Oaks puts it, "strength in numbers" (i.e., "the movement")?

It is likely that the latter assertion is intended. For, as with the radicals of the 1970's and early 1980's, antipsychiatric radicalism presented in *Dendron* saw the "real" alternative to psychiatry to be "political struggle." Notwithstanding the discussion of all of the other individualistic, private, and mutual-support alternatives found in *Dendron*, as was true of earlier radicals, so later radicals ultimately privileged "politics" over "support." It is true that those who wrote and reported in *Dendron* attempted in greater measure to come to grips with their own emotional struggles and to help others also experiencing emotional difficulties and turmoil. In the end, however, "the movement" (construed as antipsychiatric political activism) was, I would argue, itself seen to be the central focus of practice, both as a directly political effort, and as an alternative to psychiatry.

NOTE REGARDING THE LITERATURE OF THE A/R WING OF THE MAD MOVEMENT

Contrary to the early radical period of the mad movement in the United States, there was no single primary indigenous source regarding news and discourse development in the early movement.[1] I will therefore explore discourse as it was produced by a number of three sources in the A/R wing of the movement. In particular, I wish to focus on the newsletters generated by the National Mental Health Consumers Association (NMHCA), as well as those of a number of organizations to one degree or another association with activists originally involved in the NMHCA. I shall call these organizations, all of which had alternativist-reformist orientations, the "SEPA" (Southeastern Pennsylvania) organizations and projects,[2] and their newspapers and newsletters the "SEPA papers." I will also discuss the newsletter of the National Empowerment Council (*NEC Newsletter*, which I abbreviate as *NECN*), closely associated with Judi Chamberlin, among others. Both the National Mental Health Consumers' Self-Help Clearinghouse (NMHCSHC), located in Philadelphia, and the NEC received government funding. The third set of publications I will discuss the newsletter produced by the California Network of Mental Health Clients (CNMHC), *Network News*,[3] as well as two influential manuals produced by the CNMHC. These manuals were edited by long-time mad liberation activists. *Reaching Across*, published in 1987, was edited by Su Budd, Howie the Harp, and Sally Zinman, while *Reaching Across II*, published in 1994, was edited by Howie the Harp and Sally Zinman. It is instructive to consider and compare the views promulgated in *Reaching Across* and *Reaching Across II*, as the former was produced in 1987, shortly after the split in the movement, and the other in 1994, after some years had passed and a significant amount of funding of alternative "demonstration projects" had been disbursed by the Community Support Program (CSP) of NIMH. Finally, I will make use a number of sources found outside of these publications which refer to the period in question and which, themselves, were written by people who identified themselves as psychiatric consumers, psychiatric survivors, or "consumers/survivors." In one section of Chapter 10 I do discuss works which were chiefly written by non-mad people; however, the purpose of this section is to show how the writings of non-consumer researchers in professional journals reveal the "professional" biases and interests of such researchers.

The A/R documents, considered together, show what the turn to alternativism and reformism consisted of and implied for activists who had turned away from a sole or predominant focus on militant antipsychiatric or abolitionist practice. Together, the publications portray a rich array of views, all of which attempted to reconcile critical views of psychiatry with efforts to offer non-coercive alternatives to psychiatry, even while accepting money from government agencies, such as the National Institute for Mental Health (NIMH), part of whose function was biological research regarding the "causes of mental illness."

CHAPTER 7: ALTERNATIVIST-REFORMIST DISCOURSE REGARDING MADNESS

Introduction: from radicalism to alternativism-reformism

The radical wing of the mad movement, as we have seen, held a consistent set of beliefs about madness. I would argue that these discourses, considered together, made two major overall statements about madness.[1]

First, they offered a basic interpretation of madness as non-pathological. In short, for the radical wing, madness is, with the rarest of exceptions, not considered as illness. From a variety of discursive angles, an overall picture emerges of the notion that madness is not bad or painful, or if that there is pain, this pain is related to spiritual awakenings/experiences or to heightened awareness of social injustice. Thus, notions of madness as spiritual awakening/experience, notions of madness as keen awareness of social injustice, and notions of madness as innocuous, non-conforming behaviours or beliefs which are *labelled* as illness – all of these discourse strands have in common the idea that madness is not bad and does not constitute illness. The idea found in *Dendron* of "healing normality" falls within this overall statement, as well, for its intention is to turn conforming feelings, beliefs and behaviours into "illness";[2] while madness, non-normality, and non-conformity are rendered ultimately as healthy.

The other major statement regarding madness found in the radical wing of the movement is that madness, while painful, is so not because there is something intrinsically wrong with the person in pain, but because there is something wrong with the (social) environment which is causing such pain. This environment can be the "sick society in which we live"; it can be the abuses inflicted upon hapless individuals by psychiatry; or it can be the degraded natural environment.

Regarding the issue of non-pathological discourse in relation to madness, while it cannot be argued that the radical wing of the movement universally denied the existence of such suffering, the evidence from *MNN* and *Dendron* indicates that acknowledgements of severe, painful, and sometimes long-lasting experiences of madness were less emphasized than the injustices and suffering caused by psychiatric institutions, beliefs, and practices. The majority of presentations of madness either de-emphasized the gravity of such experiences, themselves, (instead emphasizing the gravity of potential or actual psychiatric [mis]treatment), or attributed them to spiritual, social-oppression, or iatrogenic experiences.

The problem with the notion that madness is keen awareness of social injustice is not that it is necessarily untrue, but that it is not necessarily true. While Americans (and others) live in a society where there is social and economic injustice and (resultant) violence, this is not necessarily the *cause* of the terrifying and deeply agonizing states of mind referred which constitute some experiences of madness. It is certain that some people are more sensitive to social injustices; this is arguably a virtue and not a mental failing or weakness. On the other hand, it is also true that some people experience mental or emotional agony not because of social injustice or sensitivity to social injustice, but because something else is happening inside them, or has happened to them, which causes them to feel such pain and suffering.

The consequence, in practice, for the radical wing's espousal of its discourses was an emphasis on antipsychiatric political activism. There is no doubt that there were radicals concerned with emotional and mental suffering: in the early movement, it is clear that the debate over "politics vs. support" indicates that there were radical activists who experienced and who wished to respond to suffering. In the later radical wing of the movement, discussions of "distress," "stress," "pain," and "crisis" indicate that some later radical activists were increasingly willing to talk about personal experiences not immediately resulting from psychiatric oppression,[3] and to consider new ways of responding to such experiences, both personally and collectively (in the latter case, as we have seen, often on the basis of informal mutual support groups rather than government-funded contexts).

Nevertheless, both the early movement and the later radical wing of the movement, as I have shown, consistently privileged political activism which opposed psychiatric oppression. The practical consequence of this was that the radical wing, emphasizing (as the matter was put in *MNN*) "politics" over "support," did not create a set of *lasting contexts or alternative institutions* which responded to the needs of a wide range of people whose experiences of madness were not those of mislabelled non-conformity, politically radicalism, or spiritual awakening – that is to say, those people whose experiences of madness were at least in part due to intrinsic factors.[4]

It is the creation of relatively enduring contexts of alternative and autonomous practice which became the focus of alternativist reformists. As we shall see in coming chapters, the desire to do this led to the willingness to accept government funding in order to reinforce the durability of the contexts they created. Moreover, the political activism of the A/R wing was directed more squarely at increasing representation in more "traditional" mental health settings as well as securing funding for alternativist-reformist projects.

Madness-as-suffering from various angles

When analyzing the discourse strands regarding madness in the A/R literature, what quickly becomes apparent is the degree to which these depart sharply from discourses found in the radical literature. Highly politicized notions of madness as an expression and/or a keen awareness of social oppression largely disappear, as do discussions of madness as spiritual awakening or awareness. For some A/R writers, "mental illness" was not a myth, but a very real entity, grounded in biology. For others, the term "mental illness," and associated biological models, remained problematic, but the painfulness of altered states of perception and emotion were acknowledged with virtually no exceptions. In fact, A/R discourses regarding madness all share the fundamental view that central to madness is the experience of *intrinsic suffering*. However, as we will see, such a view did not lead to pessimism regarding the possible life trajectories of mad people. On the contrary, as we shall also see, the A/R wing of the movement was decidedly optimistic on this matter.

But whence this suffering? What is its cause? One strand of discourse asserts that madness is pathological both in that it consists of suffering and in that it is to be explained as psychiatrists generally understand it: a "biological imbalance" and/or neurological problem. Another strand of discourse locates the cause of suffering in (early) experiences of trauma and abuse. But all remaining strands of discourse are either equivocal about, or bracket, the question of causality. No strand of discourse focuses on the central cause of madness-as-suffering to be the overall social-political system which recurs in *Madness Network News*, though the fact that social injustices such as poverty and homelessness exacerbate madness is discussed. Fundamentally, all of these less intensely politicized strands of discourse situate the experience and causes of madness closer to the individual. This fact correlates quite well with the preeminently *pragmatic*, needs-meeting focus of the A/R wing. Ultimately, discourses regarding madness were less important to the A/R wing than was hands-on construction of alternative, consumer-run and consumer-controlled settings, as well as representation of consumers on mental health boards and similar bodies.

One discursive question which stood squarely in front of the A/R wing as it departed from radical discourses and practices of the radical wing became: Should the suffering which stands outside of the explanations of the radical wing of the movement be called "mental illness"? The A/R wing of the movement did wrestle with the meaning of mental and emotional suffering. However, this struggle is discursively distinct from that of the radical wing. In the A/R wing, varying positions regarding the meaning of madness were asserted in the context of an overall framework in which intrinsic suffering was believed to inhere in madness, whether or not this such suffering was understood as "illness" or in other ways.

The problem with the term *illness* for those in the A/R wing who refused to use the term "mental illness" (some did, some did not) can, I think, be located not so much in the idea "madness is not suffering" but in the idea "illness implies medical treatment." In many, perhaps all, societies, the idea of "illness" is accompanied by the existence of "healers": a designated set of people who (allegedly) have special knowledge, and special techniques based on such knowledge, which can potentially *cure* illness. To be ill, in this sense, is to be subject to the benefits or the horrors of various alleged cures and treatments offered, or inflicted, by a particular society's "healers."[5]

However, health can sometimes be restored without cures and "healers." In the English language, we have words such as restoration, recuperation, healing, and recovery to indicate the return of health at times without direct or even indirect reference to the intervention of experts and cures. Physical wounds, for example, heal not because they have been "cured," but because an intrinsic healing and restorative process has occurred which is not necessarily or even chiefly subject to medical intervention. Some people recover from diseases spontaneously. Some people go through periods of poor health and then, for various reasons which may or may not include medical interventions, find themselves restored to health.

The words "mental illness," I would argue, have been subjected to such intense criticism among both radical and some alternative-reformist mad activists because they are so closely associated with the people who originally pronounce them, psychiatrists, and also with the dubious "cures" and "treatments" which historically have been foisted on mad people by psychiatrists – particularly hospital-based psychiatrists and psychiatry as experienced in hospital settings. In fact, if one closely scrutinizes, as we have, the stories of the early mad activists, it is apparent that, with only a minority of exceptions, these are stories of people who were subjected to psychiatric practices in hospital settings, a context in which the imbalance of power between psychiatrist and inmate was extreme; the denial of the inmate's point of view was endemic; and often terrifying, invasive, and systematically-coerced "treatments" were inflicted with near total lack of oversight and, therefore, with impunity.

The fact remains, however, that a "medical model" does not necessarily entail the intervention of doctors, even if this is often and customarily the case in American society. Even the radical wing, in a minoritarian discourse strand, left room for a biological model of madness, though the discussion of "permissible" treatments was itself couched in antipsychiatric discourse.

Interestingly, every discourse-strand of the A/R movement accepts the notion of pathology in relation to madness, *if at the semantic centre of pathology we consider one of its etymological roots, "suffering."*[6] While the radical wing, it could be argued, asserted a notion of madness-understood-as-suffering in its major statement regarding the relationships between madness and social injustice, the A/R wing of the movement tended to consider the locus of suffering to be primarily within the individual, the causes of this suffering considered to be either biological or, alternatively, related to personal experiences of abuse and trauma. Ironically, despite the fact that this tended to "depoliticize" madness as an expression of overall social oppression, the A/R wing was in its practice more responsive than the radical wing to questions of social injustice in the lives of mad people, in terms of actual service-based responses to homelessness and poverty.

Fundamentally, activists of the A/R wing thus took a matter-of-fact position towards madness: Madness is suffering, and because the existing psychiatric/mental health system has poorly addressed the suffering of mad people, as well as other needs they may have, exploration of the nature and causes of madness were usually less important, while the creation of alternatives to traditional treatment and services were paramount in importance.

Madness as mental illness

At times, the A/R wing accepted psychiatric discourse regarding the nature of madness.[7] Simply put, many activists in the A/R wing accepted the medical model, using the term "mental illness" to refer to their past and/or present mental and emotional experiences. Certainly it might be tempting to consider the assertion of such points of view as indicating a rapprochement with the government and mental health system funders considered madness to be mental illness. Using this terminology, one could argue, would be less controversial, and thus less threatening, to such funders. However, for some A/R activists, it appears that considering madness as illness was not so much a strategic manoeuvre as, much more simply, a solidly held belief.

Thus, for example, in 1987 Christy and Brian Disher, two psychiatric consumers, wrote in the NMHCA newsletter *Your Choice*,

> We are unable to understand how some people can believe that mental illness does not exist; that all people need is to be talked and loved out of their emotional distress; that, in fact, the whole psychiatric establishment is a sadistic conspiracy....Most illnesses have symptoms. Paranoia, hallucinations, delusions, excessive anxiety, obsessive-compulsiveness – these are abnormal symptoms that most people don't have...Mental illness is more than having a life in 'disorder and disarray' or needing to express anger. We have been psychotic. We have experienced severe depression and anxiety. We needed medication. We needed the hospital.[8]

Certain groups and organizations whose focus was mutually supportive discussion (generally spoken of as "self-help") such as Schizophrenia Anonymous, the National Depressive and Manic-Depressive Association, etc., clearly supposed and asserted a view of madness as biological/neurological illness. It is a valid question whether or not certain groups and organizations which accepted the medical model were properly part of the A/R wing for, more than considering themselves *alternatives to* or *reformers of* the mental health system, these groups generally considered themselves as *adjunctive* to psychiatric treatment.[9] Still, I discuss these organizations because they were, for the most part (though not without exception), initiated or conducted by mad people, [10] themselves. On the one hand, they accepted at face value the medical model; on the other hand, their practices sometimes called certain psychiatric assumptions into question.

In *The Key*, both the National Depressive and Manic-Depressive Association (NDMDA) and GROW are characterized as successful self-help groups. As with many articles in *The Key*, the major thrust of this piece is to offer "how-to" advice – in this case, advice about using "grassroots methods to attract members."[11] For the purposes of this discussion, however, statements in this article by leaders of two self-help groups indicate that they accept the medical model. The article quotes Susan Dime-Meenan, referred to as the head of NDMDA, as asserting that "groups like the NDMDA that have brought mental illness out of the closet have reduced stigma..." [12] A fieldworker supervisor for another organization, GROW, "an international self-help network with approximately 100 groups in the United States," is quoted as saying, "We want to let those who are suffering know that there is life after mental illness."[13]

Regarding Schizophrenics Anonymous (S.A.),[14] John P., a key organizer of this self-help group "founded in the Detroit area in 1985"[15] quotes the mission statement of the organization: "...to add the element of self-help support to the recovery process of people suffering from schizophrenia. We hope that this will contribute to the sense of well-being of S.A. members and help them cope with the difficulties imposed by their illness."[16]

In "A Recovery, Inc. Group Leader's Story," Lawrence Ackerman discusses the beliefs of Recovery Inc., a much older self-help group founded in the late 1930's by psychiatrist Abraham Low. While on one level, Recovery, Inc. accepts the medical model, in other ways, the group disrupts that model. Ackerman writes, "Now in the 1990's, the Decade of the Brain, we are learning that chronic behavioral disorders are linked to neurotransmitters, brain structural and receptor abnormalities and as-of-yet-not-understood metabolism of oxygen, glucose and proteins."[17] Yet, Ackerman also writes that Low "developed a new philosophy of aftercare for mental disease. This philosophy had a definite vocabulary (the Recovery language) for life with mental challenges."[18] Despite a firmly biological/medical understanding of madness, Ackerman describes how members of Recovery, Inc., using the language of their founding psychiatrist, attempt to reframe "symptoms" as "trivialities"[19] and seek after "averageness" – that is, behaviour which resists reflecting "symptoms"[20] so that members, as Ackerman puts it, come to "conduct ourselves with dignity as if these features of our mental illness were gone or going."[21]

These organizations, then, all accept the fundamental premise that the emotional and mental distress and altered states of consciousness experienced by their members constitute illness and symptoms of those illnesses. It can be argued that the goals of these groups – the remediation of these "symptoms" through various mutual support techniques and self-training – accept the authority of psychiatry. Yet, at the same time, the mere fact of the existence of groups of mad people meeting together without the presence of psychiatric authorities or other mental health system workers does stand outside the pressures on mad people to accept the premise that the only legitimate practices to address mental and emotional problems occur in the presence of such professionals.[22]

Overall, the SEPA organizations were willing to accept the psychiatric concept of madness as mental illness. Rare indeed are articles from the SEPA organizations which challenge psychiatric interpretations of madness. Two articles did in fact appear as responses to Christy and Brian Disher's "Yes, Virginia, There *Is* Such A Thing As Mental Illness," both printed in the subsequent issue of *Your Choice*. Both are in Szaszian "myth of mental illness" labelling and libertarian tradition.[23] Apart from these articles, the SEPA papers almost universally assume the biological model of mental illness to be self-evident, using the term "mental illness" without scare quotes and generally without such turns of phrase as "labeled as mentally ill."[24]

In Spring 1991 edition of the SEPA paper, *Vision*, Maria Duchnowski writes what could be considered a "psychiatric consumer" – as opposed to a more radical "ex-patient," "ex-inmate" or "psychiatric survivor" testimonial, such as are found throughout the pages of *MNN* and to a lesser extent, in *Dendron*. The striking difference between Duchnowski's narrative and the testimonials in *MNN* is the expressed belief in the mental illness model, the acceptance of psychiatric intervention, and, at the same time, Duchnowski's assertion of the usefulness of involvement in autonomous psychiatric consumer initiatives. Duchnowski writes,

> As I was getting ready to graduate from the University of Pennsylvania...I began to smell a strong odor of rot and decay...I also started to feel as if I were being followed....
>
> Little did I know that the smell was an olfactory hallucination, and that this and the other symptoms were those of a delusional disorder....
>
> For two years I struggled with my illness. I was taking a psychotropic drug which made me very tired and apathetic....
>
> I moved to Philadelphia. I volunteered at Project SHARE, and met other people like myself. Many of them had also suffered from psychosis, but were open about their illness because they were advocates...[25]

In this narrative, there is little question that Duchnowski sees her madness as a "mental illness" or, as she writes, "a delusional disorder." Much more focus in the narrative is put on the painful experiences associated with her madness than is seen in most *MNN* narratives, which emphasize the painful experiences associated with psychiatric treatment. Emphasis is also put on the relationship between what she considered her illness and her subsequent fall into poverty and loneliness.

Another clear example of prevailing psychiatric discourse regarding madness is the discussion of a campaign to gain access to the drug, clozapine, in the Fall 1990 issue of *Vision*. Clozapine was at that time a new neuroleptic drug which some were arguing was helpful for people who were experiencing psychosis and who had not received relief from older neuroleptic drugs. The article discusses a lawsuit by "seven mental health advocacy groups – including the Pennsylvania Mental Health Consumers' Association"[26] to force the state of Pennsylvania to supply clozapine to "mental health consumers in state hospitals who would benefit from it."[27]

Crucially, Art Leibowitz, then the president of the PMHCA, is quoted as saying, "'If this were a drug that saved people from dying of cancer, they wouldn't think of giving it to only 25 percent of cancer patients.'"[28] Here, Leibowitz draws a close analogy between cancer and "schizophrenia": both are portrayed as life-threatening illnesses which can be treated by life-saving drugs.

As we have seen, the problems of psychiatric drugs from the point of view of the writers of *MNN* and *Dendron* were that they induced painful emotion and physical states, had dangerous short-term and long term co-effects, and, in general, were seen as controlling the minds and experiences of people and numbing them from awareness of social oppression or spiritual realizations. In Leibowitz's portrayal, however, far from considered as oppressive, a powerful neuroleptic medication has the potential to "give hundreds, maybe thousands, of people who have been sitting on back wards a chance at a new life..."[29]

In Summer 1993, *The Key*, the publication of *The National Mental Health Consumers' Self-Help Clearinghouse* (NMHCSHC), offers the following advice in a "Frequently asked questions" column. The question posed is "How do I know if my diagnosis is accurate?"[30] The implicit assumption of this question is not whether psychiatric diagnostic categories themselves are problematic, and certainly not whether madness should be interpreted as illness. Rather, psychiatric diagnosis (and, by extension, illness) is taken as a given. The advice columnist responds, "You don't. Psychiatry is not an exact science, like physics or mathematics."[31] The article goes on to say, "A wrong diagnosis can cause problems. For one, if your diagnosis is incorrect, your treatment will be also."[32] If psychiatry itself is not an "exact science," nevertheless psychiatric diagnosis is portrayed here as a legitimate methodology for defining what are seen as pathological conditions. Here, the notion of mental illness is supported; the problem is not with the concept, but with errors in its application.[33] This is a sharp departure from radical discourses, in which it was not *mistaken* diagnosis which was the problem, but the entire enterprise of diagnosis, itself.

In 1997, the International Association for Psychosocial Rehabilitation produced a large volume, *Consumers as Providers in Psychiatric Rehabilitation*,[34] one of whose editors was Carol T. Mowbray. I have not seen a statement that Mowbray identified as mad/consumer/survivor, etc. She was, however, with others, one of the pre-eminent scholar-professionals sympathetic to the alternativist-reformist wing of that mad movement. *Consumers as Providers* itself stands as a landmark volume in that most of the articles in the book are written, in part of in full, by people who considered themselves to be "psychiatric consumers."[35]

One section of *Consumers as Providers*, in particular, contains four chapters written by consumers, who discussed consumer-run organizations and agencies. Because such consumer-run initiatives are distinct from initiatives which hired consumers in terms of degree of autonomy from traditional mental health system practices, contexts, and institutions, these chapters stand as a crucial record of the views of consumers who initiated and built contexts outside of traditional contexts. In three out of four of these articles, the authors, all psychiatric consumers, use the term "mental illness" to refer to madness. For example, Shela Silverman of "on our own, charlottesville, virginia," [sic][36] writes about the population served by her organization as "individuals who have experienced significant problems in their lives due to mental illness..."[37] She writes, as well, "Mental health is a continuum, there are periods when consumers are desperately ill and other times when they are free of symptoms."[38] Writing about a 24-hour "sanctuary" house run by and for people with "dissociative disorders,"[39] Nancy Prout states, "In the past fifteen years, increased awareness about mental illness has helped more people to get earlier and correct diagnoses..."[40] Furthermore, Nila Paynter, writing about Shining Reflections, a psychiatric consumer business in Ohio which grew over a period of twelve years into a larger organization offering a multiplicity of services, states, "Our organization was begun nearly ten years ago by a group of dedicated, visionary people with mental illness."[41]

Thus, it is clear that in the A/R wing of the movement, many activists understood madness as mental illness. This did not, however, prevent them from making clear distinctions between their objectives and their views of the practices of psychiatry and the traditional mental health system, as I will discuss in the section of A/R discourses regarding psychiatry.

Madness as response to trauma and abuse

One quite different discourse regarding the causes of madness-as-suffering was taken by a number of A/R activists, most distinctly in the publication of the National Empowerment Council (NEC), the *NEC Newsletter* (which I shall refer to as *NECN*). The NEC was one of the two original "technical assistance centers" funded by the National Institute of Mental Health, the other of which was the National Mental Health Consumers' Self-Help Clearinghouse (NMHCSHC) – again, one of the closely associated organizations built in Southeastern Pennsylvania. I would argue that the NEC, as represented in its publication *NECN,* was a mixed-discourse organization which took positions that lay at times within the A/R wing of the movement, and at times within the radical wing. On the one hand, the NEC can be understood as an alternativist-reformist organization because it was funded by the federal National Institute of Mental Health and because it was involved in the organization of a number of Alternatives Conferences. The alternativist-reformist aspect of the NEC is expressed in the *NECN*'s discussion of, as well as its promotion of, some government-funded alternatives to traditional psychiatric and mental health treatment. Moreover, discussions of madness in *NECN*, while usually rejecting the medical-biological model of madness, nevertheless focus on discourses which were taken up by the A/R wing, chief among these the idea of "recovery," promoted most extensively by one of its writers, Daniel Fisher, who considered himself both a psychiatric consumer and who was also a psychiatrist. As I will argue more fully below, the idea of "recovery" presupposes the idea of something to recover *from*, even if not mental illness. This is distinct from the radical positions which, as we have seen, most often put to the background the question of madness as individual, intrinsic suffering, privileging instead the abuses of psychiatry and the dangers of psychiatric treatments.[42]

On the other hand, space is given in the *NEC Newsletter* for discussion or announcement of some events, organizations, and people associated with the radical wing of the movement,[43] and the articles contained in *NECN* by Judi Chamberlin, who was closely associated with the NEC, almost invariably focused on questions of rights – in particular, negative rights – not on questions of intrinsic suffering.[44]

One possible reason for the presentation of A/R views in *NECN* is that at least some of the writers were aware that a potential portion of their readership consisted of government officials, psychiatrists, and other mental health workers whose understanding of madness was steeped in the discourse of psychiatry.[45] As such, writing about madness in a way that acknowledges the existence of the concept of "mental illness" yet, at the same time, problematizes that concept may have been a way of attempting to shift the discourse from pathologizing to non-pathologizing premises.[46] Recurring a number of times in *NECN*, then, is the assertion that rather than brain dysfunction, a more accurate accounting for madness is to be found the personal histories of mad people. In this view, experiences and histories of trauma, abuse, and stress lead to altered states of consciousness which, while pathological, "make sense," as argued, for example, by Laurie Ahern.

Regarding the issue of madness as a response to trauma and abuse, specifically, Laurie Ahern while initially employing the term "mental illness" in her article "Mental Illness Is A Coping Mechanism," ultimately uses the term only to undermine the idea of "illness." A close reading of Ahern's article shows that she is actually presenting two distinct, yet related, points which ultimately argue against viewing emotional distress as "mental illness."

Ahern writes, "We know...that victims of horrendous childhood sexual abuse...use such coping mechanisms as dissociation...when they cannot escape physically from the torture. And farther down the continuum is multiple personality and amnesia."[47] Here, Ahern implies that certain mental states (dissociation, multiple personality, amnesia) are mislabelled by situating them in medical categories, where they become reified as mental illnesses. Developing further this point of view she writes:

> Mania, psychosis, panic attacks, depression, obsessive-compulsive behavior, agoraphobia – all of a sudden appear in those who have never known such things. Why? Well think about it logically. Trauma may not cause mental illness, but we all have our breaking points. What better way to leave behind a reality that is too cumulatively painful than to create one of our own...as in psychosis...And if the world has been a cruel and unforgiving place, where but in the safety of your own bedroom, as in agoraphobia, could there be a safer place?[48]

At this point, Ahern has shifted from an explanation of madness on the basis of early childhood abuse to one in which, because "we all have our breaking points,"[49] symptoms manifest which, however much they may not solve the stresses one has experienced, are creative, if also painful, expressions which symbolize the experience of feeling and/or being overwhelmed.

Moreover, Ahern counters genetic explanations of mental illness. "Some would say," she writes, "that mental illness runs in families – that it is genetic."[50] However, Ahern argues, just as alcoholics often grow up in homes where heavy alcohol use is part of ethnic culture,[51] "If you grow up with depression, suicide, mania and psychosis as role models for coping mechanisms, the more likely you may use these as ways to cope when the need arises."[52] Here, the assertion remains that mental illness is a coping mechanism; however, the emphasis is on modeled behaviour, not sexual abuse.

Does Ahern actually believe that mental illness is an "illness"? On the one hand, she certainly uses the language of diagnostic categories – mania, psychosis, depression, dissociation, obsessive-compulsive behaviour, agoraphobia. In actuality, however, Ahern is arguing against the notion of these phenomena as "brain diseases." Overall, Ahern emphasizes that what is called "mental illness" can be explained either as creative responses to stress, as modeled behaviour, or as both. Ahern reaffirms this view in the final paragraph of her article, adding an explicit rejection of the medical model: "Mental illness is a coping mechanism, not a disease."[53]

Pat Deegan, a frequent writer in the *NEC Newsletter*, also framed madness as the result of early childhood abuse. In an address at "Dare to Vision," a conference which addressed "abuse in the lives of women labeled with mental illness,"[54] Deegan critiques the use of psychiatric diagnostic labels and gives personal testimony similar in many respects to the testimonies printed in *Madness Network News*. Nevertheless, she most emphasizes abuse as a – if not *the* – key causal factor in emotional suffering.

Deegan notes the problem of psychiatric labelling, stating, "Being referred to as an illness, a 'schizophrenic', a 'bi-polar', 'multiple' is dehumanizing, strips us of our unique selves and reduces us to being a disease."[55] However, in the context of her larger testimony and discussion, this critique, I would argue, puts less emphasis on the notion that psychiatric diagnostic categories pathologize socially “unacceptable” behaviour than on the idea that such categories obscure personal histories of trauma and abuse and consequent emotional suffering. One third of Deegan’s address to the “Dare to Vision” conference is Deegan’s own testimony regarding what she calls “torture”[56] at the hands of her mother: year after year, from ages six to sixteen, Deegan’s mother forced her to take amphetamines because of her mother’s fear that Deegan would eventually become fat. Eventually at age seventeen, Deegan states, “...I just broke – snapped into a thousand pieces that did not come back together again.”[57] Deegan strongly implies that this breakdown was the result of the cumulative, regular forced use of amphetamines for most of her childhood.

For Deegan, her experience of forced drugging as a child in her family was the original source of her emotional pain. She nevertheless asserts that psychiatric practices acted to deny and obscure the source of her emotional suffering – abuse in her childhood – and that such practices inflicted further pain. For example, during a hospitalization she was forced to endure public discussion of her “symptoms” and her suffering “in front of a table full of psychiatric residents.”[58] One of the doctors at the public session dismissed her expressed desire to discuss the abuse in her home by saying, “You do not have the ego strength to deal with that material.”[59] In an event reminiscent of just the events which had led her to the hospital, Deegan is also brought liquid Thorazine which she is expected to drink.

Deegan expresses views profoundly critical of psychiatry which are similar to those in *MNN*. Yet, despite the antipsychiatric flavour of some of her comments, she does not turn to an abolitionist vision, instead emphasizing, in an arguably somewhat depoliticized manner, the general human capacity to engage in oppressive behaviour. She writes, “It is not ‘them’, it is not ‘the system’ but rather it is each of us who must be willing to change, to dare to see and to say, to recognize within ourselves the capacity to be oppressive, the capacity to hurt, the capacity to abuse."[60] Rather than focusing solely or chiefly on the psychiatric system as the problem, Deegan includes psychiatric abuse as only one part of the list of abusive and traumatic situations which lead to emotional suffering. As she draws her address to the conference to a close, Deegan states: "In the final analysis most of us are here because of the women we know and love who have been abused, despised, betrayed, psychiatrically labeled and abandoned."[61]

Articles by parents which acknowledge childhood abuse in the family are rare in the literature I have studied. For this reason, Ann Jennings article, "Anna's story" is both fascinating and disturbing. Jennings tells the story of her daughter's sexual abuse by "a male babysitter" and "a relative,"[62] while also acknowledging that she, herself, as Anna's mother, ignored or minimized her daughter's childhood reports of at least some of this sexual abuse. Moreover, Jennings lists other problematic behavior on her own part and that of her spouse, and it is clear that is was she and her spouse who originally enlisted her in the psychiatric treatment by age 13. Despite its unusual provenance, "Anna's story" forcefully argues for the abuse/trauma explanation of madness.

Jennings writes that she was only truly able to hear her daughter's story of abuse when Anna was 22 years old. At this point, both mother and daughter attempted to bring up the issue of sexual abuse with mental health professionals. "The reaction of the mental health system was to ignore this information. When Anna or I would attempt to raise the subject, a look would come into the professionals' eyes as if shades were being drawn. If notes were being taken, the pencil would stop moving. We were pushing a dead button."[63]

For Jennings, it is the medical model of mental illness which is to blame for the prolonged misunderstanding and inadequate and misguided responses to Anna's suffering. "Paradigmatically understood," she writes, "the mental health system was constructed to view Anna and her 'illness' solely through the conceptual lens of biological psychiatry....Her experience did not match the professional view of mental illness."[64] Thus, a new "paradigm"[65] is necessary. "At this point in history...multiple and divergent forces are confronting nescience[66] with truth...[T]hese forces...appear to be forming a powerful movement that will help to protect children form adult violation and will promote acceptance of a trauma-based paradigm recognizing the pain of individuals like my daughter and offering the 'the radical prospect of recovery.'"[67]

I did not find the discursive strand which views madness as the result of child abuse and trauma in the other publications I scrutinized. This does not mean, of course, that this discourse is unique to the *NEC Newsletter*, only that the publications which I examined, while key publications, did not take up this issue to any significant degree. I find this intriguing considering the fact that again and again, *both* wings of the mad movement take psychiatrists to task for negating the experiences of their patients. One could argue, as all the writers in this section did, that it is precisely the fact that psychiatrists historically denied sexual, and other, abuse experiences in their patients, reifying into various diagnoses the suffering caused by legacies of abuse, which stands at the centre of one aspect of psychiatric malfeasance in the case of at least some people labelled "mentally ill." Moreover, at the base of the assertion of "recovery" in regards to madness, it is strange that when the A/R wing speaks of recovery, at least in the publications I examined, this term refers almost exclusively, outside of the *NEC Newsletter*, to recovery from "mental illness," conceived implicitly or explicitly as a biological illness. But if, for some people, recovery itself necessitates a confronting of a personal history of past abuse, it is strange that the A/R publications I examined did not address this issue more extensively.

Madness as that-from-which-one-can-recover

The focus on madness-as-that-from-which-one-can-recover may have indeed resulted from what Jennings called "multiple and divergent forces."[68] For example, the notion that madness can be explained as the result of childhood trauma, while not new in itself, was resurgent in at least some elements of the mad movement in the 1990's. Moreover, the A/R wing of the movement was successfully challenging the low expectations of the psychiatric establishment as consumer/survivors were building autonomous and semi-autonomous organizations which may have depended on government mental health related funding, but which did not depend on the "stamp of approval" of mainstream psychiatrists. As well, during the 1980's and 1990's in the United States, autonomous, if avowedly apolitical, groups of people with alcoholism, addictions, and various other difficulties (including groups by people with emotional difficulties) were meeting in church basements, social halls, and other venues, to talk about their difficulties and their recovery from their problems, often grounding their beliefs about recovery on the 12-step program originally devised by members of Alcoholics Anonymous.[69] Seeing other groups of people, particularly alcoholics and addicts, who had once been deemed "hopeless cases" return from terrible suffering, loss of family and friends, homelessness, etc. may have been one of the factors in supporting the optimistic recovery views.

The implication of the "recovery model" is obviously that there is something to recover from. This does not necessarily mean that one must accept reifying concepts which, for example, translate trauma/abuse into "things" or "states" which people somehow possess. Thus, it would be possible to argue that one is recovering from trauma and abuse per se – not mental illness, or madness, or even emotional distress and pain *caused* by trauma and abuse. However, most often in the *NEC Newsletter*, recovery is either discussed in terms of the emotional distress and pain *resulting from* abuse/trauma/stress, or the question of causality is left curiously blank.

The latter is particularly true of a number of articles written by Daniel Fisher – a psychiatrist who also forthrightly considered himself a psychiatric "consumer/survivor".[70]

According to his discussion of his own history, Fisher "met the DSM IV criteria for schizophrenia in the interval from 1969-74."[71] Fisher rarely addresses the question of the nature or cause of "mental illness" – he either takes it as a given[72] or uses critical distancing devices such as scare quotes or the phrase "labeled with mental illness."[73] Implicitly, the use of the term "mental illness" seems to endorse the medical model; however, in contradistinction to the views of mainstream psychiatrists, Fisher believes that recovery from what he (often) terms mental illness is universally possible. For Fisher, this is not a situation of remission of illness, but of complete recovery. Fisher states, "...[B]y complete recovery we mean that the person has regained a meaningful role in society, can cope with life's stresses, and is not considered sick by others around them."[74]

One of Fisher's articles, however, does indicate what he means by "mental illness," although this is done indirectly and with logical elisions. Fisher distinguishes between two "models of recovery" – the Rehabilitation View of Recovery and the Empowerment View of Recovery.[75] For Fisher, the rehabilitation view, situated in the framework of recovery applied to people with permanent physical disabilities, argues that "recovery" is, in essence, only partial: "The rehabilitation view of recovery from mental illness is that people can regain some social functioning, despite having symptoms, limitations, medication, and remaining *mentally ill*."[76]

By contrast, the empowerment view of recovery, Fisher tells us, argues that "full recovery is possible for everybody."[77] Here, in order to account for the possibility of full and universal recovery, Fisher shifts from a face-value use of the term mental illness (no scare quotes, no critical distancing phrases) to the following statement:

> ...[P]eople are labeled with mental illness through a combination of severe emotional distress and insufficient social supports/resources/coping skills to maintain the major social role expected of them during that phase in their life...Recovery is possible through a combination of supports needed to (re)establish a major social role and the self-management skills needed to take

> control of the major decisions affecting one...Self-help and peer support are fundamental elements in this journey of recovery because often the only people who can truly understand the feeling of exclusion are those who have also been labeled."[78]

Nevertheless, full recovery occurs, Fisher tells us, when people gain adequate social supports and engage in "the self-management skills needed to take control of the major decisions affecting" them.[79] What are these self-management skills? One of them, according to Fisher, is "learning to take medication on an as-needed basis."[80] But why should one take medication if one has "fully recovered"? For Fisher, the distinction is between constant use of medication and intermittent use of medication. Similarly, recovery includes "the nearly universal healing and transformation from emotional distress and trauma which can occupy a lifetime."[81] Moreover, fully recovered people "still at times experience severe emotional states, but they and the people around them have learned to cope with them."[82]

It is therefore possible according to Fisher's constructions that a "fully recovered person labelled as mentally ill" takes medication intermittently, is engaged in a lifelong effort to heal from emotional distress, and sometimes experiences severe emotional states. Is this "full recovery"?[83] How is this different from the rehabilitation model which he critiques? How is this different from saying that a disabled person can mitigate, cope with, and/or move away from a primary focus on his or her disability?

Despite logical inconsistencies in some of its incarnations, the idea of recovery appeared in the A/R wing of the movement, I would assert, because it offered an optimistic and hopeful message regarding madness-as-suffering which had not generally been offered by psychiatry or the traditional mental health system. Frese and Davis, two consumer-survivors[84] who are also mental health professionals, do discuss recovery specifically as recovery from "mental illness." They assert,

> Because of the presence of pervasive stigmatization, the concept of recovery...is especially important in working with individuals who have

> serious mental illness...[O]ne of the most common messages they receive from others – professionals as well as loved ones – is to downsize their expectations....Hopes for the future may be dashed further by the course of the mental illness, which is often characterized by alternating periods of remission and exacerbation.[85]

Frese and Davis do not assert, as does Fisher, that recovery is universally possible. In fact, they state the opposite.[86] However, they insist that it is imperative both to bring out into open discussion the fact that some people do recover. Perhaps the closest they come to offering a definition of recovery is the following: "Recovery is best understood as a process, not an outcome...Psychologists embrace a recovery framework when they assist a person in realizing his or her potential as a unique human being who is not defined by an illness."[87]

Interestingly, while I did not find articles which focused chiefly on the idea of recovery in the California Network of Mental Health Clients (CNMHC) publication *Network News*,[88] this idea was expressed in a number of poems published in that newsletter. In the these poems, the writer do not assert "full recovery," but rather evince their commitment to a reorientation towards positive possibilities and hope. Cathy King Hasher, for example, writes, "...But **hang tough** -/'cause it's rough/working all that overtime/just to rhyme/with space & time -/one foot follows another-/you've got your place/to climb – your new-/born life to shine."[89] Jim Bosworth, in a similar – if more directly spiritual – vein, writes, "In the midst of turmoil/I reach/out – above/and deep inside./In the midst of turmoil/the Sage winds its willowy scheme,/to present me/today's dilemma,/that I might grow/one step further/on spiritual's [sic] path."[90]

It should be noted, as well, that the idea of recovery was sometimes portrayed not as a specifically individual possibility, but one which was achieved by mutual support and shared practice. While I will discuss practice in the next chapter, I note here how recovery was framed as a collective act by the members of the organization, "on our own, charlottesville, virginia" [sic]. Silverman writes, "None of us [who founded the consumer-run drop-in center] actually believed that what we talked about for months and months would become a reality. All of the hard work, the discussions, the approval of the grant, the sense of power gained by the consumers was unbelievable. Consumers learned that they were capable people who could succeed, even though they did not believe it at first."[91]

Madness as disability

There were voices in the A/R wing of the mad movement who developed the notion of madness as disability. One major exponent of this point of view was Howie the Harp, who by 1987 had come to view his experiences through this lens. In her tribute to Howie the Harp printed in the *NEC Newsletter* shortly after his death in 1995, Sally Zinman discusses Harp's own conception of his experience as "his self-definition,"[92] which was that of a person with a mental disability. Zinman writes, "He was absolutely single-minded in his pursuit of justice for people with mental disabilities and poor people."[93]

In a footnote in his chapter on "Philosophical Models" in *Reaching Across*, Harp writes, "...[A] person with a psychiatric or mental disability is not 'mentally ill.' Mental disability does not mean that someone's mind isn't working or is, in any way, inferior."[94] What, then, does "disability" mean? The disability model, according to Harp, "states that there are certain physical and/or medical conditions that can affect, depending on the individual, a person's ability to function in certain ways."[95] Here, Harp emphasizes what he sees as the corollary need for accommodations.

In *Reaching Across II,* written seven years later, Harp elaborates upon the value of his self-concept as a person with a psychiatric disability, rejecting the notion that he was "chronically mentally ill"[96] or in need of perpetual "treatment"[97]:

> I consider myself to be psychiatrically disabled but I define disability as the disability rights movement has re-defined the term. I have a condition that is neither positive or negative, not an illness to be "cured" but a condition that can be accommodated in order to enable me to live the way I choose. This way of defining my problems has helped me greatly; others who have chosen

this definition have also benefitted from it.[98]

Harp touches upon major points which were taken up by the disability rights movement and disability theory. In particular, as the quotation above indicates, he considers the concept of disability to lie outside the "medical model."[99]

Crucially, Harp states that what people with disabilities need is accommodation. He writes, "Accommodations for psychiatric disabilities range from the use of herbal teas, running to release energy, to adjusting a work schedule or the type of activities in which one engages. All of us, in a sense, practice accommodation when we are upset and find someone to talk with."[100] Noticeably, Harp here leaves out the traditional repertoire of psychiatric treatments such as psychiatric drugs, electroshock, and hospitalization in his discussion of "accommodations." Moreover, he shifts the discussion of the response to madness from that of "treatment" to that of "accommodation."

Harp indicates several key points of utility in framing madness as psychiatric disability:

Reasonable Accommodations: By defining madness as disability, Harp opens up both the conceptual and, consequently, the legal space (based on provisions of the Americans With Disabilities Act of 1990), to reshape work environments. Even though rehabilitationists historically had made it their mission to "serve" people with disabilities, the rehabilitation model traditionally emphasized altering the worker to fit the workplace, rather than the reverse.[101] As we have seen, for Harp the disability rights concept of disability, as he understood it, acknowledged possible medical components to disability but emphasized the environment as the point of intervention, meaning that it was not the intrinsic (or medical) aspects of the disability which were the central focus, but the interaction between the environment and the person. Moreover, in *Reaching Across II*, he devotes an entire chapter to the application of the concept of reasonable accommodations to people with psychiatric disabilities.[102]

As such, Harp's model of disability does fall distinctly within the views supported by the disability rights movement.

Identifying and allying with the wider disability rights movement: Another reason that the disability discourse may have been adopted by activists such as Harp is even more closely related to the disability rights movement. For if mad people conceived of themselves as people with disabilities, then they could join into what was seen, by the mid-1990's, as a significantly successful endeavour – the disability rights movement, itself. Harp mentions this in a short section on "Coalitions" in another chapter in *Reaching Across* entitled "Membership Outreach." Here, he reports, "Self-help groups in New York, Massachusetts, Vermont, and California, to name a few, have worked with disability related organizations, the developmentally disabled in particular who are put in the same or similar institutions we are."[103] By 1994, he draws parallels between Independent Living centers, originally founded by physically disabled people, and the consumer/survivor run projects of the A/R wing of the mad movement. Referring to the then not-too-distant past, he writes, "Before we [mad people and physically disabled people] began working together, the physical disability community had little or no awareness about mental disabilities....In our movement, there was little or no awareness about physical disabilities...When both communities work together, there is a greatly improved awareness about both issues. People with physical and psychiatric disabilities have greater access and assistance within independent living centres and mental health client-run programs."[104]

Disability welfare access claims: Still another pragmatic reason which seems to underlie the appeal of understanding madness as disability has to do with access to disability-related welfare measure such as Supplemental Security Income (SSI). He writes, "This model also coincides with the eligibility criteria for public financial benefits (i.e., S.S.I.) needed by most mental health clients."[105]

The gap between Harp's 1987 and 1994 positions on coalitions of psychiatrically and physically disabled people is not extreme. Rather, his 1994 position is more elaborate, grounded in an actual historical experiences. On the other hand, Judi Chamberlin's positions, as expressed in *Reaching Across* and *Reaching Across II* are more distinct in comparison to each other. In *Reaching Across*, Chamberlin is rather guarded, if also supportive, of coalitions with physically disabled people. She advises:

> If there is a local self-help group of physically disabled people, this would be another group to work with. Although you may encounter some resistance (physically disabled people are just as likely as anyone else to be prejudiced against mental patients), you will probably be able to show them how similar many of your issues are....[106]

It is important to note, however, that in this passage, and in the entire chapter, in contrast to Harp, Chamberlin does not refer to mad people as people with "psychiatric disabilities," but as "mental patients" or "ex-patients."[107]

On the other hand, in *Reaching Across II*, she explicitly uses the term "psychiatric disabilities" in a discussion, spanning several pages, of what she considered to be a highly successful coalition, the Coalition for the Legal Rights of People with Disabilities (CLRD). This coalition was "primarily focused"[108] on working for the rights of mad people, but it also "worked for the rights of deaf people, mobility-impaired people, and other disability groups."[109] The coalition, and Chamberlin's discussion of it, are all the more significant, then, discursively speaking, as the coalition framed what once would have been called the rights of "mental patients" in the language of disability and the disability rights movement.

The California Network of Mental Health Clients' *Network News* contains one particularly enthusiastic argument for the adoption of the disability "label"[110] which again indicates why the concept of disability may have been on the ascendant in the 1990's: access to the perceived protections and benefits of the ADA. In this article, Sylvia Caras forthrightly claims that the central reason for adopting this discourse is the protection which it affords what *Network News* referred to as "clients"[111] – its usefulness in light of the passage of the Americans With Disabilities Act of 1990 (ADA). Caras writes, "I am not willing to forfeit the aegis of this land mark civil rights legislation. I want membership in the cross-disability community."[112] She writes further, "Despite discontent with the language of psychiatric labeling and the language of emotional and mental illness, use the ADA to take advantage of ADA protections," and "Stop thinking stigma, a victim word. Think discrimination. Think ADA!"[113] Few articles in the canon of alternativist-reformist newsletters are so unabashedly frank about the motivation for choosing a particular discourse on the basis of the strategic orientation at the heart of alternativism-reformism: pragmatic political and social gains based on favourable legislation.

The SEPA papers give much less an indication of a shift towards the discourse of disability. In reading through every article and notice in twenty-two issues of these newsletters, collectively spanning the years 1987 to 1998, I found only nineteen references to disability[114] as applied to mad people, and fifteen of these were discussions related to the Americans With Disabilities Act (ADA) – for example, the battle to get the ADA approved,[115] the ADA and job discrimination,[116] the ADA and public accommodations,[117] the ADA and the jailing of psychiatric consumers,[118] filing complaints in courts of law under the ADA,[119] and general mentions of or brief discussions regarding the ADA.[120] Again, we see the use of this term specifically in reference to advantages accruing on a pragmatic basis.

The *NEC Newsletter* addresses madness as disability more extensively than do the SEPA publications. Psychiatric disability is mentioned many times in this publication; full articles devoted to the topic focus either on issues (a) related to building coalitions with other people with disabilities, or (b) related to the use of the term on the basis of initiating practices or legal claims that would best be bolstered by means of the disability discourse.

Thus, for example, Daniel Fisher urges engagement in disability coalitions in the Winter 1994-1995 issue, based on the following concerns: "Subsidized housing, Medicaid, Medicare, SSI, and ADA [sic] are threatened with drastic reductions or elimination by the present Congress."[121] Even though he comments that the term psychiatric disabilities "may be an oxymoron,"[122] in another article in the Winter 1994-95 *NEC Newsletter*, Fisher advocates coalition-building with the "larger disability movement,"[123] drawing comparisons to the institutions built by the (in majority) physically disabled Independent Living movement and what he terms here the "c/s/x movement." ("C/s/x" is an acronym meaning "consumer/survivor/ex-patient" or "consumer/survivor/ex-inmate.")

Other articles in the *NEC Newsletter* which uses the term "psychiatric disability" focus on specific reforms and claims which mad people can make by situating these concerns within the language and law of disability rights. Thus, Fisher discusses the possible improvements that mad people, as psychiatrically disabled people, can make in housing choices and in terms of housing rights on the basis of the Fair Housing Act.[124] Moreover, in "Making it pay to go back to work," Fisher discusses the need for reforms of the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits programs in order to create a less work-discouraging system of disability insurance. He also mentions 1996 accommodations guidelines instituted by the U.S. Equal Opportunity Employment Commission in 1996 and the ADA.[125]

Creative uses of the disability discourse discussed in the *NEC Newsletter* are also found in two articles by Patricia Deegan. These apply two services traditionally used by people with various physical disabilities to people with psychiatric disabilities. In "Service dogs help people get back out into the community," Deegan uses the narrative of a woman, Angel White. White, according to Deegan, had been going through an "isolated and tormented"[126] period. "She turned to traditional psychiatric and psychological services but these were only minimally helpful."[127] However, White then found a dog, "Spencer," who is portrayed in this article as a service dog rendering analogous services to those which service dogs have rendered to "people with mobility and sensory disabilities."[128] Spencer "seems to sense [White's] mood"[129] and the play that the two engage in "breaks [White's] suicidal thoughts and impulses."[130] Moreover, "[i]f she...becomes disoriented, Spencer helps keep her safe and away from traffic."[131]

In a similar vein, Deegan writes that while the laws regarding the hiring and use of personal care attendants (PCA's) "vary from state to state,"[132] it had become possible in some jurisdictions for people with psychiatric disabilities to hire other people to work for them in this capacity and to be paid by means of Medicaid funds. Deegan writes, "Although personal care attendants were first developed by and for people with physical disabilities, it is possible for people with psychiatric disabilities to gain access to these services."[133] Deegan points out that one of the great advantages of this service is that PCA's, unlike mental health system case managers, are the actual employees of the person with the disability. As such, control over decisions regarding services received shifts from person rendering services to the person with the disability receiving the services.

Nevertheless, the madness as disability discourse did not predominate in the writings of the *NEC Newsletter*, the *Reaching Across* manuals, nor, most of all, the SEPA publications. It is true for some people, such as Howie the Harp, the self-definition of "disabled" or "having a disability" was a liberating concept. Overall, however, it appears that conceptualizing madness as a "disability" seems to have been reserved chiefly for those situations in which using the concept would either allow for direct and analogous pragmatic claims based on disability legislation or be one basis upon which mad people could enter into a larger coalition with more clout to, in fact, ensure the enacting and enforcing of such laws.

The use of this term by most A/R activists seems to have been closely related to the overall thrust of A/R practice orientation: pragmatism both in the making of claims of interest and in the construction of alternative sites of practice.

Interwoven strands of discourse

Finally, and crucially, I wish to note that while the sections above may give the impression that discourse strands regarding madness in the A/R wing were discrete, in fact, this is not the case. Again, at the heart of the A/R wing is a pragmatic orientation. As such, while it is true that some publications (such as the SEPA publications) generally preferred the term "mental illness," and some writers preferred the term "disability" (e.g., Howie the Harp) or focused on the issue of trauma and abuse (e.g., Laurie Ahern), what is striking is the degree to which seemingly mutually contradictory assertions regarding madness appear throughout the literature. This is true not only among different writers and different publications, but *within individual articles and chapters* of books.

How is this possible? Of course, one could argue that the same is true of the radical mad publications: as we have seen, varied (and seemingly mutually contradictory) discourse strands regarding madness appear in these, as well. However, I would contend that the major reason that a variety of discourse strands appear in A/R literature is different than the reasons for varying strands in radical publications.

Radical publications were contending with the influx of a variety of experiences of people who all had one central issue in common: they had been brutalized by experiences of psychiatry, usually in hospital settings. Some of these people were non-conformists who had haplessly fallen into hospitals on the basis of the concern of relatives, like Leonard Frank. Others had had spiritual experiences which were also troubling to friends and relatives, and while these may not have been altogether pleasant experiences for the individuals themselves, some did believe in the revelatory value of these experiences. Still others had experienced severe states of mental and emotional anguish, but rather than receiving compassion and being treated with dignity, they had been stripped of rights and dignity and had been subjected to unwanted and terrifying psychiatric procedures.

Among alternativist-reformists, the question of madness focused much more squarely on the issue of intrinsic, internal suffering, though causality was debated. However, in general, the A/R wing was much less concerned with theorizing about the nature of madness, the discussion above notwithstanding.

Thus, in her discussion of Shining Reflections, a psychiatric consumer business in East Liverpool, Ohio, within the span of only two pages Nila Paynter refers to "people with mental illnesses,"[134] "people with psychiatric disabilities,"[135] and "people labeled as mentally ill."[136] Were these terms, with all their different implications, nevertheless equivalent to Paynter? Paynter gives no indication that these three terms refer to different sets of people. I would assert that this is the case because for Paynter, as for so many A/R activists, the question of whether madness can be understood as severe and ongoing, if also fluctuating suffering which can nevertheless abate in contexts of hope and solidarity, was answered.

Conclusion

Madness, for the alternativist-reformists, is suffering. Sufferers can nevertheless improve, and even fully recover – in the view of some A/R activists, in all cases; in the view of others, at least sometimes. For the alternativist-reformists, these were not problematic assertions.

The discourses of the A/R wing are quite noticeably distinct from those of the radical wing. While critical distancing phrasings were used by some A/R activists, in general, with a few exceptions, this wing of the movement did not assert that madness, itself, is caused by general social injustice or even by psychiatry. Moreover, rarely did A/R activists make reference to madness as "spiritual experience," nor did they assert that mad people had special insights into social injustice. Exceptions to this assessment, however, can be found in some of the poetry published by A/R publications – an issue I address in the final part of this dissertation.[137]

We have seen that a number of strands of innovative discourse were presented by members of the A/R wing. Some accepted the psychiatric premise that madness is "mental illness." It is clear that while this may have been a pragmatic discursive concession on the one hand, on the other it was held as a firm belief based on interpretations of personal experiences.

Others, however, did not accept this premise, attempting to shift away from the concept of illness in a number of ways. Some asserted the traumatic personal histories of individuals; others used critical distancing measures such as scare quotation marks and phrasings such as "labeled as mentally ill." Still others, whether based on beliefs about personal experience or for pragmatic reasons, spoke of, and developed concepts regarding, madness as "disability."

In most cases, the underlying notion that madness is something from which one can recover was either explicitly discussed or implicit in terms of practice. The A/R wing of the movement was optimistic: they saw the possibility that alternative ways of responding to madness were possible; they also believed that new possibilities existed in terms of outcomes, as well. The pessimistic views of psychiatrists and others in the traditional mental health system were rejected.

Ultimately, then, for A/R activists, it was A/R practice that counted. Their efforts were less directed at struggling over terminology than at creating practices and contexts where mad people could reclaim their lives. Moreover, I would argue, the acceptance by some A/R activists of frankly psychiatric terminology or disability discourse regarding madness does not represent "selling out" or "capitulation." Rather, it represents either (a) the belief that these are more accurate representation of madness, (b) a greater acknowledgement of madness-as-intrinsic-suffering in the A/R wing as compared to the radical wing of the movement; (c) the desire to move away from the problematization of madness and towards funded, more elaborate responses to the needs of mad people, and/or (d) the willingness to accept discourse on the basis of its utility in terms of procuring funding for such projects. For, as we shall see, far from accepting the psychiatric or "mental health system" status quo, the A/R wing assertively, even fervently, challenged the low-expectations attitudes of psychiatrists, mental health workers, and rehabilitation workers, both in practice and in the building of contexts, issues which I take up further in the remaining chapters.

CHAPTER 8: ALTERNATIVIST-REFORMIST DISCOURSE REGARDING PSYCHIATRY

Introduction: continuity and change in A/R discourse regarding psychiatry

The A/R wing of the movement dealt with discourses about psychiatry in four ways: (1) ongoing/continuing antipsychiatry, (2) criticism of certain psychiatric practices and approval or acceptance of others, (3) a discursive shift from discussion of ignoring "psychiatry" to discussion of "the mental health system"; and (4) the disregarding of discussion of psychiatry, altogether.

In many ways, it appears that discussion of psychiatry among alternativist-reformists was not a priority, and, in fact, figured even less prominently than discussions of madness. Ultimately, the discursive strands regarding psychiatry and the mental health system just mentioned "took a back seat" to efforts to build consumer representation in "traditional" mental health policy-making settings and to the creation of consumer-run alternatives. While the discourses, practices, and contexts created by both the radical and the alternativist-reformist wings of the movement acted as matrices for new ways of "being mad," the priorities of the A/R wing led to the creation of relatively enduring and geographically stable contexts which were at times less directly political and which customarily eschewed overt opposition to psychiatry.

In this chapter, I focus on the A/R wing's discourse regarding "psychiatry" and "the mental health system." In subsequent chapters, I focus on A/R efforts in terms of representation and the creating of alternative services and contexts.[1]

Continuing antipsychiatry

Taking into account the views of the A/R wing, it is possible to say that certain strands of antipsychiatric discourse did endure to some extent. However, the systematic discrediting of psychiatry was not the objective of any A/R publication, as the emphasis in all publications was chiefly on the presentation of activities and perspectives intended to change the notion of what the mental health system could be, were it reformed and were alternatives to it constructed. Nor did the notion of psychiatry as an "arm of the state" or a self-promoting system of social control appear in any of the A/R publications I examined. Moreover, while there were statements which clearly indicated an attempt to limit the power of psychiatry (or "the mental health system") to force treatment upon mad people, the notion of abolishing psychiatry was not expressed.

To the extent that criticisms of psychiatric activities were presented, with the exception of some articles in the *NECN*, they appear not so much as attempts to discredit psychiatry, itself, as attempts to criticize certain psychiatric practices. Only in *NECN* were discussions of dissident psychiatrists presented. In particular, the columnists in *NECN* who presented the most clear antipsychiatric statements are Pat Deegan (herself a both a psychiatric consumer/survivor and a clinical psychologist) and Judi Chamberlin.

For example, as we saw in the previous chapter, Deegan's very personal narrative in her keynote address at a conference in many ways resembled testimonies found in *MNN* regarding experiences of abuse and degradation in a psychiatric hospital. Her personal story of abuse and trauma included the issue of psychiatric abuse. In a later article, Deegan focuses on the possibility of initiating malpractice lawsuits against psychiatrists. The preponderance of this article discusses the possibilities and difficulties related to such lawsuits, as well as the giving of advice regarding self-advocacy in interactions with one's psychiatrist. Nevertheless, central to this article is the issue of psychiatric mistreatment. Deegan begins her article discussing the experiences of five patients who have endured what she calls "unfair, unjust, wrong and/or unethical"[2] treatment at the hands of psychiatrists – restraint orders, a psychiatrist's failure to notice the development of tardive dyskinesia in his patient, lack of provision of a consent form in both inpatient and outpatient settings, fondling of a patient's breasts, and pressure to take medications unwanted by a patient. Focusing on these violations of patients, while couched in an article regarding advice on malpractice, paint a bleak portrayal of the situation of some patients in their experiences of psychiatry.[3]

In a similar vein, Deegan introduces an article on the situation of Deaf people seeking mental health and psychiatric services by offering four examples, two of which indicate fundamental misunderstandings of Deaf people by psychiatrists, the other by "mental health professionals," and the fourth by a social worker.[4] While the central themes of the article are the problems Deaf people face in receiving adequate and appropriate mental health services and prejudice against Deaf consumer/survivors among the wider Deaf community, the initial discussion focuses on mistreatment and misunderstanding of Deaf people by psychiatrists and other mental health workers.[5]

Judi Chamberlin's articles in *NECN* evince a continuing interest in the agenda of the radical wing of the movement. In one article, she retells her story of oppression in psychiatric institutions, experiences which, as we have seen, originally led her to the early mad movement.[6] In her report from a concert of psychiatric "users and ex-users"[7] in Denmark, she indicates a keen interest in, if not bias towards, traditional radical focuses. For example, regarding the policy working group of which she was a part, Chamberlin states, "Unfortunately, the working group that I was in, on alternatives, deadlocked early on between those of us who saw the necessity for proposing a wide range of voluntary alternatives to compulsory psychiatry, and others who felt it was futile to oppose the psychiatric system..."[8] The important point here is that for Chamberlin, the creation of alternatives, which she had always promoted, remains an act of opposition to the "psychiatric system." Here, "alternatives" are *counterposed* to psychiatry, whereas in other publications, the term "mental health system" is used or, frequently, the question of psychiatry and/or the mental health system is left undiscussed.

Mixture of criticism and approval towards psychiatric practices

More common than the general criticism of "psychiatry," however, are positions which are critical of specific psychiatric practices, presented less frequently than in the radical papers.

Discussion of electroshock was rare, appearing most in the early SEPA paper, *Your Choice*. An article entitled "E.C.T. Lawsuit" discusses the efforts of Linda Andre to sue for damages regarding electroshock she received at New York Hospital.[9] "...Ms. Andre claims that as a result of the ECT, she suffers loss of memory, permanent impairment of her mental functioning and other injuries."[10] The article also reports on the efforts of the Committee for Truth in Psychiatry to fight the reclassification as a "no risk" medical device. On the other hand, an addendum note appended to the end of the article reads, "The NMHCA realizes that ECT is a controversial subject and welcomes submissions with differing viewpoints on the matter."[11]

The subsequent edition of *Your Choice* also printed an update article on the article just discussed, written by Marilyn Rice of the Committee for Truth in Psychiatry. While this article did not discuss Linda Andre's lawsuit, it did outline ongoing events regarding the classification of electroshock devices. The fact that the article was entitled "ECT Struggle Continues," [12] as well as the content of the article, indicate sympathies in opposition to electroshock.

Considering the sometimes troubled relationship between David Oaks, the editor of the radical paper *Dendron* and Joseph Rogers, who was deeply involved in the development and operations of most, if not all, of the SEPA organizations, it is noteworthy that *The Key*, the publication of the National Mental Health Consumers' Self-Help Clearinghouse, of which Joseph Rogers was executive director, published a brief article entitled "Fight against ECT continues" which specifically reports on Oaks' efforts "to ban forced electroconvulsive treatment..."[13] The anti-electroshock sympathies of the article are clear, as the article describes Oaks' efforts to educate U.S. Health and Human Services Secretary "concerning the *scandalous* practice of forced ECT."[14]

Generally speaking, though, discussion of electroshock was largely absent from the A/R publications I examined. I did not find any article on electroshock in the issues of *NECN* I examined, even in the article on the Dare To Vision conference, which was arguably the most poignant indictment of psychiatric practices to appear in *NECN*. Despite the fact that she lists a number of heinous practices in hospital settings, from "physical and chemical restraint" to "forced drugging" to "keeping us on locked units,"[15] Deegan does not include electroshock in this list.

I found only one mention of opposition to electroshock in *Network News*, the publication of the CNMHC. In an early newsletter, the Public Policies Committee listed that of its seven focuses, one of which advocated the development of "legislation that would give involuntary patients the right to refuse electroshock."[16] Beyond this example, I found no further mention of activity by the CNMHC on this front.

Despite these few contrary examples, the overall lack of discussion of electroshock in A/R publications is particularly striking and noteworthy when juxtaposed to discussions of this practice in both *MNN* and *Dendron*, where, as we have seen, articles on the dangers of electroshock, demonstrations against electroshock, and activism intended to severely limit the use of electroshock were common.

Two other issues were considered by the A/R wing which were repeatedly and voluminously discussed in the literature of the radical wing: the question of forced treatment and the question of psychiatric drugs.

I found many articles which opposed the use of force. Certainly, *NECN* repeatedly opposed force. For example, in her article on psychiatric malpractice, also referred to above, Deegan discusses a particular example of what was effectively coercion regarding unwanted medication:

> Ted [a psychiatrist's patient] fully understands the risks associated with using neuroleptic medications and told his psychiatrist that he had come to the decision not to take them. In the privacy of the consulting room, the psychiatrist told Ted, 'Either you take the medications or I will have you involuntarily committed,' Frightened, angry and confused, Ted 'agreed' and took the medications.[17]

Deegan presents this as an issue where one might want to sue for malpractice, even though she counsels that due to the legal understanding of malpractice, it is difficult to win such cases.

In "Citizenship rights and psychiatric disabilities," Judi Chamberlin clearly opposes "[i]nvoluntary commitment, forced treatment and psychiatric control over decision making"[18] on the basis of the individual's right to free choice and in opposition to ideological and legal constructions of incompetence. Morgan Brown, as well, argues directly against any use of force both on the basis of the violation of rights and by arguing that force actually disrupts possible positive outcomes of treatment. Brown writes, "Whether on an inpatient, outpatient, or 'community' basis, the use of force or coercion in mental health is clearly wrong. Force and treatment do not go or work together. In fact, each works in opposition with the other."[19]

Two articles in the Spring 1999 issue of *NECN* focus in particular on opposition to the use of restraints. One article is a discussion of an expose by the *Hartford Courant* (Connecticut) which "estimated that 500-1500 people die each decade as a result of being restrained in mental hospitals, group homes, and facilities for people with mental retardation."[20] Patricia Deegan, in a separate article which also discusses the *Courant* report, argues forcefully for the abolition of the use of restraints. She mentions, as well, examples of treatment in which restraints were not used, concluding that such examples "help us understand that we do not have to settle for mere reform. Mechanical restraints kill and should be abolished."[21]

Network News discusses the issue of force in several articles. In an article soliciting testimony to the state legislature regarding mental health services in California, one example of potential testimony consists of situations in which people have received forced treatment.[22] Another article considers two bills, one of which directly allows the forcible administration of psychiatric drugs, and one of which "contains several major loopholes that would probably undermine successful implementation of the right to refuse medication."[23]

Two articles in *Network News* discuss a unique strategy for limiting forced treatment: including in potential health care reform legislation a provision which disallows reimbursement for forced treatment, thus discouraging its use on the basis by economic disincentive. Caras writes that at a teleconference where she represented CNMHC, she argued for the following position: "Do not insure involuntary state intervention for competent adults as medical costs." [24] The second article was actually a reprint of a position paper by Support Coalition International regarding health care reform. Here, SCI states, "Although we seek parity for mental health treatment within a national health plan, we urge that forced treatment of any kind be excluded from funding or insurance coverage."[25]

On the other hand, Dick Ratledge writes in *Network News* about the tragic police shooting of his friend, Dan Irvin. Ratledge indicates that he felt involuntary measures were necessary in his friend's case. While Ratledge questioned the actions of the police and of Butte County Mental Health and Shasta County Mental Health, he makes clear that he felt Irvin needed involuntary hospitalization.

> The greatest factor in all this [the events surrounding Irvin's death] was Dan's behavior while in the 'manic' phase. He would become quite physically active, with 'grandiose' ideas and even 'delusions' at times. I watched Dan go through manic episodes twice before. Both times he required involuntary treatment. He would not accept treatment when in crisis.[26]

Ratledge characterizes Irvin as having "walked perilously close to" what he terms "the fine line between being dangerous and not."[27]

Like *Network News*, the SEPA publications, when they discussed forced and involuntary treatment, generally stood in opposition to it. *Your Choice*, in particular, discussed the issue. Despite statements of opposition to forced treatment, particularly interesting is the fact that both sides of the issue were presented.

Thus, a section entitled, "National Notes," which covered activities in various states, notes that the Montana Mental Health Consumers Advocacy Project (MMHCAP) "has focused on legislation concerning out-patient commitment and consumer & family rights. The effort has run into stiff opposition by the conservative state legislature."[28] "National Notes" covered similar activities in Florida and in Alabama in subsequent editions.[29] Moreover, Jay Centifanti notes that the National Mental Health Consumers' Association (NMHCA) filed *amicus* briefs opposing force in two cases involving the right to refuse treatment, one in Wisconsin and one in California.[30] Another important case in which the NMHCA filed an *amicus* brief, this time opposing forced administering of psychiatric drugs, was the "Billie Boggs" case. This case turned on whether Billie Boggs (aka, Joyce Brown), a homeless woman in New York City, was dangerous to herself or others. The case was, according to the article, a "test for expanding the scope of New York's commitment law"[31] in regards to homeless people. Ultimately, after appeals, Boggs/Brown was determined not dangerous to herself or others, and forced treatment of her was disallowed.

A number of articles by Joseph Rogers elaborate various positions on the issue of forced treatment, although it appears that Rogers' thinking shifted from a tentative support of some use of forced treatment to an increasing opposition. *Your Choice* of Spring/Summer 1988, contains an article by Rogers about psychiatric force which was actually originally printed in *Dendron* as a letter. Here, Rogers clearly states that the NMHCA, as just discussed, had been involved in anti-force judicial activism. On the other hand, Rogers states, "...I think we must...not just shrug off questions as irrelevant when family members and professionals say, 'Okay, eliminate forced treatment. But what about those individuals who commit violent acts or who are destructive to themselves – how do we protect them?'"[32] Rogers then immediately confronts the positions of some antipsychiatric activists who argued that violent acts by emotionally disturbed people should be handled in the judicial system:

> I totally reject the answer that I have heard from some movement leaders that if someone commits a violent act as a result of their mental illness we lock them in jail and if someone wants to kill themselves that's their right.[33]

Rogers justifies his position on the basis of his own past experience: At one time he had been incarcerated by force and against his will. Looking back on the situation, he asserts that he appreciated not only the treatment he received in a hospital, but also the fact that had he been put in jail, stating, "...I can tell you, after 30 days in an Orange County, Florida jail, I would probably have been dead."[34]

Another article, written by both Joseph Rogers and J. Benedict Centifanti, appeared in *Schizophrenia Bulletin*. This article elaborates a nuanced position which (a) generally opposes commitment "except in cases of clear and present danger to self and others";[35] (b) does so on the basis that "neither inpatient nor outpatient commitment is effective or even necessary for proper treatment";[36] and (c) strongly emphasizes what the authors see as a much better alternative: "community care,"[37] with particular emphasis on the value of what they call "the self-help movement."[38] A particular concern, the issue of homeless people, is addressed in the following way in order to emphasize the community care alternative: "The current debate over changes in commitment laws might not be quite so compelling if there were more noninstitutional choices for...[homeless] people."[39]

By 1995, Rogers appears to have concluded that forced treatment, at least in the form of outpatient commitment, was wrong precisely because, according to him, it is "impossible to implement in a manner consistent with due process and human rights..."[40] Apart from the issue of rights, Joseph Rogers is quoted by Susan Rogers as urging the availability of programs which "actually make it *attractive* for people who are homeless and have mental illness to come in and receive care."[41] In other words, by 1995, Joseph Rogers was opposing this form of forced treatment on both the basis of the utility of non-coercive alternative services *and* on the basis of rights-claims.

Indications of the attitudes of the alternativist-reformist wing, it could be argued, can be found in the lesser emphasis and significantly lesser degree of content, proportionally-speaking, found in their publications as compared to those of radical publications. One excellent example is the "Report from Consumer Caucus" at a National Institute of Mental Health Learning Conference in 1988. This conference was convened as a meeting of psychiatric consumers from fourteen states. On the basis of either this conference, itself, or the smaller consumer teleconference just preceding it,[42] an extensive set of priorities were written regarding: Self-Help and Consumer-Run Alternatives, Employment and Income, Stigma, Legislation, Community Support Program Funding Status, and Housing and Homelessness.[43] In none of the sections discussing each of these priorities was mention made of the question of forced and involuntary treatment. Even the "Legislation" section, where one might expect to find such a discussion, did not touch on this subject, though it did urge the passage of legislation "to re-fund protection and advocacy systems on a continuing basis."[44] While such legislation may have protected inmates from some rights violations, this does not constitute a clear statement of opposition to forced treatment.

Regarding psychiatric medications, a variety of views was also presented. Again, the proportional amount of space given to this issue was quite small compared to the extensive, almost unanimously negative, discussion of psychiatric drugs in the radical publications.

In *NECN*, perhaps the most vociferously negative articles regarding psychiatric drugs took place in the Fall 1994 issue. Here, Ron Thompson wrote a highly favourable book review of Peter Breggin and Ginger Breggin's book, *Talking Back to Prozac*, itself a thoroughgoing critique of the effects and dangers of that drug.[45] In another article in the same issue, Scott Snedecor writes, "Medication can be worse than psychosis. The 'modern' medication is the equivalent of swatting a fly with a sledge hammer."[46] Moreover, Snedecor states, "Radical chemical intervention affects our bodies as a whole. Our brains may function at a more socially appropriate level, but what sacrifices are we making of the whole?"[47]

On the other hand, while Patricia Deegan states in an earlier issue what appears to have been a negative experience with psychiatric drugs,[48] in 1999 she indicates that she continues to use medications, albeit judiciously. She advises her readers, "**Learn to *use* medications.** Today I do not simply *take* medications... I have learned to *use* medications as part of my recovery process. Learning to use medications within the recovery process means thoughtfully planning and following through with medication trials, medication reductions and/or medication withdrawal."[49]

I found very little in CNMHC's newsletter regarding the issue of psychiatric drugs.[50] Two articles took a negative stance towards them, one of which was well within the radical tradition. In that article, Muriel Marushka attended a conference "funded in part by a grant from Eli Lilly, a drug company."[51] The conference, entitled "U.S. Depressive Disorders Update 1992,"[52] was largely directed at psychiatrists. Marushka writes, "I was probably the only mental health client there."[53] Marushka stingingly critiques the seminar, where depression was presented as a "neurochemical disorder"[54] and where electroshock was "strongly recommended"[55] by Alan Schatzberg, the "Chairman of Psychiatry, Stanford University..."[56] Marushka indicates that at this meeting, psychiatrists and drug manufacturers colluded to push for increased use of "anti-depressant" drugs, while refraining from any discussion of informed consent or of the dangers and "side-effects" of psychiatric drugs. Marushka discusses how a presenter framed those people who opposed the use of Prozac. "...Prozac is safe; and 'we've had some trouble from Scientology.' The audience laughed."[57]

In a response to a reader's question asking whether it is true that "modern drugs for mental patients can be destructive to the patient over a time frame,"[58] columnist Carol-Lee writes, "Yes, this is unequivocally true."[59] Nevertheless, while referring the questioner on the one hand to the staunchly anti-psychiatric drug publication *Dr. Caligari's Psychiatric Drugs*, Carol-Lee also advises the reader: "consult your doctor for the side effects of the drug in question."[60]

The SEPA papers offer a variety of perspectives on psychiatric drugs. As was true regarding the issue of forced treatment, no "party line" is taken regarding psychiatric drugs in *Your Choice*. On the one hand, Christy and Brian Disher write, "A lot of people are helped by medication. True, medications need to be substantially improved, particularly for schizophrenia. More research is needed."[61] On the other hand, in the same edition of the newsletter, an article about the experiences of psychiatric consumer named Hildy Dunbar, the effects of psychiatric drugs are presented in a negative light, while not using them is portrayed as a positive achievement: "Eventually, one doctor helped [Dunbar] by taking her off the medications she was addicted to. That, she believes, led to her recovery. '{Drugs} were my crutch and so were hospitals. {Afterwards} I became a normal human being, with normal emotions, self-respect, self-esteem and self-confidence."[62]

Similarly, while *Your Choice* published a discussion about the efforts of Ira Gruber, founder of the Tardive Dyskinesia-Tardive Dystonia National Association,[63] another SEPA publication, *Vision*, as I discussed in the previous chapter, reported only three years later on the intense efforts of "[a] coalition of seven mental health advocacy groups"[64] to sue the Pennsylvania Department of Public Welfare to fund the distribution of a new neuroleptic drug, clozapine, for distribution in Pennsylvania's state hospitals. Art Leibowitz, the president of the Pennsylvania Mental Health Consumers' Association, is quoted as saying, "This drug might give hundreds, maybe thousands, of people who have been sitting on back wards a chance at a new life, and we can't accept the state's penny-pinching on something this important."[65]

There were thus both positive and negative presentations of psychiatric drugs in the A/R publications. However, I would assert that the most important thing that can be said about the discussion of psychiatric drugs in the A/R publications is the very lack of it, relative to discussions in radical publications. Because discourse consists not only of what is said, but what is eliminated from discussion or minimized, the implication of this lack of discussion is that, among the A/R wing of the movement, other issues were considered more pressing and salient.

Shifting discourse: the "mental health system"

A subtle yet important shift in terminology occurs in the A/R wing of the movement: the shift from describing the system of treatment, services, and procedures in question from the designation "psychiatry" (or "psychiatric system") to the designation "mental health system." While this shift is not universal, it appears frequently enough to be considered significant.

Once "psychiatry" becomes "the mental health system," it is possible to consider a range of services outside of psychiatric hospitalization and psychiatric drug and electroshock treatment and, in fact, to blur the edges between psychiatric activities, per se, and non-psychiatric activities.

This blurring has multiple effects. On the one hand, it has the potential to reduce the power of psychiatrists, because it renders them only one part of a larger set of services and agencies; on the other hand, it effectively leaves a place remaining for psychiatric treatment and authority. Finally, as we shall see in the following chapters, because the A/R wing focused on a larger range of agencies and possible services, the A/R wing, in referring to these as "mental health services" and the "mental health system," enabled itself to lay claim to territory and to gain leverage within the overall system of treatment, services, and rehabilitation that probably could not have been made had alternativist-reformists addressed their concerns and their demands exclusively to psychiatrists or to hospital-based psychiatry.

This shift is particularly striking in *Network News*. It is, I believe, no accident that the California Network of Mental Health Clients gave its organization that name. The organization was not called "The California Network of Psychiatric Patients" or even "The California Network of Psychiatric Clients." The change in emphasis is crucial.

Excluding the abbreviation "M.H." (for "mental health"), the very brief (two-page) inaugural issue of *Network News* from 1985 uses the term "mental health" sixteen times.[66] The words "psychiatry" or "psychiatric" do not appear in this inaugural issue at all, a fact all the more noteworthy considering that the contacts for the Self-Help Committee of the CNMHC are Sally Zinman and Howie the Harp, two people who had written for *Madness Network News* and whose writing appeared in *MNN even* in issues dated 1985 – again, the same year in which the first CNMHC *Network News* was published.[67] Even in a discussion which clearly refers to psychiatric hospitals and psychiatric wards, the word "psychiatry" does not appear: "There are other bills that we will be following closely that address patients [sic] rights issues and promote alternatives to *institutional treatment*."[68]

There is no doubt, as I will discuss in Chapter 10, that the main interest of the CNMHC was in the promotion of client-run alternatives. I will also discuss the efforts of the CNMHC to gain greater representation by clients (in Chapter 9). For the moment, the important point is that that representation is discussed in terms of representation in the "mental health system." Thus, for example, when creating client "liaisons" to various other organizations, this is put in the following way: "The CNMHC Liaisons are members who serve as our representatives to other statewide mental health organizations."[69] Again: "Liaisons are the way the Network obtains first-hand information about what is going on in the world of mental health professionals."[70] In "A Chance to Speak," an article reminiscent of *MNN* in its appeal to people to testify at the California State Senate about what would have in *MNN* been called "psychiatric abuse," the shift in language is striking:

> Did you have a bad experience with the mental health system in California?...Have you been wanting to let somebody know about injustice you experienced with the mental health system in California?...The California Network is seeking people to testify before the State Assembly and the State Senate about negative experiences in the Mental Health System and about their ideas of a positive alternative.[71]

These reframing of the object of concern for A/R activists runs throughout the eleven-year span of *Network News* to which I had access.[72] While "psychiatry" and "psychiatrists" are mentioned from time to time, far more often the system to which are addressed the concerns, praises, and critiques of the writers of *Network News* is the "mental health system," not the "psychiatric system" or "psychiatry."

Similar in the use of the term "mental health" in their organizational titles to the California Network of Mental Health Clients, the National Mental Health Consumers' Association, the National Mental Health Consumers' Self-Help Clearinghouse, and the Pennsylvania Mental Health Consumers' Association all used the terminology of "mental health."

Earlier years of the alternativist-reformist wing, represented by *Your Choice*, generally refer *neither* to psychiatry nor to the "mental health system." It is instructive, for example, to contrast the NMHCA Bill of Rights,[73] adopted in 1987 with PMHCA's "10 Visions of a Better Mental Health System,"[74] published ten years later, in an edition of *Vision* in 1997. In the former, not a single reference is made to "psychiatry" or to the "mental health system," even if the latter term is implicit by the repeated reference to "mental health consumers" in this document. For example, right number VII of the NMHCA Bill of Rights states, "Mental health consumers may not be required to perform labor as a condition of treatment and any labor performed shall be compensated."[75] The term "treatment" is used, but the locus of treatment, if implied, is unspecified. Besides "treatment," the only reference to actual institutions or bodies in this document is found in right number X, which reads in part: "[Mental health consumers] have the right to serve as full members on any and all public bodies that address mental health issues."[76]

By contrast, while "10 Visions" addresses rights concerns (specifically in Visions number 1, 3, 5, and 8),[77] the focus has shifted, on balance, to the *nature* of the desired mental health system, rather than being more strictly limited to rights within it. The introduction to this list of Visions states, "These goals [regarding treatment, services, human needs, and rights] will be accomplished by bringing to reality these visions of a better mental health system..."[78] References are made to "Appropriate and alternative treatment" (in Vision #1); "Consumer-run services" (in Vision #2); "trained qualified consumers...hired and paid as consultants to boards and committees..." (in Vision #4); and "Housing, vocation, educational, treatment, and entitlement programs..." (in Vision #5). Not a single mention of "psychiatry" occurs in this document, yet one could speculate that the direct mention of consumer-run services and (or as part of) the "mental health system" indicates the degree to which the A/R wing of the movement had successfully created and achieved funding for some of its projects.[79]

With two interesting exceptions (discussed below), to the extent that a "system" is discussed at all, the terms "mental health" and "mental health system" are used in both the *Vision* and *The Key* publications of the 1990's. For example, the Fall 1990 issue of *Vision*, two articles refer to psychiatrist E. Fuller Torrey's critical report of the Pennsylvania "mental health system."[80] Later in this issue, in an article concerning a consumer and family-of-consumers retreat, the "psychiatric system" is critically discussed, but this is also referred to as the "mental health system."[81] In a subsequent edition concerning funding cuts for services, while "psychiatry" or "psychiatric system" is not used a single time, the terms "mental health programs," "mental health services" and "mental health system" are used a total of eight times.[82] Later in this edition, Maria Duchnowski writes that she wants to "advocate for a mental health system that treats us with dignity..."[83]

The Key, whose inaugural edition was issued in 1993, despite its central focus on the construction of consumer-run alternatives, repeatedly refers to the "mental health system," not to "psychiatry." Even the location of practice of psychiatrists is referred to in this way; for example: "Psychiatrists in the public mental health system may be from cultures other than those of their patients..."[84] In a "consensus report"[85] developed with "consumer/survivors"[86] under the auspices of the Community Support Program, three out of four of the statements refer to the "mental health system";[87] the other statement refers to "services."[88]

A particularly noteworthy example of the shift to "mental health system" occurs in an article that is clearly critical of psychiatric/mental health practices in relation to African Americans. The article discusses seclusion, restraints, "misdiagnosis," the "'revolving-door syndrome,' where people cycle in and out of mental health services,"[89] a "pattern of unequal treatment in court"[90] for African American forensic patients, and, in a word, "racism."[91] This can be compared to the following article title in *Dendron*: "Racist psychiatry is fascism in '90's"[92] or the content of an article, also about racism, in the subsequent issue of *Dendron* in which the term "mental health" is placed firmly in distancing scare quotation marks.[93]

Exceptions to the use of the term "mental health system" are found in two contexts in the newsletters *Vision* and *The Key*. In *Vision*, these articles are direct discussions of "psychiatric hospitals" in Pennsylvania in which concerns arose regarding (a) the lack of funding for the then-new neuroleptic, clozapine;[94] (b) the lack of adequate services at one hospital;[95] and (c) the lack of adequate discharge planning at two other state hospitals.[96] These uses, however, are clearly directed at the large institutions which historically constituted the major context for psychiatric practice.[97]

In *The Key*, notable exceptions to the term "mental health system" occur in one particular edition whose entire focus was the question of managed care. In this issue, repeated references are made to "behavioral health" and "behavioral health care."[98] These references generally occur in regards to managed care organizations (MCO's); however, one reference reads, "[A large, out-of-state MCO] signed only a few providers in an area and frequently limited behavioral health care visits."[99] It appears, based on the fact that the MCO companies involved repeatedly referred to themselves in this manner, that "behavioral health" [100] and similar expressions were particularly promoted by these companies, whose role in terms of the devolution of public services to private contracted services are discussed in subsequent chapters.[101]

Finally, it is in *NECN* that we find the most references to "psychiatry," in contrast to the "mental health system." I have already made reference to a number of such discussions. For example, Patricia Deegan's discussion of the issue of psychiatric malpractice lawsuits and her article regarding the use of restraints refer to psychiatry and psychiatric treatment, as noted. Judi Chamberlin uses such phrasing at times, as well.[102] Moreover, *NECN* gave voice to the radical view point of Janet Foner who places the term *mental health* in scare quotation marks repeatedly in her article about Support Coalition International.[103] Another particularly clear example of the persistence of radical discourse is a reprint of a "match game" from the Tenth Conference on Human Rights and Psychiatric Oppression, in which the reader is asked to match "English" words with "Psychiatric Jargon." Here, arguably radical equivalents of reformist or psychiatric terms are juxtaposed. Among these: "psychiatric institution" and "mental hospital"; "psychiatric inmate" and "mental patient"; and "psychiatric procedure" and "treatment/therapy."[104]

However, both Deegan and Chamberlin also use the term "mental health system."[105] Particularly notable is the fact that Deegan's poignant testimony regarding the "treatment" she received in a psychiatric hospital and other locations of "treatment" states the following: "Dare to see that there are many, many people with histories of physical and sexual abuse who find ourselves and our experiences ignored, pathologized, invalidated, denied and silenced within the mental health system."[106]

True to its mixed-discourse format, *NECN* used both the terms "mental health system" and "psychiatry," then. A letter from a "psychiatric survivor" argues, "You will not heal anything through psychiatric methods of treatment."[107] Yet Bob Bureau argues that one "obstacle to empowerment" is "**Lack of accurate information** from others who have been through the mental health system and have genuinely improved the quality of their lives."[108] Moreover, even in an article not only arguing against forced treatment, but also espousing arguably one of the most radical positions, the abolition of the insanity defence, Morgan Brown refers repeatedly to making changes in "mental health systems," not to psychiatry.[109]

Ignoring psychiatry

Finally, a key aspect of the discourse of the A/R wing regarding psychiatry can be found not only in what was said, but also in what was not said. As we shall see in the following chapters, practice in the A/R wing was focused on the construction of alternatives not only to psychiatry, per se, but also to, and within, the traditional mental health system, as a whole. If the mental health system can be considered to consist of a set of practices and services including not only psychiatric hospitalization, but also psychiatric/psychosocial rehabilitation, social work, housing (such as boarding homes), and so forth, the intention of the A/R wing was, in part, to change the form of these services and contexts by reducing the monopoly which psychiatrists and parapsychiatric professionals had on staffing them and forming the policies under which they were to be operated.

Nevertheless, by far, the most discussed institutions and contexts in the A/R literature consist of alternative contexts and alternative institutional settings, and secondarily the representation of psychiatric consumers in various positions of advocacy, including mental health boards and committees. It was, in fact, the practice of the A/R wing of the movement, itself, from the mid-1980's to the late 1990's which was of central focus. This is true even considering the support of many consumer initiatives by sympathetic professionals. In effect, the question explored again and again was not "What are *they* (the psychiatrists, the social workers, the psychiatric rehabilitationists) doing that we either approve of or disapprove of?" but rather, "What are *we* (consumers, clients, and consumer/survivors) doing?" In this sense, "psychiatry" and the traditional set of mental health contexts are often bracketed from consideration.

There is no question that the radical wing of the movement asked the latter question, as well (most often using the terms "survivors" or "ex-patients"). As we have seen, the radical movement, far from engaging in the construction of discourse at the expense of practice, also did engage in autonomous activities. However – and I would argue, ironically – the radical wing of the movement, which rejected psychiatry so much more vociferously than the A/R wing, spent a great deal of time focusing on activities which took place at psychiatry-related events, such as APA conventions, and on psychiatric practices, such as electroshock and psychiatric drugs. While opposition to practices and social structures which one finds offensive and oppressive is certainly understandable, I suggest that the prioritization of focus on such practices and social structures indicates that, despite one's efforts to step outside of a particular discourse, the *presenting* of it over and over again (albeit in a negative light and often with keen critique) nevertheless indicates that one still, to some extent, remains within the ambit of the discourse. This may be unavoidable if one chooses a primary stance of oppositionalism (as opposed to alternativism). At the same time, oppositionalism may lead to a trap: To the degree that one focuses on the object of one's opposition, to a certain extent one remains, paradoxically, discursively and pragmatically dependent upon that which one opposes.[110]

By contrast, the A/R wing of the movement spent much less time focusing on psychiatric institutions and psychiatric practices, and much more time focusing on the construction of alternative consumer-run settings and other activities. Discussion of these events and settings usually made cursory, if any, mention of psychiatry. When the mental health system is discussed, as we shall see in the following chapter, the focus was on what the movement wanted from that system, in terms of concessions and funding.

Conclusion

I have explored in depth the discourses regarding madness and psychiatry found in various publications situated largely or fully within the alternativist-reformist wing of the movement. Several issues stand out.

First, it is unmistakable that these discourses are, for the most part, distinct from those of the radical wing. The major distinction in terms of discourse regarding madness in the A/R wing is the acknowledgement, and even foregrounding, of *intrinsic* emotional and mental suffering, despite ongoing, and often unanswered, questions regarding the cause of such suffering. In particular, I have noted and discussed the frank use of the term "mental illness"; the exploration of personal issues of trauma and abuse *outside of and prior to* experiences of psychiatry; the use of the term "disability," albeit pragmatically and/or with a critical eye; and the promotion and affirmation of the idea of recovery. In the latter case especially, the emphasis was on advancing a position of optimism, rather than traditional psychiatric pessimism, in relation to mental and emotional suffering.

To some extent, radical antipsychiatric discourse persisted, albeit in an attenuated fashion, chiefly in the publication the *NEC Newsletter*. Others took a more moderate position regarding psychiatry, accepting a diversity of opinions regarding medications, in particular.[111] Generally, however, electroshock remained an object of opposition to the A/R wing. Regarding involuntary treatment, a wider range of views existed, as well, though in general sentiment was against the use of force.

One key position regarding psychiatry in the A/R wing was the reframing of the system they wanted to change. Discussion shifted from "psychiatry" to "the mental health system," extending, changing, and arguably blurring the target of A/R practice. "Psychiatry," considered as the activities and beliefs of (mainstream) psychiatrists, per se, or as the monolithic institutions and social force portrayed by the radical movement, was largely ignored. Consequently, priorities of the A/R wing were focused less on the question of *what to do about psychiatry*. Rather, the central priority of the A/R wing was responding to the question: *what should be done by, with, about, and for people who experience emotional and mental suffering?*

To the extent that political activity was the focus of the A/R wing, such practice shifted significantly from the prioritization of demonstrations and legislative activity to active participation on mental health boards and similar structures, though there is also evidence of some degree of ongoing legislative advocacy and participation in demonstrations at, for example, Alternatives Conferences. Ultimately, the major practices of the A/R wing efforts during the late 1980's and 1990's were dedicated to the creation and provision of pragmatic, consumer-run services and the concomitant creation and development of alternative contexts. These issues are addressed in the following chapters.

CHAPTER 9: ALTERNATIVIST-REFORMIST PRACTICES OF REPRESENTATION

Introduction

Linda Morrison writes, "...[T]he growth of the movement has put individual activists in a stronger position in relation to their service providers. Increased representation of consumer views in the mental health system brings more credibility to the competing discourse of the movement."[1] Morrison, I would assert, argues that the most effective representation has taken place by means of radically-oriented discourse. Though I would argue that the radical position ultimately falls short in regards to the creation of the contextual basis for an extensive and elaborate collective identity, I am in agreement with Morrison regarding the fundamental premise that a major achievement of the mad movement is representation.

On the one hand, the early radicals insisted on an autonomous mad voice (or voices), not immediately turned into yet another "mental health system fad." On the other hand, some activists in the alternativist-reformist wing, despite the possible loss of voice through tokenism and cooptation, kept asserting autonomous, if moderated, perspectives. In particular, they appear to have made use of representation as a means to create further autonomous or semi-autonomous contexts, rather than simply to argue for "reformed professionals."

On the level of policy, alternativist-reformist strategy focused on advocating legislation favourable to the construction of consumer-run alternatives and representation within the wider set of mental health agencies. These efforts were extended into actual engagement with agencies and organizations where previously psychiatric consumers had had no voice, particularly by gaining actual seats on such bodies. Prior to the efforts of the

A/R wing, these organizations were dominated by professionals of various sorts, as well as "well-meaning" non-mad members of the public. Such organizations include Mental Health Associations; county mental health boards; "task forces" set up by various government personnel; the boards of public hospitals; and similar non-governmental, quasi-governmental, and explicitly governmental agencies. While the question of "tokenism" was discussed when consumers took a minority of seats on such agencies, nevertheless there is a persistent record of determination to ensure that consumers were involved in discussions of, and recommendations regarding, policy.

The *NEC Newsletter* (*NECN*) offers only occasional discussion of attempts to enter into the mental health system on the level of policy-making. In fact, *NECN*, compared to the other publications I examined, is notable for its comparatively limited discussion of grassroots efforts regarding both reformist legislation and the construction of alternatives.[2] It is more profitable to turn to the SEPA publications and to the California Network of Mental Health Clients' *Network News*, in particular, in order to gain a clearer picture of what actually was happening at the grassroots level. These publications put significant focus on what was happening in two particularly active states – California and Pennsylvania. However, the SEPA publications (and to a lesser extent, the *Network News*) also to some extent indicate what was happening at the national level. Furthermore, occasionally the SEPA publications indicate what was occurring state by state – coverage which means that these documents are historically vital.

Early legislative activism

The SEPA organizations developed one within another or in close connection to each other.[3] While their papers cannot be considered as identical in discursive and practical orientation, they all do promote alternativist-reformist viewpoints. In general, it can be said that *Your Choice* was either actually or rhetorically more radical than the later papers. *Vision*, the newsletter of the Pennsylvania Mental Health Consumers' Association, is in many ways parallel to CNMHC's *Network News*, as it was dedicated to consideration of issues largely on the state level (in Pennsylvania). *The Key*, on the other hand, as the publication of a clearinghouse and "technical assistance center" focused largely, though by no means entirely, on "how to" articles and "inspirational" examples regarding setting up, funding, and maintaining consumer-run activities rather than on these forms of representation. Nevertheless, *The Key* did not by any means completely remove itself from political discussions.

In particular, *Your Choice*, the publication of the National Mental Health Consumers' Association, discussed certain legislative efforts. In its inaugural issue, for example, the paper notes that the Montana Mental Health Consumers Advocacy Project, MMHCAP, "has mobilized a major effort around legislative issues in the state. It has focused on legislation concerning out-patient commitment and consumer & family rights."[4] This issue of *Your Choice* also asserts that the NMHCA "[h]elped to get language inserted into federal legislation in order to promote consumer involvement in the planning, management, and implementation of services..."[5] and that the organization "[t]estified twice before [U.S.] Senate subcommittees on consumer issues."[6] Moreover, this issue took note of several federal bills regarding HR558/S809 ("The Homeless Act"); S558 (Fair Housing Amendments); S557/HR1214 ("Civil Rights Restoration Act") and several actual and potential pieces of legislation at the federal level regarding disability programs.[7]

The "National Notes" column of the subsequent issue of *Your Choice* also makes reference to legislative and policy concerns and efforts: a bill in the U.S. Congress to change the classification of electroshock devices to "Class 1," meaning "no risk";[8] a successful legislative campaign in New Jersey to repeal a 1929 law which required state mental hospital patients to submit to being fingerprinted;[9] and the efforts of a program of Project SHARE called Outreach Advocacy and Training Services (OATS) "to organize a sleepout in front of the State Office Building."[10] According to the article which discussed this latter effort, "Within 72 hours, Secretary of Welfare John White pledged over $1.7 million in emergency housing funds to establish six permanent residences for homeless mentally ill individuals."[11]

The following issue also contained a "Legislative Update" section, focusing on the (ultimately successful) reauthorization of the Protection and Advocacy for the Mentally Ill Act of 1986, a measure which required and funded the extension of advocacy boards/agencies in each state to investigate claims of inmates in various mental institutions regarding abuse and mistreatment. Other reports discussed legislative changes regarding NIMH Consumer Support Program, the introduction of the Americans With Disabilities Act; the Alcohol, Drug Abuse, and Mental Health Block Grant Program, expansion of requirements of insurance companies to provide "mental health coverage," and increased Medicare and Medicaid benefits.[12] On the other hand, out of reports on psychiatric consumer organization activities in fifteen states, only two state reports indicated activities devoted directly to legislative battles.[13]

Because of the structure of the California Network of Mental Health Clients as presented in its publication, *Network News*, tracking the organization's various efforts is relatively straightforward. The organization, during the years of the publication from 1985-1995, developed a relatively clear division of labour by organizing into several relatively consistent committees: the Self-Help Committee, the Public Policy Committee, the Minority Issues Committee, the Well-Being Project,[14] and the Changing Attitudes Committee.[15, 16] The Self-Help Committee, the Public Policy Committee, and the Changing Attitudes Committee all in various ways pushed for political change and attitudinal reform among the public.

The Self-Help Committee and The Public Policy Committee both worked directly on legislative issues. For example, the Public Policy Committee as of the first issue of *Network*

News, stated its intention to focus on four bills in front of the California legislature. The article, "Report of the Public Policy Committee," states:

> There are four bills that the Public Policy Committee is interested in sponsoring:
>
> 1. Bill to insure that there will be self-help groups for mental health clients in every county in the state.
> 2. Bill that would require that there be mental client representation on every Mental Health Advisory Board in the state.
> 3. Bill that would eliminate job descrimination [sic] for mental health clients.
> 4. Bill that would eliminate housing discrimination for mental health clients.[17]

Particularly noteworthy regarding these legislative priorities is the lack of mention of bills whose main intent was opposition to forced treatment.[18] Also noteworthy is that, in this list, the first two priorities were the funding of consumer-run alternatives and the issue of representation. While the CNMHC did show concern with the issue of force, it prioritized the funding and promotion of consumer-run agencies and centres, as well as legislated requirements for consumer representation. Less priority was given to promoting and supporting legislation regarding discrimination, forced treatment, and so forth.

Evidence of CNMHC's efforts regarding opposition to bills intended to increase the level and applicability of forced treatment includes a report in 1990 by Jenny Miller.[19] In her report, Miller writes, "[T]he California Senate Judiciary Committee passed two bills that would hinder or reverse the right of short-term involuntary patients to give informed consent and/or refuse medication." The CNMHC stood in opposition to a bill which "generally support[ed]"[20] a decision of the California Supreme Court to allow short-term involuntary patients to refuse psychiatric drugs, which at first appears contrary to the aims of the organization. However, the CNMHC opposed the bill because of its troubling loopholes. Another bill, not yet passed as of the writing of this article, would have, among other things, eliminated the right to legal due process protections regarding forced medication by "subsitut[ing]...medical opinion and physician peer review for legal due process."[21] In a later article, CNMHC took what appears to have been a strategic decision to endorse a bill of which it generally disapproved in order to ensure that at least *some* protections for psychiatric inmates regarding the use of restraints and seclusion were assured.[22]

Nevertheless, based on my reading of a ten-year span of *Network News*, it appears that the paramount legislative goal of the CNMHC was the passage of legislation which funded consumer-run alternatives and increased representation in the mental health bureaucracy. The Public Policy Committee worked with members of the California State Assembly and the California State Senate in order to push for provisions for "self-help groups" and "peer counseling" as well as representation of consumers on "each county's Mental Health Advisory Board."[23] An example of the CNMHC's strategy regarding opposition to force through alternativism are provisions in homeless services funding, pushed for by the CNMHC and ultimately included in the legislation, which read, "All services of the Community Support Services must be on a voluntary basis; No individual service offered may be contingent upon acceptance of any other community support service or mental health treatment..."[24] The use of such bills to fund consumer-run alternatives is reflected in language of the legislation which reads, "...Each community support program shall also assist its clients to establish self help groups and peer counseling."[25]

Pushing even further for representation on the various non-governmental or quasi-governmental policy boards, the CNMHC was able to secure the passage of legislation which significantly increased client representation in these agencies. Even as early as 1987, we read, "The California Network of Mental Health Clients has passed an important milestone – our first legislative bill signed by Governor Deukmejian...This bill designates seats on local mental health advisory boards, the California Council on Mental Health, and State Advisory Boards."[26] This bill increased representation on "local mental health advisory boards with 17 members"[27] to guaranteed representation seats for two clients, and possibly up to four seats for clients.[28]

Because the CNMHC did not, based on the numbering of the issues of *Network News*, produce a newsletter between late 1987 and the summer of 1989, immediate reports on legislative efforts which took place during that period of time were not published in *Network News*.[29] Moreover, the Summer 1989 newsletter has no articles whose main topic is legislative. However, the Summer 1990, issue contained a "Final Report" which enumerated the activities of the various CNMHC committees in 1988-1989. Interestingly, it was the Self-Help Committee, not the Policy Committee, which reported having worked on specific legislation. However, this is perhaps understandable if one considers that both pieces of legislation discussed were directed at the funding of self-help alternatives. By this time, the Public Policy Committee seems to have shifted its focus to involving itself in representing the CNMHC at various conferences, including the "...Conference of Local Mental Health Director's committees on housing and homelessness and vocational rehabilitation."[30] Moreover, the Public Policy Committee report states, "We participated in legislative budget hearings to provide the legislature with the client view on budget cuts."[31]

Scant mentions of legislative activities appear in the 1992 and 1993 issues. In the Summer 1992 issue, Gilbert Toliver notes, "Five members of the Ethnic Minority Committee went to Sacramento to testify at **hearings before the Council on Mental** [sic] **(CCMH)** about the California Mental Health Master Plan...After our input on the self-help paragraph in the Master Plan, the CCMH promised us they would expand the paragraph into a full chapter on self-help."[32]

However, until the Winter 1994, this is the only mention of clear legislative lobbying that I found. Perhaps one reason why this was the case is indicated by two articles authored by John M. Hood III. In the Winter 1994 issue, Hood indicates that he had recently been hired as the “Legislative Trainer” for what was now called the “Public Policy Program” of the CNMHC.[33] A year later, in the Winter 1994 issue, Hood writes again, this time as *Program Coordinator* of the Public Policy Program. Hood rather bluntly indicates a downturn in the CNMHC’s legislative activity: “After a year of having the CNMHC’s Public Policy Program not functioning in any real sense, I have stepped in as Program Coordinator...At the end of last year (’93) I was interviewed for this position and identified as the second choice, behind August Storm. When August quit, the CNMHC’s Board of Directors decided to hire me.”[34] It appears that Hood was trying to revivify a moribund activity focus of the CNMHC.

Practices of representation

The A/R wing pursued and used favourable legislation in order to create both alternative consumer-run settings and to increase representation. In the remainder of this chapter, I will discuss a number of ways in which the A/R group attempted to amplify the consumer voice in areas of the mental health system originally intended to be the province of professionals, non-consumer government administrators, and other non-mad people. In the following chapter, I focus on the construction of consumer-run alternatives.

I found evidence of several areas of practice related to representation beyond legislative advocacy: (1) media-related anti-defamation and speakers’ bureaus; and (2) a general area which I will call gaining and using “seats at the table,” consisting of (a) informal or temporary activities, (b) formal or paid activities, and finally (c) actual hired positions of power within the mental health system bureaucracy.

Anti-defamation and speakers’ bureaus

Anti-defamation campaigns were concerned with representation not necessarily in the sense of actual seats on various policy or governmental bodies, but in terms of negative images of mad people in media reports. Speakers’ bureaus engaged in activities which appear to have been intended more to change public attitudes towards mad people by direct presentations in a variety of small group or classroom settings, rather than by confrontation with media outlets.

In the case of the CNMHC, anti-defamation campaigns and activities occurred during its early years. A center of such activity was the "Changing Attitudes Committee," which "was formed to combat stigmatizing attitudes toward mental health clients in the public, the media, the mental health system, and in mental health clients and their families..."[35]

In many ways, this committee acted as an "anti-defamation league." For example, the committee indicates that it "has subscribed to Allen's Press Clipping Services"[36] in order to monitor media portrayals of "stigmatizing stories."[37] Furthermore, "Network members have appeared in or on various forms of media, including newspapers, magazines, radio and television."[38]

A 1986 edition of *Network News* includes a letter indicating the need for such anti-defamation activity. Here, Bill Bates states, "Why are we...so invisible? I suggest we target the TV stations, one at time, and organize pickets...Secondly, lets start some letter-writing campaigns beyond just legislative opinions...." He adds, "[J]ust one dozen letters start to become too much to overlook --- especially if the same people later write to the media, en masse, complaining."[39] In the same issue, a description of the production put on at CNMHC's "Public Day" in Riverside by the WE CAN Players states that their skits focused on "the damaging effects of the public media stereotyping and stigmatizing 'mental patients'."[40]

In an early issue, the committee describes its confrontation of a major newspaper: "One example of successfully contacting a newspaper, The Sacramento Bee, regarding a stereotypical story perpetuating the false connection between mental health clients and violence was done by Network member Lori Shepherd and resulted in a subsequent newspaper story challenging the dangerousness stereotype."[41]

A 1987 edition describes a campaign by the Changing Attitudes Committee to counter a "so-called three part news story"[42] on the Los Angeles television station KNBC entitled "On the Streets, On The Edge" which *Network News* calls an exploitation of "the most noxious and false stereotype of the 'dangerous mental patient.'"[43] In response to the series, "[T]he Network mounted a campaign of call-ins and phone-ins to KNBC, as well as outreaching [sic] to other organizations..."[44]

For whatever reason, however, by 1990 the CNMHC's "Final Report"[45] regarding activities in 1988-1989, published in Summer 1990, did not include mention of the Changing Attitudes Committee. The report lists the activities of six committees, but not that of the Changing Attitudes Committee, though it is possible that the committee changed its name, possibly to the "Public Education and Policy" committee discussed in the Final Report. However, neither that committee, nor any other discussed in the Final Report, makes mention of the anti-defamation activities of previous years, despite the fact that the Changing Attitudes Committee lasted until at least the Summer 1989, based on its report in that edition of *Network News*.

The Key reported several times on one organization, the National Stigma Clearinghouse (NSC), which engaged in media monitoring regarding "stigmatizing" images. *The Key* also discussed another organization, Stamp Out Stigma, which took the approach of creating a speakers bureau in order to offer alternative images of mad people to those often portrayed in the media.

In Spring 1993, *The Key* reported on the NSC's activity of critiquing "films featuring crazed killers. In advertising these slasher films, 'reviewers are likely to misuse clinical terms and use slang expressions that the public associates with mental illness'..."[46] A later article discusses the NSC's opposition to "offensive portrayals of people with mental illness"[47] in a video cartoon by director Steven Spielberg. A hitchhiker in the film is referred to in the film as a "raving maniac," "homicidal fiend," and "slavering lunatic."[48] Still another article about the NSC discusses that organization's critique of "[t]he media coverage surrounding the gun control Brady Bill..."[49] Finally, yet another report on the NSC focuses on the issue of children's programs "that portray people with psychiatric vulnerabilities as funny or menacing..."[50] In this article, we are given a picture of the NSC's actual activities, which are referred to as "blitz[es],"[51] and the encouraging of "people to collect evidence of stigmatizing material aimed at children...as well as contacting the writers or producers of the material."[52]

PMHCA's *Vision* mentions one incident of anti-defamation activity in a full article discussing the efforts of at least two board members of PMHCA to confront WEGX ("Eagle 106" FM), a radio station in Eastern Pennsylvania, regarding that station's campaign billboard campaign for its morning show, "The Nut Hut."[53] The billboards read, "Show Us You're Nuts! Now on Eagle 106."[54] The article states that the PMHCA board members, Sandy Walton and Mark Davis managed to get a meeting with the station manager of WEGX. The station manager vowed to bring down the billboard and "also promised internships for ACT NOW graduates."[55]

Again, speakers bureaus constituted another set of efforts aimed at changing the way in which mad people were viewed by the wider public. At one point, Van Tosh and del Vecchio, in their important overview and analysis of "consumer" activities during the 1990's, place speakers bureaus under the rubric "anti-stigma services," stating, "Consumers/survivors operate many types of anti-stigma services including repertory companies...speakers bureaus...slide presentations...and video productions..."[56] Elsewhere, however, the authors frame these efforts as "public education,"[57] rather than as "services." (I discuss potential problems when A/R activities are framed as "services" at length in the following chapter.)

Whatever the categorization, Van Tosh and del Vecchio indicate that at least four of the organizations which they studied did in fact create speakers bureaus. They write that

Knowledge Empowers You (KEY) of Indianapolis, along with advocacy and technical assistance efforts, organized "[a] speakers bureau...and provided over 125 educational presentations and workshops."[58]

These authors also refer to such activity at A Better Way of Living in New Hampshire, stating, "A Speakers Bureau provided monthly talks to increase consumer/survivor knowledge and skills"[59] and "...The speakers Bureau conducted approximately 10 engagements per month..."[60] It is unclear from their article whether or not the speakers bureau of A Better Way of Living in New Hampshire directed its efforts exclusively at consumers or more broadly.

One the other hand, Van Tosh and del Vecchio report that Friends Helping Friends of Tennessee intended "to combat stigma (through a speakers bureau)..."[61] though actual activities are described as follows: "Ten consumers/survivors were trained and then sent out to speak to groups on a variety of topics, ranging from housing to advocacy to blood pressure to first aid."[62]

Van Tosh and del Vecchio also present the West Virginia Office of Consumer Affairs as including in its mission the development of a speakers bureau whose purpose was "reducing stigma."[63] Staff at that agency "were provided with training...on public speaking, and on creating a speakers bureau.[64]

The idea of "combatting (or reducing) stigma" appears in other documents, as well, when speakers bureaus are discussed. As mentioned above, *The Key* published a report by Andrea D'Asaro regarding the efforts of an organization in Belmont, CA called Stamp Out Stigma (SOS). D'Asaro's article begins with a statement about the intentions of its founder: "Carmen Lee aims to change the way people think about mental illness."[65] According to D'Asaro, SOS, founded in 1990, by 1993 had spoken to "[y]outh groups, Rotary club members, mental health professionals nurses, and college students..."[66] As such, the organization stands as one example of a speakers bureau intentionally confronting at least some negative beliefs about mad people. Moreover, SOS was planning to "provid[e] sensitivity training" to county Departments of Rehabilitation in California in order "to help the agencies comply with the Americans with Disabilities Act (ADA)."[67] This indicates a more direct advocacy component to SOS.

On the other hand, it is clear that SOS remained well within the discourse of madness as mental illness. Lee is reported as stating, "Often audience members have never consciously spoken to anyone with mental illness...They are fascinated."[68] Moreover, the article states, "Each speaker spends about three minutes on his or her experience with mental illness..."[69] Such depictions seem far removed from the public testimony of activists as presented in *MNN*, who testified not on their experiences of "mental illness," but, as we have seen, on their negative experiences in terms of psychiatric incarceration, forced treatment, electroshock, and so forth.

An accompanying article delineates methods for creating and promoting a speakers bureau. Recommendations in this article indicate a desire to present "appropriate" behaviour: "Tailor your dress and your presentation to your audience. If you are speaking to social service workers you can dress informally, but for a Rotary Club talk you might want to dress up more."[70] Such statements stand in significant contrast to the anti-establishment views of the radical wing of the movement, which, as we have seen, aimed to depathologize and celebrate non-conformity.

It is not clear how widespread speakers bureau practices were, though the literature already discussed indicates that they were formed in various A/R organizations. What is clear, however, is that, in effect, their use of testimony was distinct from that of radical organizations. Speakers bureau presenters appear to have aimed at reshaping public attitudes of derision, dismissal, and underestimation of the capabilities of mad people among "average citizens" both through the stories and also in the act of speaking, itself. I found no suggestions in articles or literature referring to speakers bureaus regarding such matters as the airing of controversial political views, the de-funding of mental health services, psychiatric abuses, etc. (On the other hand, none of the literature on speakers bureaus I read explicitly indicated that such topics were "forbidden.")

"Seats at the table": Strategies for increasing consumer presence in the MHS[71]

Beyond media representation and combating negative images and beliefs (or "stigma") regarding madness and mad people, the A/R wing actively engaged in pursuing ways to affect mental health policy. Some of these were informal or temporary; others were formal and paid. There is, however, no strict dividing lines between these two categories, because it may well have been early efforts to get informal, temporary, and/or unpaid positions which lead to the creation of increasingly formal government hiring responses, including offices and the hiring of consumers in other policy-related positions.

The CNMHC promoted in at least six early issues of *Network News* the practice of having volunteer "liaisons" – mental health consumers involved in the CNMHC who would act as representatives to other agencies. The duties of liaisons as listed in a 1985 newsletter were: "(1) To establish a working relationship with their assigned organizations and maintain a working rapport and communication; (2) Insure that a CNMHC member is at the constituent groups' major meetings... (3) Be certain that our public policy is known and understood... (4) Communicate to the Coordinator and the Network the public policy positions of the group to whom they are the liaison."[72] In this issue, a list of quite "mainstream" professional, governmental, and advocacy groups are listed as those with which the CNMHC was creating liaisons.[73]

A late 1986 issue of *Network News* indicates the degree to which this effort was undertaken: "...[T]here have been 41 contacts with other mental health constituency groups."[74] A 1987 issue exhorts members to apply again to become liaisons.[75] The two subsequent issues also discuss the liaison practice.[76] In particular, the Winter 1987 issue, the last issue in which I found mention of the practice, elaborates not only on the responsibilities of liaisons, but also on reimbursement for such activities as well as the potential use of this experience for future work opportunities. "Being a liaison entitles yo [sic] reimbursements of transportation, lodging and meals...In some cases, advances are also possible,"[77] the article states. Furthermore, acting as a liaison is presented as "a chance to refine your skills in speaking and writing, while receiving respect and appreciation"; [78] the article also suggests that being or having been a liaison "looks good on a resume."[79]

I did not find the practice of using liaisons in other sources. On the one hand, CNMHC's practice of engaging with other groups by means of liaisons was a formal practice in that it appears that other mental health organizations and government bodies had agreed to have representatives of the CNMHC come to at least some of their meetings. On the other hand, this can be considered a less formal practice than having legislatively guaranteed seats on local mental health boards, for example. It may be that as formal, legislatively recognized and required representation was achieved, some less formal means of representation were abandoned, potentially offering an explanation for the disappearance of the discussion of liaisons in *Network News*. In any case, it seems that A/R activists were intent upon getting seats and/or getting a hearing at those unofficial and official mental health bodies which had a direct say in making mental health policy.

A number of the newsletters mentioned attendance at conferences of mental health-related organizations, either by direct invitation or simply by signing up and attending. Thus, for example, even as early as 1985, the CNMHC planned to "represent its issues" at numerous conferences which represent a wide range interest groups and views regarding madness.[80] Similarly, in 1990 Gilbert Toliver notes that the Minority Committee of CNMHC "actively participated in the two-day statewide CASRA conference..."[81] While the calendar of events which appears in the 1994 issue does not overtly state intentions to attend the conferences listed, the fact that the meetings, trainings, and conferences of numerous mental health system-related organizations are mentioned indicates an ongoing interest in such organizations' activities.[82]

During this time period, the Spring 1987 issue of *Your Choice* discussed the 1987 "St. Louis Conference on Protection & Advocacy System."[83] This conference occurred only a year after the federal government had passed a law extending the Protection and Advocacy (P&A) system beyond people with intellectual disabilities to people whom the law referred to as "mentally ill."[84] This report is particularly intriguing because of the apparently high proportion of what the A/R wing generally referred to as "psychiatric consumers" (or, as we have seen in the case of the CNMHC, "clients") at the conference. Joseph Rogers reports that twenty-five out of over two hundred attendees "were consumers/ex-patients themselves."[85] Of the 50 presenters, Rogers states that "about a dozen"[86] were psychiatric consumers. Rogers further states, "...[T]he P&A staff are struggling with the role of consumers in the provision of P&A services. Several felt that the only role consumers have is as recipients of services."[87] Rogers counters this idea: "...P&A is a tradition in our movement; it is a service that we have provided through our self-help/advocacy groups long before the P&A system was funded to do this."[88]

Rogers reports that a consumer caucus met at this conference and formulated a list of demands which included: "(1) That future funding for Technical Assistance (TA) should focus at least fifty percent on consumer-to-consumer assistance; (2) Training professionals & consumers to sensitize them to consumer perspectives and needs, and (3) Funding so that a larger number of consumers can attend any future TA efforts."[89]

While the NEC reported at length only on NARPA and Alternatives conferences, in one edition of *NECN*, the publication did mention "[t]he 47th Annual President's Committee on Employment of People with Disabilities Conference," "The Seventh Annual Mental Health Cultural Diversity Conference," "Choice and Responsibility; Legal and Ethnical Dilemmas in Service for Persons with Mental Disabilities," and "The Annual National Alliance for the Mentally Ill Convention"[90] in its Calendar section. Listing events in a calendar does not indicate a focus of activity to the extent which actual articles about attendance at such conferences does; however, it is clear from such a listing that the NEC was remaining abreast of such conferences and suggesting, if not recommending, attendance by psychiatric consumers/survivors at them.

The interest of the A/R wing in attendance at such conferences may have been akin to the CNMHC's liaison practices and the creating of informal or semi-formal representation on various mental health-related agencies. Rogers' article, in particular, may represent the intent of such activities: to ensure that in agencies which had traditionally viewed consumers/patients/recipients, etc. as those being "benevolently served" by such agencies, consumers represented *themselves*, precisely because the agencies sponsoring such conferences had not always been benevolent, nor had they allowed the voices, views, and opinions of consumers to have much, or any, weight in terms of policy.

As time went by, representation by consumers on various boards and in various capacities became more formal and formalized, at least in some instances. Moreover, indications are that during the 1990's policy-makers were willing to listen to the voices of some mad people, generally those who were well-known and established activists, though there are questions regarding the degree to which at least some of these positions and situations were token or, as one writer put it, "cosmetic."[91]

A number of reports indicate the presence of certain A/R activists and leaders at a number of government hearings, meetings and conferences having to do with mental health policy. At the more local level, for example, Art Leibowitz, then the president of PMHCA, testified at a Pennsylvania Department of Public Welfare hearing in 1991 regarding increasing problems in the state's mental health system.[92] The article notes that Leibowitz is not only the president of PMHCA but also "Executive Director of Southwest Consumers... [and] a member of the Allegheny County Mental Health and Mental Retardation (MH/MR) board...."[93]

A/R activists took the opportunity to get involved at a national level, as well, in terms of being invited to federal policy gatherings, sitting on federal boards, and testifying at federal hearings. In the previous chapter, I referred to a "Consumer Caucus" report at an NIMH Learning Conference. That conference, held by NIMH for Regions III and IV, explicitly invited psychiatric consumers.[94] In July 1993, Joseph Rogers and Judi Chamberlin were two of ten participants to participate in a meeting at the White House with U.S. President Bill Clinton for the President's Committee on Employment of People with Disabilities.[95] By 1994, Paul Engels (aka Dorfner) was, according to *The Key*, "a member of the Executive Committee of the President's Committee on Employment of People with Disabilities."[96]

In 1995, Joseph Rogers testified at a U.S. Senate hearing against outpatient commitment procedures. According to Susan Rogers, "[Joseph] Rogers urged the committee to support non-coercive community-based services."[97] Rogers also attended a meeting of the White House Policy Office which included himself and "other members of the disabilities advocacy community"[98] where, he states, he "pitched a fit"[99] regarding potential cuts to direct federal funding (as opposed to "block grants," which give states more freedom to shift federal money among various programs) to the Protection and Advocacy system.

Daniel Fisher also reported on his own attendance at another White House conference which addressed the issue of Social Security. At this "high powered, exciting meeting with most of the big players in attendance..."[100] Fisher conveyed views of readers of *NECN* and of "[m]ost c/s/x's"[101] that it would be important to preserve Social Security as a safety net and that it would be a "mistake"[102] to privatize Social Security.

Apart from such forms of intermittent representation, however "high-powered," it is likely that one major effect of the efforts of activists to gain seats and jobs at the local and state level. One example of the degree of commitment of some activists is a delineation of the various positions on boards, committees, and organizations. For example, within the space of a single article, activist Nancy Glusker is described not only as "First Vice President of the Pennsylvania Mental Health Consumers' Association," and "Chair of the Central Community Support Program...Advisory Committee," but also as director of "I CAN (Involved Citizens Action Network)," chairperson of the "Lancaster County CSP Advisory Committee," a "member of the Office of Mental Health State Planning Council," and a board member of both the Lancaster County Mental Health Association and the Lancaster County Office of Mental Health and Mental Retardation.[103]

Not all activist consumers held so many positions (simultaneously or otherwise), but, it appears that increasingly activists held positions on mental health advisory boards and, moreover, began to gain actual hired positions in government.

As discussed above in the section on legislative activism, by 1992 California's laws went from guaranteeing one seat to consumers/clients on county Mental Health Advisory Boards in 1985, to at least two (and up to four) in 1987. By 1992, California State law guaranteed up to 20% of seats on the then-renamed "CALM Boards."[104]

It is unclear the extent to which consumers actually did fill the seats required by the earlier laws, nor did I find views expressed in *Network News* regarding whether the earlier levels of representation were seen as tokenism. However, in April 1995, Andrew Phelps wrote a letter to *Network News* which indicated a degree of conflict over the CALM Boards which required twenty percent representation and included a statement regarding tokenism. At an apparently contentious meeting of the directors of the Los Angeles CALM Board, a number of clients, "whose contributions had shaped the creation of the CALM Boards,"[105] as Phelps states, "challenged their abuse and tokenizing."[106] Apparently, there was conflict between at least some clients and some members of the California Alliance for the Mentally Ill at the meeting. Phelps mentions that a CALM Board Director was challenged on the grounds that she had "made a phony claim to being the 'client'..."[107] This board member subsequently resigned.

Despite exhortations and recommendations by the various newsletters for clients to find seats on local mental health advisory boards, as required by law or otherwise,[108] again, the literature is not clear as to the degree to which this was actually achieved. However, statements regarding activity in the Protection and Advocacy (P&A) system, both in terms of serving on advisory boards and also in terms of actual advocacy work, were more frequent. A 1986 article in *Network News* states that "[o]ne of the top priorities"[109] of CNMHC's Legislative Committee was "to have client run advocacy projects..."[110]

It does appear that clients did gain some leverage and paid involvement in the P&A system, stretching the system to include a variety of innovative consumer-run programs and opportunities for consumers to find paying jobs. Several articles in *Network News*, for example, describe CNMHC's successful efforts to establish a "peer & self-advocacy program." and related efforts.[111] The State of California funded the original "Peer and Self Advocacy Program" with $175,000. *Network News* states, "The components of this program include: two pilot projects – one to be located in Northern California and one...in Southern California, which will develop a training manual on Peer and Self Advocacy for peer advocates and written materials on peer and self-advocacy."[112] The article notes that the project would provide jobs to mental health clients.

These projects indeed were established. The program did develop a manual and other written materials, and it also established pilot projects at Oasis House in Los Angeles, "where clients can be seen without any conflict with board and care home operators."[113]

A program was also established in the northern California county of Butte. Bryan Schafer writes of the benefits to himself and others of working for the program in that county:

> I learned how to help other mental health clients as well as myself, to advocate in their own expressed wishes concerning the treatment they receive...by teaching them their rights guaranteed under the Welfare and Institutions codes through "Rights Presentations" in the local in-patient unit as well as the local board and care facilities.
>
> Since starting to work for this program, my self-confidence self-esteem and self-worth have greatly increased. It has taught me how important it is for mental health clients to have a support groups that they can use in times of crisis or just when they want to talk or go somewhere in public such as a store.[114]

By Summer 1990, a report from the Peer and Self-Advocacy Program states that between 1988 and 1989, "Seventeen employees and seven volunteers provided over 3,000 clients with presentations about their rights...We assisted over 100 clients in enforcing their rights, utilizing self-advocacy methods."[115] However, the article also notes: "Funding for the project ended in September 1989. Lori Shepherd, who directed the project, now coordinates the Peer and Self-Advocacy Activities program within Protection and Advocacy."[116] Thus, an innovative program, given "demonstration project"-type funding, which is intended to be temporary, did provide employment for some consumers and did achieve a number of the goals it intended to achieved. On the other hand, as with so many consumer initiatives, long-term funding was not ensured, despite the fact that the program actually was successful both in terms of meeting its goals and also in terms of giving a number of consumers greater confidence in themselves and their abilities.[117]

Another P&A project is described in an article in *Vision*. "The Hospital Monitoring

Project," according to the article, while administered by the Mental Health Association in Pennsylvania, "is funded by Pennsylvania Protection and Advocacy, Inc...."[118] Its purpose was to "inspect conditions at state hospitals"[119] and to "review treatment and discharge plans on patients' charts and inspect the physical plant."[120] This program did not pay the advocate teams, however it did reimburse for travel expenses. Programs such as this, while no doubt necessary all the time in order to provide advocacy and an ombudsman-type role to both prevent and bring to light abuses at state hospitals, may have been initiated in Pennsylvania at this time precisely because of hospital problems and abuses that had come to light. Discussion of these concerns appeared in issue after issue of *Vision* in the early 1990's: PMHCA director Art Leibowitz testified in 1991 about the (then already-closed) Philadelphia State Hospital "because it became grossly outdated and many of the people who lived there were being abused,"[121] and the potentially poorly-planned closing of Woodville State Hospital. Joseph Yaskin writes later that year about the lack of activities, treatment, and staffing at Woodville, stating, "Kevin Casey, director of Pennsylvania Protection and Advocacy, Inc., said that his organization has received a number of complaints from Woodville patients about inadequate staffing."[122] By the following year, "two patients at Norristown State Hospital (NSH) filed suit in federal court. They are fighting for their right to treatment in the community."[123]

Still another P&A-funded project is described both by Susan Rogers in the Spring 1998 *The Key*, and also in the book *On Our Own Together* in a chapter by the organization's founder, Yvette Sangster. The name of this Connecticut organization was Advocacy Unlimited (AU). The discussions of this organization in some ways point out both the strengths and the problems with of the A/R approach to creating alternatives. In essence, the central advantage can be stated as follows: These efforts created opportunities for mad people to reconceptualize their abilities and find worthwhile activities in which to engage. On the other hand, the central disadvantage consists of the fact that, despite the potential for new-found confidence and redeemed sense of identity, these efforts generally led to only volunteer, spotty, insecure, and/or low-paid employment.

As an example, Susan Rogers' story, which in large part discusses AU, begins with a glowing report about a woman named Maureen Wood: "Consumer self-advocacy training changed Maureen Wood's life,"[124] Rogers writes. Rogers quotes Wood as stating that Wood perceived herself as "lost in the [mental health] system"[125] before her involvement in AU: "...I was extremely intimidated by the mental health system; I was not able to advocate for my own rights or play an active role in my own treatment plan."[126] However, Rogers writes, after less than a year after her participation in AU's training in self-advocacy, "...Wood is employed full time as a respite worker in a residential program and is completely self-supporting."[127]

Despite this individual success story, however, neither Rogers in her article, nor Yvette Sangster, the founder of AU, in her chapter in *On Our Own, Together*, goes to any great length to discuss that fact that (as far is possible to discern in these articles), the (self-)advocates graduating from Sangster's program did not receive training which necessarily lead to paid employment as advocates or in any other capacity. In a section of her chapter entitled "Advocate Placement" Sangster states, "Program graduates fulfill their internship by devoting six hours a week for six months to *volunteer* advocacy in their communities."[128] Much of the labour which graduates engage in appears to be in a volunteer capacity, a situation which is not indicated in the story of Maureen Wood.[129] Advocacy Unlimited, itself, if it hired any of the graduates of its own training program, hired only a very small portion: Sangster tells us that while AU, as of the writing of her article, had graduated "200 advocates,"[130] AU itself had only six staff members.[131]

Nevertheless, this does not mean that AU's accomplishments should be ignored.

Beyond training two hundred people in what appears to have been an interesting and fairly rigorous program,[132] AU "advocate-graduates have offered supportive advocacy services on more than 3,500 occasions, they have conducted 3,000 workshops and trainings to 18,000 people; and they have expanded the network to include 3,100 people who currently subscribe to the AU newsletter."[133] Sangster describes two particularly striking examples of the effectiveness of the network which she, the AU organization, and AU advocate-graduates had built, as well as the degree to which consumers who previously may have remained silent mobilized to represent their views:

> AU was instrumental in defeating a strong legislative effort to institute forced outpatient commitment in the state. More than 150 people testified against the measure at public hearings in 2000. No one expected such a show of strength. AU also succeeded in mobilizing enough people to restore millions of threatened dollars to a past DMHAS budget proposal...[134]

Still, the question of the relative power of A/R efforts in the face of massive economic and social forces remains in question. This is perhaps particularly true regarding the question of so-called "managed care." In the next chapter, I discuss the issue of managed care in terms of the relationship between the (greater) privatization of the publicly-funded mental health system and A/R efforts to build alternatives. Here, however, I wish to focus on the way this issue is presented in terms of potential advocacy efforts on the part of psychiatric consumers.

In particular, the Fall-Winter 1996 edition of *The Key* is entirely devoted to a discussion of the issue of managed care. Here, one gets the impression that the A/R wing attempted to have some influence on the outcome of the managed care "debate." However, the wealthy for-profit medical coverage programs that are referred to in this set of articles under the designation "Managed Care Organizations" (MCO's), and the government bodies legislating and permitting MCO's to obtain public funding as part of their profits under various manipulations of the Medicaid[135] program appear to have drowned, with their money and power, the voices of consumer advocates.

One article, entitled (perhaps ominously) "Into the fold," reports on statements from representatives of the mental health services-related MCO lobbying organization, the American Managed Behavioral Health Association (AMBHA) and from representatives of individual MCO's. We are presented with the reassuring words from Robert S. Bailey, senior vice president for operations of the MCO Mustard Seed: "Consumers are an element of the field that we are in. We don't ignore it [sic]. When you are trying to serve the population, at a fundamental level, it {means} knowing your customers and understanding their needs and values."[136] Annette Morrison of another MCO, ComCare, states, "We use a strengths-based model...We help our members develop their skills to get to a place where they want to be."[137] An article by Peggy Heidorn states that a number of MCO's hired psychiatric consumers in various positions, including, Scott Philpo, who worked as the "director of advocacy and consumer affairs" *at AdvoCare*.[138] Heidorn also reports that ComCare's communications officer states that "each of the 24 mental health clinics" run by ComCare has a "consumer advisory council."[139]

Despite the subtitle of Heidorn's article, there is little in it which sounds an alarm of warning. By contrast, another article, credited to Heidorn, as well, but also introduced as "abridged and adapted from the official report of the National Consumer, Family and Advocacy Leadership Conference on State Mental Health Care Reform and Managed Care"[140] indicates the underlying motives for "managed care":

> Governments are looking for a "magic bullet" to save money, said National Mental Health Assocation [sic] Senior Vice President Robert J. Gabriele. However, Gabriele warned, "All 50 public mental health systems are woefully inadequate now. Anything more than a savings of 5 percent is a pipe dream."[141]

Elsewhere, in a section "[r]eported from a presentation by Jeffrey A. Buck" the article reads, "The move to managed care is simply a way for states to try to cut costs. To achieve such savings, however, either the populations to be served or the services provided to them must be reduced."[142]

This issue of *The Key* offers much information for advocates and activists attempting to grapple with the onset of managed care. Yet, one gets the impression that despite the smooth statements of MCO representatives the optimistic exhortations such as "[D]on't wait to be invited to take a seat at the table; pull up a chair and sit down,"[143] other statements indicate that, even if one "pulls up a chair to the table," this is no guarantee that the big players at the table will pay any attention. Jay Centifanti describes the inadequate regulation of managed care by New York, Massachusetts, and New Jersey. While Governor Tom Ridge of Pennsylvania eventually did propose a modified form of managed care, this was only after advocates resorted to a lawsuit.[144]

Ultimately, the lengthy discussions of attempts to engage in advocacy in relation to managed care leave one with the impression that the writers hadn't fully grasped the situation: after years of advocacy in relation to what was in many ways a largely public mental health system,[145] the situation had profoundly changed. While the public mental health system had no profit motive, it certainly had entrenched interests and budgetary pressures. However, advocates were now in the position of attempting to influence policy driven less by the competing interests and views of stakeholders (admittedly grossly unequal in terms of power) than by the ultimate interests of private companies – satisfying shareholder-investors and making profits.[146]

The hiring of consumers in policy-related positions

It is also important to note the hiring or appointing of A/R activists in positions of power within the mental health policy-making and/or service apparatus. In some cases, articles do not make clear whether these were paying or non-paying positions; in other cases, these clearly were paying positions.

In the Summer 1992, issue of *Network News*, Selina Glater writes that she had been hired in January of that year as the director of self-help and advocacy programs for by Santa Barbara County Mental Health Services. Glater writes that of three components of "the new Self-Help and Advocacy Program."[147] These include groups that are "completely voluntary and run by the clients"; the fact that the groups are to be locations where "consumers can empower and validate each other..."; and the principle that "the group members view each other not as diagnostic labels but as people with real problems and real needs." At the same time, Glater's role also includes acting as a "liaison between our Psychiatric Health Facility and the community" and "facilitat[ing] discharge planning on the inpatient units..."

If a hiring such as this was achieved in 1992, by 1993, a hiring had occurred in California on the State level. In the Winter 1994 edition of *Network News*, Jenna Blue interviews Wendy Walker Davis, who "was hired lastsummer [sic] by the California Department of Mental Health as the new Consumer Relations Liaison."[148] While Walker seems quite enthusiastic about and committed to her new position,[149] she also makes a somewhat curious statement. In response to Blue's question, "...[W]hat do you understand your job to be?"[150] Davis is able to give some specifics. However, she also states that "[e]verything else I'm to do is still being developed."[151] Moreover, she states, "I get to work with clients and client groups AND family members and their groups – like CAMI [The California Alliance for the Mentally Ill],"[152] indicating that she may have been expected to pay heed to an organization which, while it saw itself as firmly on the side of psychiatric consumers, was considered by some mad people to oppose their interests, particularly in relation to the issue of forced treatment.

Davis' statement regarding the lack of clarity of her job responsibilities brings up concerns more fully expressed in two articles by Susan Rogers in *The Key* of Fall-Winter 1993-1994. By late 1993, Rogers remarks that "[a]t least fourteen states... have initiated

Offices of Consumer Affairs,[153] whose purpose was to create an official government office, staffed by a consumer.[154] Rogers interviews a number of activists regarding their opinions of such offices. At the core of the debate over these offices is a central concern: Can a consumer who has been an activist on the "outside" of government maintain independence when hired *by* the government to represent or "advocate" for consumer interests. Three opinions are offered from Tennessee activists, who discuss the hiring of Scott Philpo[155]: One commentator states that Philpo has had a positive effect in the state; another agrees, but in principle disapproves of offices of consumer affairs; while still another states, "It is not possible for somebody to serve two masters..."[156]

Again, Rogers invokes an image also used in her article on managed care: "Those who favor them contend that these offices can serve as catalysts for change, and that they offer mental health consumers 'a seat at the table.'"[157] However, she also notes that opponents "charge [such offices] with cooptation and tokenism, and maintain that they obstruct communication between independent consumer leaders and the powers that be."[158]

Two such officers are interviewed by Rogers – Darby Penney of New York State's Office of Recipient Affairs and Joel Slack of Alabama's Office of Consumer and Ex-Patient relations. Both understandably indicate their commitment to promoting psychiatric consumer concerns and issues. However, only Slack indicates what he believes are clear accomplishments on his part: "[Slack] estimates that he and an assistant field nearly 400 calls from consumers each month,"[159] Rogers states. Moreover, she writes, "He credits his advocacy with garnering some $250,000 for consumer activities, up from about $5,000."[160] While Slack clearly believed he had gained access to the decision-makers in a way that "outside" advocates could not, Rogers states, "[H]e agreed that he has had to modify his style."[161]

In a sidebar article which discusses the impending plans of California to establish an

Office of Consumer Affairs, Rogers lists a number of recommendations of "movement activists."[162] Among these is the following: "The goals and objectives of the Office of Consumer Affairs should be well defined..."[163] One is left wondering why Wendy Walker Davis's position, despite her enthusiasm, was "still being developed."

Perhaps the most high-profile position held by a consumer was that of the Center for Mental Health Services' (CMHS) "consumer affairs advocate." In February 1995, Paolo del Vecchio began working for CMHS,[164] the government agency which effectively supplanted the services wing of the National Institute of Mental Health. *The Key* notes that prior to this position, del Vecchio had worked "with the Philadelphia Office of Mental Health and the Philadelphia County Department of Public Health..."[165]

The hiring of del Vecchio was also noted in an article in *NECN* by Bernard Arons, the director of CMHS. Here, Arons also remarks del Vecchio had previously worked with the Mental Health Association of Southeastern Pennsylvania and had "co-author[ed] a grant application for the CMHS-funded national Mental Health Consumer Self-Help Clearinghouse."[166]

In a subsequent edition of *NECN*, del Vecchio stated that he had six projects in mind: creating a "Mailing List and Database of Interests/Expertise"; developing a document, the "Consumer/Survivor Participation Plan" in order to "recommend strategies to expand consumer/survivor involvement in CMHS activities"; holding a "Consumer/Survivor Planning Meeting" in 1995; creating an informal "Communications and Networking" update; developing a "Managed Care Pamphlet for Consumer/Survivors"; and participating an in review of involuntary treatment.[167] Along with Laura Van Tosh, del Vecchio as indicated above in my discussion of speakers' bureaus, wrote a very important study of consumer/survivor-run services and agencies.[168]

These are by no means the only hirings of consumers in policy-making bodies of the

U.S. mental health system and in the mental health systems of various states. Indeed, a statement, while no doubt hyperbolic, such as "Consumers are taking over the Department of Mental Health in Connecticut,"[169] made by the president of "Connecticut Self-Advocates"[170] indicates that at least in some areas the country, real employment gains in relation to government offices which make or influence policy were being made. Karen Kangas, we are told, "estimated that 100 consumers hold jobs throughout the [Connecticut mental health] system."[171] Furthermore, this article indicates a proactive policy both in terms of hiring "people who have a psychiatric disability"[172] and in terms of some degree of hiring-related accommodations.

A note on major A/R organizations

Finally, it would be remiss of me not to note the existence and funding of the National Mental Health Consumers' Self-Help Clearinghouse, the National Empowerment Center, and the California Network of Mental Health Clients as sites of practice in relation to consumer/client/survivor representation. The first two of these organizations were "technical assistance centers," whose guiding purposes were to build the capacity of the consumer movement in terms of gaining the skills and resources to further the aims of the consumer movement. We have seen in this chapter, and we shall see in the next, evidence of the various activities which they promoted and fostered – for example the creation of drop-in centers, alternative responses to emotional crises, speakers bureaus, conflict resolution, "self-advocacy" and advocacy in general, consumer-run services and business management practices, optimistic views regarding "recovery," potential responses to "managed care," and so forth. These organizations stand as major achievements in terms of representation.

The first two managed to maintain funding *as* agencies, themselves; the CNMHC managed to secure significant funding for specific projects. The CNMHC, while not a "clearinghouse" like the NMHCSHC and the NEC, nevertheless engaged in securing funding for a variety of innovative projects, such as the consumer-run Protection and Advocacy programs discussed above, a "Well-Being" research program (discussed in Chapter 11), and the self-help manuals *Reaching Across* and *Reaching Across II*, which attempted, if not to systematize, then at least to present the various practices of alternative consumer-run agencies as they were developing and transitioning from less formal to more formal organizations.

In fact, this dissertation is grounded in large measure on the examination of some of the texts that these organizations generated, both in terms of the discourses they generated and the events, practices, and contexts they reported on and promoted. The content of these organizations' publications represents the efforts of the A/R wing to produce alternative discourse, practice, and contexts and to engender other reforms in the mental health system. All of these organizations still exist. The fact that they have survived so many years is a testament not only to the people who have worked so hard within them to keep them funded and active, but also to the thousands of consumers whose activities, reported in the writings of these organizations' newsletters and other publications, have given them events to report and projects to promote.[173]

Conclusion

In this chapter, we have seen that the A/R wing of the movement was dedicated to increasing the presence of what it called (psychiatric) "consumers" or "clients" in various areas of the traditional mental health system traditionally dominated by psychiatrists, mental health system workers, and other non-mad-identified people. The A/R wing also engaged to some extent in attempting to change the public perception of mad people by anti-defamation practices and also by speakers bureaus. Some speakers bureaus seem to have been expressly dedicated to this purpose; others seem to have been used for a variety of informational purposes.

Overall, early legislative activism appears to have had a greater relative emphasis on securing legislative gains. As time went by, according to the sources I have examined, it appears that such legislative activism decreased. Such a decrease may only be apparent, in that activism may have been underreported. Or, reduction in legislative activism may have been due to flagging interest in such activities. Still another possible explanation is that legislative victories led to the perception that the need for such activism was less urgent. The extension of the federal Protection and Advocacy system to include "mentally ill" people, laws which required consumer representation on mental health boards, and the increasing hiring of consumers in various policy-related positions may have been seen as tangible examples of representation. Such victories may, in turn, have been perceived as adequate grounds for the A/R wing to shift efforts towards the construction of alternative contexts of practice, including, but not limited to, the offering of consumer-run services.

In this sense, representation served a further purpose: to gain funding and other support for consumer-run projects. I have discussed efforts to couch these in the P&A system in this chapter; in the next chapter, I discuss other such efforts.

CHAPTER 10: ALTERNATIVIST-REFORMIST PRACTICES, "SERVICES," AND CONTEXTS

Introduction: shifting towards consumer-run alternatives

On the level of the construction of actual alternatives, the evidence shows that the A/R wing emphasized the creation of *consumer-run* options. The A/R wing of the movement sought to increase the presence of psychiatric consumers in the delivery of supportive and social services, such as drop-in centres, community centres, respite-houses which would serve as alternative to hospitalization, and housing programs. However, there were also efforts, promoted by both consumers and various mental health services personnel (in particular, but not exclusively, those associated with "psychosocial rehabilitation") to integrate consumers as workers in "traditional" mental health services. Again, the former efforts were most discussed more in the publications of alternativist-reformist groups (who most generally used the term "consumers" or "clients" to refer to mad people), though to some extent these can be found in the publications of professionals;[1] the latter was discussed more frequently in the publications of professionals.

It is important to note that despite the fact that both the consumers involved in these efforts and certainly the professional researchers studying them discuss these contexts as *services*, this word does not adequately represent, and in some cases actually distorts, the nature of some efforts, as I will discuss at some length below. In some cases, the "services" built by consumers are in fact better understood as centres of artistic and cultural production and/or political activism, or as workplaces, places of socialization and recreation. Moreover, in some cases, despite other activities and services, some sites can also be considered as refuges for homeless people during hours when homeless shelters were closed. I discuss each of these alternative ways of conceiving these "services" in this chapter; I further discuss locations of artistic-cultural practices, constructed both by alternative-reformists and radicals, at greater length in the next and final chapter.

In this chapter, then, I focus on these efforts by the A/R wing, above all as represented in words of A/R activists and advocates, themselves. However, I devote one section to the discussion of the representation of some A/R efforts in scholarly journals. I do this because the juxtaposition of the words of consumers/clients with those of "professional" researchers is striking, substantiating the pressing need then, and now, for the representation of mad people and their activities in their own words. For, as my discussion of articles about the consumer wing of the mad movement by professionals shows, however sympathetic these professionals may have been, again and again, their framing of the activities of consumers reveal the epistemic biases of the professionals[2] and, even more disappointingly, their own evident professional and career interests.

Political/economic factors influencing the promotion of consumer-run alternatives

From the outset, the A/R wing intended to create alternatives. Nevertheless, I wish to discuss two larger factors, apart from the representation-related successes discussed in the previous chapter, one of which, managed care, may have propelled the creation of such alternatives forward, and one of which certainly did – government funding.

In the 1990 inaugural edition of *Brainstorm*, a publication of Project SHARE,[3] a "National Notes"[4] section indicates a break from greater focus on legislation-related activity and political activism in general towards an emphasis on the actual consumer-run alternatives. While only one protest action is discussed,[5] far more numerous are mentions of a rapidly growing phenomenon: "demonstration grants." These were short-term grants intended to foster new, "promising" programs disbursed, in this case, by the National Institute of Mental Health (NIMH). Thirty states are discussed in this "National Notes" section; out of these, NIMH demonstration grants had been disbursed, according to this report in fully twelve of those states.[6]

Unfortunately, the amount of money disbursed is not indicated in this "National Notes," though it is clear from this list is that NIMH, largely through its Community Support Program, had itself moved to fund consumer initiatives. In a retrospective report written in 2001, and discussed for other purposes in the previous chapter, Van Tosh and del Vecchio give an indication of the scope and timeline of demonstration grant funding. They write,

> In 1987–1992, the National Institute of Mental Health's (and later the Center for Mental Health Services') Community Support Program (CSP) launched a unique program to fund community-based consumer/survivor demonstration grants. Through this effort, grants totaling nearly $5 million were awarded to 14 States to implement and evaluate an array of services to Americans with severe mental illness provided by mental health consumers/ survivors."[7]

The shift toward the creation of consumer-run alternatives, while always the intent of the A/R wing, was thus in fact likely bolstered by the passage of legislation which was favourable to the A/R wing of the movement (such as the Protection and Advocacy legislation of 1986, also discussed in the previous chapter) as well as the distribution of federal money to A/R efforts from the Community Support Program (CSP) of the National Institute of Mental Health (NIMH).

The shift to managed care may also have influenced the A/R wing to reimagine consumer-run practices in an increasingly privatized system of mental health care delivery. The tone of the A/R publications indicates a sense of "inevitability" regarding these changes.[8] Moreover, the tone of the publications turns quickly from opposition to resignation, and further, to possible opportunities generated by managed care for the A/R organization. Both *The Key* and *NECN* attempted to present the discourses and/or practices of managed care as of possible advantage to consumers or consumer-run agencies, arguing that managed care organizations should consider such options seriously as part of their "mental health packages" – at least sometimes on the basis of the assertion that such services were less costly to deliver than traditional mental health services. Joseph Rogers, for example, addresses the situation as an a potential boon: "Ideally, MCOs [managed care organizations] will start looking at consumer-run programs – *which provide relatively low-cost services* – as an alternative to help people with long-term needs."[9]

While *NECN* did not devote most or all of an issue to the question of managed care and privatization, Daniel Fisher wrote several articles about managed care and health care reform. Initially supportive of the more generous Clinton health care proposals, Fisher then turns to the *individualization* of managed care. Rather than forthrightly and consistently politically opposing the systematic defunding of mental health services in the name of managed care, Fisher writes of "self-managed care,"[10] translating a social policy into assertions of individual responsibility, wrapped in the discourse of recovery. A particularly striking example of this is his statement,

> Under the fee for service system the subtle incentive was to have the consumer remain in therapy for extended period, thereby encouraging dependency... Now under managed care the goals of people labeled with mental illness to recover and regain control of their lives, often through peer support, *are close to those of the managed care companies* paying the bills."[11]

It should be noted that the "inexpensiveness" of consumer-run services did not go without critical examination. For example, Sylvia Caras of the CNMHC discusses the use of consumer agencies more critically in the Winter 1994 *Network News.* She portrays a rather unruly meeting in California at which the director of the federal Center for Mental Health Services, Dr. Bernard Arons, was present. She asserts that the meeting had "token client inclusion,"[12] stating further, "Clients noted that we run the drop-in centers, and provide services to users the system doesn't, and we do it without full-time pay and without benefits."[13]

Cooptation?

Moxley and Mowbray make the following trenchant comment in 1997 regarding

NIMH funding of these kinds of programs:

> It is difficult to be certain about who has co-opted whom in the evolution of community support and psychiatric rehabilitation. One may argue that the Community Support Program of [NIMH] sought to make consumers and ex-patients viable stakeholders...in order to reduce conflict... Or, one may argue that consumer advocacy and the ex-patient movement co-opted community support and psychiatric rehabilitation programs by motivating these entities to adopt and legitimize more and more of their ideas, aims, and values.[14]

Certainly, as we have seen, the radical wing of the movement would, and did, argue that the cooptation was unidirectional: NIMH was intentionally, in their view, "buying off" the movement for a relatively small amount of money, and movement activists who engaged in these government-funded efforts had "sold out." It is valuable to juxtapose the comments of Morgan Firestar, a long-time radical, with those of Jacqueline Parrish, administrator of the Community Support Program of NIMH during the first years of demonstration project funding.

Firestar expresses deep dismay at the willingness of the A/R wing to take NIMH money:

> It's hard to turn down money. It's also hard to see a powerful and vital movement divided by hard cash. It's obvious to me that NIMH was feeling the strength of our movement and was threatened by it. The money they give means nothing to them; it's a small part of their budget. But it gives them a way to control people, formerly people in the PILM [Psychiatric Inmates Liberation Movement].[15] If these knowledgeable people can be controlled, what chance do the rest of us have? [16]

For her part, Parrish characterizes the Community Support Program in the following way:

> ...[The Community Support Program has been] probably unique in the federal government – a non-bureaucratic program that became a national symbol for progressive change, for pushing the bounds of what could be achieved by people with serious mental health problems in terms of their potential to recover, control their own lives, and help others.[17]

Whatever the direction of co-optation, unidirectional one way or the other, or mutual, there is no doubt that by the late 1980's, and certainly by 1990, the A/R wing, based on analysis of its own literature, had shifted to discussion of the plans and operations of its own programs. Moreover, as we saw in the chapter on A/R discourse, "psychiatry" had largely "disappeared," either through lack of mention or by the reframing expressed in the increasing use of the terms "mental health" and "mental health system."

Problems in the "scholarly" literature

The question of cooptation allows me, before entering into a specific focus on actual consumer-run contexts, to discuss the issue of the ways in which mental health professionals represented autonomous consumer activities and consumer involvement in the mental health system. In scrutinizing the scholarly literature, we see how the writings of many of these researcher-professionals impose the interests of their professions on consumer efforts and on the "role" of consumers in the mental health system. Understanding the ways in which professional discourse pervades scholarly articles lends support to the assertion that it is imperative to examine the activities of A/R activists, as well as radical activists, on their own terms and in their own publications.

At the heart of this dissertation is the question of the appropriation and construction of collective and individual identity. On that account, I have attempted to maintain a consistent focus on those discursive and practical efforts and assertions which have done the most to foster alternative conceptions of mad experience, mad practice, and mad people. Therefore, I have intentionally privileged those contexts which assert such alternative discourses and practices, and their potential or actual reconstruction of identity. In consequence, as noted in the Introduction, I have privileged texts generated by mad people. The moment one enters the "scholarly" texts which, with notable and crucial exceptions, express the assumptions and viewpoints of various mental health professionals and are written by them, one finds oneself in a contrasting discursive world. First, there is a recasting of the framework by which consumer activities and projects, collaborative with professionals or autonomous, are almost invariably framed as "treatment" and "rehabilitation" not only for consumers receiving various forms of support, but also *for the very consumers who have created and/or work in these contexts*. This, along with what could be called "re-psychiatrization" – the reassertion of psychiatric categorization of consumers – leads to the tacit and overt devaluing of psychiatric consumer labour.

Professions such as psychiatry, psychiatric rehabilitation, vocational rehabilitation, social work, and community mental health had historically been mired in pessimistic visions of "the seriously and persistently mentally ill." The fact that some of these professionals lauded the optimism of alternativist-reformists and their beliefs in the possibilities of recovery, mutuality, and consumer capabilities appears on the one hand to be refreshing. Nevertheless, it also appears that even the mental health professionals most sympathetic to the A/R wing of the movement tended to start with the assumption that traditional mental health services are legitimate, despite occasional statements that arguably call into question the legitimacy of professional practitioners or their vested interests in their professions.[18] One finds in the professional journals which took a kinder view of consumer efforts at least three major trends: (1) the attempt to quantify the "effectiveness" (or lack of effectiveness) of consumer-run activities,[19] (2) the drift towards the reframing of agencies and/or "services" which are clearly not consumer-run *as* consumer-run, and (3) discussions regarding the "place" of consumers in traditional services – what roles consumers can rightfully fulfill, on the one hand, and what "problems" the hiring of consumers generates.[20]

In regards to the first point, it is interesting that the focus in terms of "effectiveness" seemed to tilt at times towards whether or not serving as (usually low-paid or volunteer) workers for salaried professional agencies, programs, and projects was beneficial to *the workers*, not their clients. For example, consider the following statement from Sherman and Porter: "At two-year follow-up, the 15 trainees who were still employed as case management aides had required a total of only two bed-days of psychiatric hospitalization since the training ended."[21] This statement clearly demonstrates a rehabilitationist bias: the question is not whether the consumer case-management aides were good workers delivering effective services, themselves, but whether or not they had themselves "improved." Similarly, one could conceivably expect that an article "Consumers as Mental Health Providers: First-Person Accounts of Benefits and Limitations"[22] might have consisted of interviews with recipients of the services of consumer-workers. However, this article is entirely devoted to benefits and frustrations experienced by the consumer-workers, not the people they served, as well as "quandaries" which consumers-as-workers pose for professional workers.

Other studies considered situations which were nominally "consumer-run," but which appear ultimately to have been projects of regular mental health professionals. Kaufmann describes the Self Help Employment Center, which, despite its name, was situated at a non-consumer-run community mental health agency in Pittsburgh. In this case, consumers received regular "vocational rehabilitation"[23] services; some also participated in agency-encouraged "self help and supportive peer relationships,"[24] by which mutual support groups regarding employment were indicated. Underlying the rhetoric of self-help and consumer autonomy is the clear vocational rehabilitationist orientation of this article. Kaufmann writes, "While the Self Help Employment Center program does not appear to result in significantly better or better paying jobs, it does help consumers to achieve some goals in vocational rehabilitation."[25] One might ask, considering the article's emphasis on self-determination, *whose* goals are indicated here – those of the program staff, the researcher, or the consumer-participants, themselves?

A number of studies do consider "effectiveness" in terms of actual reference to the services as received by recipients. Several of these focus on "self-help" agencies. In some of these, there is a resolutely "metric" (i.e., measurement-oriented) emphasis. Various "instruments" (surveys) are used to quantify outcomes, even when these instruments in actuality are composed of nothing more than agglomerations of concepts which, it is alleged, "constitute" a particular overall category, such as "empowerment." An article by Segal, Silverman, and Temkin, for example, entitled "Measuring Empowerment in Client-Run Self-Help Agencies" is not so much about actual measurements obtained (though such measurements were made and discussed) as it is about attempting to create a set of "valid constructs" which allegedly constitute empowerment and therefore which, measured together, allegedly indicate the degree to which individuals have "become empowered." Thus, the authors develop the "Personal Empowerment Scale,"[26] "The Hope Scale,"[27] (in turn "derived from the Beck Hopelessness Scale"),[28] the "Self-Efficacy Scale,"[29] and the "Independent Social Functioning Scale,"[30] while also employing Rosenberg's Self Esteem Scale[31] and Dutteiler's Internal Control Index.[32]

Similarly, Yanos, Primavera, and Knight "examined the relationship between participation in consumer-run services and recovery of social functioning among persons diagnosed as having serious mental illness."[33] They made use of the "Herth Hope Index,"[34] the "Generalized Self-Efficacy Scale,"[35] and the "Social Functioning Scale."[36] They conclude: "Involvement in self-help services was clearly associated with better community adjustment, with the use of more coping strategies, and with a greater proportion of problem-centered coping."[37]

Silverman, Blank, and Taylor used one heavily diagnosis-based instrument to evaluate their subjects at a drop-in centre in Virginia;[38] one instrument which "was developed as a method of evaluating the social milieu of community-based treatment programs...";[39] and still another instrument to measure "consumer satisfaction."[40] Despite their intense focus on the use of "scientific" measurement, the authors describe one of their methods for recruiting participants as follows: "The other two volunteers [i.e., volunteers sent out by the research project to do interviews] often came to the drop-in center and invited 'the friendliest face' to participate."[41]

I have pointed out this use of metrics because these methods fly in the face of the original goals of the alternativists: to create contexts in which diagnosis, statistics, and records took a back seat, or were completely eliminated, in order to make settings accessible and welcoming to people who had experienced such "research" in the course of their "treatment." No doubt Silverman, et al., point to a fundamental motivation for measurement: "Being able to provide data that justifies the amount of money spent is becoming a critical component for all mental health programs, particularly during this era of managed care and accountability."[42] A lingering question, though, is the degree to which subjecting people to practices similar to those which alienated them from the traditional mental health system paradoxically *undermines the very effectiveness* which such methods were intended to measure.

Also problematic in the scholarly literature is the degree to which the notion, "consumer-run," is stretched far beyond the meaning of services which, in fact, are run by consumers. This is perhaps the main reason for eschewing this literature: One could accurately say that the idea of "consumer-run" is appropriated, or colonized, by professionals in such a way as to render the term, if not meaningless, then at the very least questionable in this literature.

The title, itself, of Kaufmann, Freund, and Wilson's article, "Self Help in the Mental Health System: A Model for Consumer-Provider Collaboration"[43] contains an internal contradiction. In what sense can "self help," which one would think to indicate autonomous consumer activity, be constitutive of, or constituted by, "collaboration" between consumers and providers? The authors state that one of the programs these authors studied "began in September of 1987 on the initiative of consumer representatives from two self help groups..."[44] However, this program, called the Personal Empowerment Project (P.E.P.), we are told, "is not permitted to meet on the grounds of the state hospital without some staff members present. The presence of staff during self-help group meetings at the state hospital is a concession to institutional rules."[45]

Shelton and Rissmeyer frame both the Alliance for the Mentally Ill, considered by some to represent the perspectives of *family members* of mad people more so than the specific perspectives of consumers, and also a clubhouse with what appears to have been non-consumer staff in rural Virginia, in the following way: "The Virginia Alliance for the Mentally Ill (the support organization for Virginia's relatives of the mentally ill...) and the Commonwealth Clubhouse Association...are good examples of mental health self-help organizations in Virginia."[46] The authors assert that the Shenandoah Clubhouse has a "self-help culture,"[47] yet it appears that the hospital visitation program they describe was initiated by staff at the clubhouse:

> *It was decided* that *the path of least resistance* would be to channel well-functioning club members though [sic] the volunteer services department of the hospital, which would give them official sanction to visit the wards and allow them access to their hospitalized compatriots.[48]

Moreover, the authors discuss the fact that visits by clubhouse members to their "compatriots" are, the authors indicate, traumatizing to the visiting ex-inmates;[49] however, it is of some comfort, at least to the authors, that "members and staff can debrief"[50] after these visits. For Shelton and Rissmeyer, this alleged exercise in "consumer self-help" is, in the end, all part of the rehabilitation process: "The herein-described program has reaped benefits for the ex-patients...This change in status [from patient to volunteer visitor] can help ease painful memories and can be very therapeutic."[51]

Kaufmann does state that the Self Help Employment Center, referred to above, "is not a consumer-run agency,"[52] however, she asserts that it is "strongly influenced by consumer interests and demands."[53] Still, one wonders whose interpretation of interests is reflected in the following statement regarding those chosen for the study which involved the development of the Self Help Employment Center itself:

> The sample intentionally excluded individuals whose psychiatric diagnoses indicated an organic brain syndrome, personality disorder, below average intelligence, or substance abuse. The decision to focus on the three main diagnostic groups – schizophrenia, schizoaffective disorder, and major affective disorders – was made in order to decrease the amount of variability in the sample..."[54]

Paulson wrote a generally progressive article regarding the development of a specific social work program directed at educating both consumers and family members of consumers to become social workers. This effort was framed as "one road to empowerment."[55] However, to what extent is a psychiatric-consumer-turned-social-worker "empowered" in the following assessment of the particular "needs" of consumers who have already been active as mental health advocates? Paulson asserts, "...[S]pecial attention is needed to help them integrate their advocacy styles into their professional roles. They need to learn new techniques and strategies that will be equally effective but also acceptable to their employers and colleagues."[56]

This statement indicates the final problem in the literature of sympathetic professionals: the issue of the role of consumers in the mental health system as workers in traditional agencies or innovative, but non-consumer-run agencies and projects. Here we find statements which indicate that, in general, consumers have "special" places in the mental health system. While it is alleged that the particular experiences of madness and of the mental health system are *strengths* among consumer-workers, repeatedly these "strengths" lead to particular employment situations which are contingent, insecure, and low-paid (or not paid at all). "A former consumer is much more likely to appreciate, for example, what would be most helpful in a crisis situation, as in 'talking down' a person who is extremely agitated or suicidal,"[57] Paulson tells us, based on the consumer-worker's "finely honed sensitivity."[58] Not only is this a generalization about psychiatric consumers, who, one would assume have *various degrees* of sensitivity, but it also begs the question: Why are non-consumer professional mental health workers not specifically trained to develop keen sensitivity to people who are agitated or suicidal? Why, that is, should it be the case that professional mental health workers are not required to learn to appreciate the experiences of people in extreme emotional crisis?

Mowbray, Wellwood, and Chamberlin discuss a program called Project Stay, initiated by a psychiatric consumer group in response to funding available "to support demonstration projects of consumer-run alternative services."[59] It appears that, unlike some other projects, Project Stay was run by the consumer agency, though there were clearly ties to the regular mental health system.[60] However, what is striking is the fact that all of the labour done by Project Stay to advocate for and locate services for service recipients was done by volunteers except, possibly, for a salary for the "full-time staff person who trained volunteers..."[61] The authors seem to be unconcerned that the Michigan Department of Health, when deciding to increase funding in response to the success of Project Stay, apparently chose, rather than paying project workers, to "enable more consumer groups to get started and to fund more consumer-run alternative service projects modeled on Project Stay."[62] This statement indicates the lack of recognition of the value of labour of consumer-workers in terms of reimbursement for their services and, consequently, is one indication of the degree to which the use of consumer-run services became part of the overall mental health service delivery system because of the inexpensiveness of use of consumer labour on the basis of volunteer work, low salaries, and lack of benefit packages.

Dixon, Krauss and Lehman, in a discussion of the use of consumer-workers on Assertive Community Treatment teams, write, "In our model even if the CA ["consumer advocate"] was doing most of the work with the client, having the most contact and/or making arrangements for basic needs and the like, this was still viewed primarily from an administrative point of view as the responsibility of the primary therapist or case worker..."[63] In a short statement near the end of this article, under the subtitle "Program Administration," the authors then write, "CAs spend a great deal of time with patients and provide significant and important services. Not charging for their time definitely denigrated their role, deflated salaries, and reduced job security."[64]

Mowbray, Moxley, and Collins give some voice to consumer-workers frustrated by these pay inequities. Describing another effort, Project WINS, they state that "Peer Support Specialists" (PSS's) working for Project WINS "...were paid at an hourly rate ($6/hour)."[65] Despite the low pay, consumer-workers reported a number of positive experience working for Project WINS, and when the project ended, "...for the most part, [consumer-workers] expressed disappointment at not being able to continue in their jobs."[66] However, in a further discussion of post-project frustrations, the inequity between professional workers and consumer-workers was laid bare by one consumer-worker, who stated, " 'Now the vocational specialist at WINS moved right over to a vocational specialist position...and then offered...me an unpaid position to run the same stuff I was doing at WINS...They're getting paid, why ain't I getting paid?...It was demeaning.' "[67]

The above examples, then, indicate the problems in reading the literature of mental health professionals in psychiatric, psychosocial/psychiatric rehabilitationist, social work, and community mental health journals. While there is no doubt that some professionals sincerely supported efforts of consumers to engage in autonomous service activities and, more often, to engage in some forms of labour in the traditional mental health system, biases are revealed in the writings of these professionals. The voices expressed in these articles are generally the voices of professionals, not of consumers, and such issues as consumer-run services and consumer-providers are framed in the language and assumptions of the professionals and presented in ways that, in one way or another, further their own interests.[68]

Consumer-run contexts "on the ground"

It is clear that the guiding principle of the A/R wing was to set up "consumer-run," "consumer-controlled," and "self-help" agencies and organizations. But what exactly did these organizations do? What happened "inside" A/R services? In this section I rely in majority on the representation of these practices and contexts on the basis of literature generated in consumer publications and/or written by consumers though published outside of specifically A/R publications.

As mentioned above, the inaugural issue of *Brainstorm* indicated that consumer organizations, or organizations apparently favourable to consumer involvement and input, were receiving demonstration grants as of 1990. I offer here redacted descriptions of each of the grants discussed, based on the text in *Brainstorm*'s "National Notes":[69]

1. Alaska: "[NIMH] has funded Mental Health Consumers of Alaska for a demonstration project to train former mental health consumers as case manager aides." (Grant recipient: Mental Health Consumers of Alaska)
2. California: "The Alameda County Network of Mental Health Clients...has received a three-year NIMH grant to further the expansion of two consumer-run alternatives...the Berkeley Drop-In Center and the Oakland Independence Support Center."[70]
3. Colorado: "...to develop and organize a consumer-run, private, non-profit corporation, which will be an umbrella organization for creating and supporting a variety of non-profit and for-profit consumer-run businesses..." (Grant recipient unnamed)
4. Georgia: "...to help establish mental health consumer self-help groups..." (Grant recipient: "Alternatives/Atlanta.)
5. Indiana: The "establish[ment] of an Office of Consumer Affairs, sponsored by the Mental Health Association of Indiana. The purpose of the grant is to help Indiana consumers develop and strengthen their network."
6. Maine: "Maine has received a NIMH demonstration grant whose goal is to help people with psychiatric histories achieve partnership status in the mental health system." (Grant recipient: Portland Coalition for the Psychiatrically Labelled)
7. Missouri: "to support its activities, which include self-help group

meetings, peer case management, recreation, and information sharing." (Grant recipient: the Self-Help Center in St. Louis county)

8. New Hampshire: "...to expand the consumer network....Among other things, a drop-in center and hot-line will be funded by the grant." (Grant recipient unnamed)
9. New York: "Its goals include staff expansion and establishing an independent base so that *complete consumer control is guaranteed*"[71] (Grant recipient: Friends of the Homeless in New York City)
10. Ohio: "...to establish and run a greenhouse and garden center, and to train consumers to operate it." (Grant recipient: Expanding Futures)
11. Pennsylvania: "...for a consumer case management project." (Grant recipient: Project SHARE)
12. Wisconsin: "...to strengthen its network."[72] (Grant recipient: Wisconsin Network of Mental Health Consumers)

Wording regarding some of the grants seems vague. We might ask: What was the specific intention of a grant, such as that to Georgia, "to help establish mental health consumer self-help groups..."? Likewise, what does it mean to assert that in Indiana the goal was "to help Indiana consumers develop and strengthen their network"? What is a network? How is it strengthened? A similar ambiguous goal also is asserted in the case of Wisconsin.

In Ohio, on the other hand, the goal is clear and specific: the establishment of a greenhouse and garden centre and the training of consumers to run that centre. One could argue that the goals in Missouri are also specific: self-help group meetings, peer case management, recreation, and information sharing. But what are "self-help groups"?[73] Are these meetings in a church basement or storefront, or are they advocacy organizations? What is a "drop-in center"? Is it simply a place where people come by as they wish? Or are there structured activities? Support for employment efforts?

Based on my search for evidence, in the course of which I contacted a number of agencies,[74] it appears that, while there were research efforts directed at small numbers of (possibly exemplary) consumer-run efforts, in fact no one, apart from the National Association of State Mental Health Program Directors Research Institute (NRI), appears to have attempted to collect information regarding (a) the number of consumer-run efforts across the U.S., (b) changes in those efforts over time, and (c) details regarding the actual activities within the consumer-run efforts on a state-by-state nationwide basis.

The National Mental Health Consumers' Self-Help Clearinghouse apparently did publish a list of "Consumer/Ex-Patient/Survivor Groups" in March 1991.[75] This list contains the names and contacts of 193 "Consumer/Ex-Patient/Survivor" groups. No mention is made of funding statistics (if, indeed, these groups were funded), nor is it clear the methodology by which the list was compiled. Nevertheless, if this list is at least suggestive of the number of groups in existence at that time, it is possible to conjecture that by 1999, the number of groups had expanded, considering the fact that the NRI reported the state funding of at least 399 consumer-operated programs.

It appears, however, that the only attempts to gain systematic statistical information regarding state-by-state national U.S. statistics before the year 2000 were those of the NRI. This information is derived from a cycle of surveys of State Mental Health Agencies (SMHA's) regarding a number of aspects related to consumer-run efforts in their respective states. I requested this information, and I was sent two questionnaires used by the NRI.[76] The only actual data set which I received (as opposed to simply the survey) was from 1999. While the lack of comparison data from 1996 (and possibly from one earlier questionnaire) is unfortunate, at least the 1999 data gives us a picture (a) of the degree of funding that had been achieved at the state level and (b) the nature of the consumer-run programs which were funded.

It should be noted, as well, that this data does not necessarily indicate all consumer-run efforts – only those funded by SMHA's.[77] According to this data, of the 43 SMHA's which responded to the survey, seven SMHA's did not provide direct funding to "consumer-operated programming" in 1999, meaning that 36 SMHA's did directly fund such efforts.[78] Apart from states which offered no report of funding, the least amount of funding (direct or indirect) in 1999 was distributed by South Carolina: $65,000. The greatest amount of funding (direct or indirect) was supplied by New Jersey: $4,500,000. Despite the fact that the State of Pennsylvania did not report the dollars spent on funding such initiatives, that state claimed to have funded the greatest number of consumer-operated services: sixty (60). In total, the NRI data indicate that in 1999, regarding those states which reported "Yes" to direct or indirect funding, almost $26.5 million dollars was spent on such funding. Moreover, regarding those which reported "Yes" to direct or indirect funding, the total number of consumer-operated services funded was 399.

The categories of consumer-operated services are, according to the data sheet:[79]

1. advocacy
2. peer/mutual support
3. non-residential crisis intervention
4. transitional/supported housing
5. residential crisis facility
6. club houses
7. drop in centers
8. case management
9. technical assistance
10. vocational rehabilitation/employment
11. promoting positive public attitudes
12. leadership skills training
13. social services
14. wellness/prevention services
15. policy development
16. client-staffed businesses
17. research activities, and
18. "other."

Some of these categories of services, such as advocacy, peer/mutual support, and drop-in centres were, according to NRI data, funded by most states. Other categories were funded only in a few states. (Please see Appendix C for the full set of related data provided to me by the NRI.)

It is thus clear that by 1999, a wide range of "consumer-operated services" were funded. However, what is not clear from this data is whether the services were discrete or overlapping. For example, as we shall see below, a "drop-in center" may provide not only a place to visit, but employment services and/or advocacy, as well, among other activities and services.

A key point regarding the NRI's list is the fact that the efforts of consumers, as funded by state mental health agencies, appear to have been completely construed in terms of *the idea of "services."* In most cases, the categories mentioned are, in fact, best understood as services. However, one could ask whether "promoting positive public attitudes," "policy development," "client-staffed businesses," and "research activities" are actually services, if by services one means the traditional mental health system's emphasis on the provision of "treatment," economic aid, and "rehabilitation."

Are "consumer surveys" best understood as services, or are they research – and should "research," itself, be considered a service or an intellectual/informational pursuit? What is meant by "consumer education" – that is, were these educational activities "about one's illness," or, instead, were they general equivalency diploma (GED) preparation, post-secondary education, training to be a mental health system worker, or even (though arguably unlikely in the context of SMHA funding) mad studies? In summary, the data does not give us a picture of whether certain categories were services in the "traditional" mental health system sense, or whether, in fact, these activities stretched the boundaries of "services" to include activities which stand outside the customary framework of the mental health system.

Fortunately, Van Tosh and del Vecchio were funded by SAMHSA to do a retrospective study of the CSP-funded demonstration projects, entitled *Consumer/Survivor-Operated Self-Help Programs: A Technical Report* (henceforward, *A Technical Report*) which I have referred to in previous chapters. Moreover, an entire research project was funded (apparently much more generously) by SAMHSA which looked at eight "consumer-operated services," some of which were started in the nineties, but some of which were formed in, or closely linked to other autonomous mad people's organizations formed in, the 1970's and 1980's. *A Technical Report* was published in 2001, but it focused on demonstration projects which took place in the late 1980's and early 1990's.

Moreover, a book drawing on the Consumer-Operated Services Program (COSP) study (also funded by SAMHSA), entitled *On Our Own, Together*,[80] was published in 2005. While it is true that *On Our Own, Together* contains some data from 2000 and forward, much of the information directly refers to organizations and practices of the 1980's and 1990's.

These publications are crucial documents because they are among the few well-developed research documents which give extensive, elaborate descriptions of A/R practices. Moreover, these documents are also crucial because they were written chiefly or entirely by mental health consumers. As discussed in an earlier section, the documents about the A/R wing of the movement produced entirely or chiefly by mental health professionals tend to reconceptualize consumer-operated programs in the discursive framework of professional epistemologies and interests.

Finally, the book, *Consumers as Providers in Psychiatric Rehabilitation*,[81] is an additional source which was written in large part by consumers despite the fact that it was published by a professional group. Certain chapters in this book are important historical records for this reason and also because they were written in the mid-1990's, permitting a perspective, albeit on a small number of consumer-run locations of practice, which reflected on these contexts during the period in question, offering not only retrospective analysis, but discussions about the current situations of those contexts.

It should nevertheless be noted that *even* these documents, as well as the documents in the newsletters of the A/R wing, tend, with significant exceptions,[82] towards laudatory discussions of the consumer-run contexts they discussed and presented, often muting criticism and self-criticism. On the one hand, it is true these organizations should be praised for real successes they had in making a difference in the lives of the consumers who ran them and the consumers who otherwise participated in them and were served by them. On the other hand, one at times gets the impression that there is a promotional tone in some of these articles which minimizes internal difficulties and problems.[83]

A stunning concluding chapter by Sally Clay in *On Our Own, Together*, in fact, supports the contention that while these efforts made significant and important accomplishments, some of the presentations of them, even in the preceding chapters of the same book, clearly minimized problems. In an earlier chapter in *On Our Own, Together*, the history and activities of a major A/R effort in Florida called PEER Center, Inc., a consumer-run organization initiated in 1993, is discussed. In this chapter, an elaborate "consumer operated drop-in center with an active membership of over one thousand"[84] is described in detail. The PEER Center's many activities and projects are presented: "...[E]vents may include entertainment programs provided by community groups, fishing trips, picnics, and beach outings at local parks";[85] employment and job training, including the Print Shop, a center-run printing business as well as a Computer Center; a Thrift Shop (which, it was stated, eventually was closed); the provision of moving expenses and a "large box truck to be used as a moving van"[86] in order to support consumers seeking housing, as well as transitional, and later, permanent housing provided by the Center, itself; crisis support provided by "peer support specialists."[87]

What we are not told in this chapter, Sally Clay tells us frankly in her concluding chapter to the book:

> About midway through the multi-site study, in February 2001, the PEER Center was taken over by a group of disgruntled members who commandeered the monthly board meeting and removed the executive director from office. PEER Center, Inc., was the largest and most complex of all the consumer-operated programs in the study. It boasted over two thousand members and forty employees and own its own facility...Yet the coup was accomplished with virtually no protest from either its government funders or its own members.[88]

Clearly, there is a disjuncture between the overall presentation, in the PEER Center, Inc. chapter, of a smoothly-running, elaborate consumer-run context and Clay's statements which plainly assert that the organization in question went through massive upheaval even as it was being studied.

A fuller understanding of A/R practices can only come from discussions, descriptions, and analyses which focus not only on successes and externally-generated problems, but also on internal problems and, even more important, specific delineations of practices. The nature of A/R practice cannot be found so much in such vague terms as "consumer network," "peer support," "advocacy," and even "drop-in centre," for these terms, as used in the literature, meant different things to different writers and activists. Rather, the nature of A/R practice can be found in actual discussions of what the organization and its workers and members actually did – for example, what actual practices constituted "peer support" or "advocacy."

We thus face three major issues regarding A/R practice. First, statistics regarding the number of consumer-operated services, their funding, and changes in these over time are sparse. Second, despite the fact that A/R practices were generally presented as "services," some A/R practice clearly stretched the boundaries of "service" as traditionally understood in terms of the mental health system. Third, depictions of A/R practice were at times inadequately self-critical and, particularly in newsletters, inadequately detailed.

What, then, can be said about these practices? The available literature indicates that the mid-late 1980's and 1990's were a period of experimentation, during which the A/R wing attempted to create, and apparently at times were successful in creating, autonomous or semi-autonomous contexts which engaged in a variety of practices, to which I now turn.

It is possible that the major studies available, which I will examine below, do not capture the fact that there were some, perhaps many, A/R contexts which engaged in a more limited number of practices than those described in the major studies. CSP's demonstration projects, by their very nature, were, albeit relatively briefly, more well-funded than smaller efforts. It appears that certain locations became "hubs" of activity, while others were not so.

For example, it is interesting to compare one report in *Network News* by Cathy King about the activities of the Marin Network of Mental Health Clients and its "Enterprise Resource Center" with another report regarding the Butte County Network of Mental Health Clients. Marin County, California is just north of San Francisco: historically, while it has maintained a great degree of rurality, it also has many "bedroom communities" for commuters who work in San Francisco and among the highest per capita incomes in California (and in the United States, generally). Butte County, by contrast, was a poorer rural county, with a low per capita income.[89]

King writes, "In Marin County we have a suburban area with a rather high living standard...[T]here are fewer 'free agents' from other areas due to such factors as comparatively high rents and less diversity of the population."[90] King describes in an article almost certainly published in 1987,[91] what effectively appears to have been a drop-in or community centre as having "furniture, office equipment, stereo system, pool table, new tile floor, etc...."[92] The Center had a "day-to-day program includ[ing] unstructured drop-in hours and special groups – peer support, Emotions Anonymous, and AA especially geared to mental health clients..."[93] She also describes "special events" such as "music nights...game nights, [and] dances..."[94] Moreover, "Several of us have been regular readers at weekly 'open mike' poetry nights held by a local coffeehouse,"[95] and "[o]ne of our clients has written a play for performance at a local theatre as a fundraiser for the Network, with a cast composed of mental health clients."[96] Overall, the picture of the Marin organization is one which, while by no means wealthy, was able to offer an array of opportunities to members, even at this relatively early date in the history of A/R activity.

On the other hand, Suzanne Lange, in the subsequent edition of *Network News*, also written in 1987, discusses the Butte County Network in the following way: "The Butte County Network of mental health clients [sic] has gone from a small group of about five active members...to a thirty member group that has a drop in center within the homeless mentally ill program."[97] She states further, "Their support group has many facets." While this may have been a group which did in fact later develop a more sustained set of practices, after this sentence, apart from the fact that the Butte County Network had two members on the local mental health advisory board, every other statement about the "facets" of the group are placed in an imperfect, progressive, or future tense: "The current goal is to establish non-profit status"; there is a "long-range interest in providing shelter for the homeless population"; "[t]he group is working on a newsletter..."; [s]everal persons have begun to develop a peer advocacy program"; etc.

The lesser degree of development of the Butte County Network may, of course, have been due simply to the fact that in some places, groups directly or indirectly affiliated with the CNMHC got underway later than others. It is also possible, however, to consider this as an indication of the varying degree to which consumer-operated efforts took successful root and their varying degrees of elaboration.

Regarding efforts in Pennsylvania, an edition of *Vision* from Winter 1992[98] clearly shows that out of 67 counties in Pennsylvania, only eight counties/areas were reported on in the "Grassroots Report," consisting of seven individual counties and four counties listed together as a single area-group. I have established in my discussion of the SEPA organizations that Philadelphia, in Philadelphia County, has been associated with a high level of activism and a proliferation of organizations; Allegheny County, containing the city of Pittsburgh, had a drop-in centre whose Program Coordinator was a consumer; Dauphin County, housing the state capital city, Harrisburg, boasted a work incentive project, its own "I CAN" organization; and *Whole Mind*, a "consumer-driven publication."[99] By contrast, reports about and from rural counties appear to indicate that, while efforts were sincere and activists committed and optimistic, the size of consumer efforts was smaller outside of Pennsylvania's three largest metropolitan areas, and the stability and durability of these efforts perhaps less sure.

For example, as of 1992, I CAN of the more rural Columbia, Montour, Snyder, and Union counties was new, having "just gotten off the ground,"[100] according to its Chairperson, Mary Lou Norton. Norton adds, "'We don't even have a budget yet.'" Norton does report consistent attendance at meetings, including a recent turnout of twelve attendees, indicating both the noteworthy existence of a committed membership in a rural area, as well as the small size of the multi-county effort when compared to the larger, more well-funded efforts which were occurring in major metropolitan areas.

Discussions of efforts in *Vision* regarding Venango County are particularly interesting: as of the Fall 1991 issue, a drop-in centre existed in Oil City "operating under the direction of a provider program."[101] It had "four paid consumer-leaders."[102] Likely only several months later,[103] Susan Baker, an activist Venango County, regarding a "rumored new group in Oil City,"[104] states, "We haven't started it yet."[105] She also mentions one possible reason why: transportation. "Since we live in a rural district, it's kind of hard to get people there."[106] One year later, in *Vision*'s Grassroots Report, there is no mention of Venango county consumer activities at all.[107]

Vision of Fall-Winter 1992 indicates the possible ups-and-downs of organizing on shoe-string budgets: While eleven areas are reported on in this edition, six out of eight counties/areas which were reported on approximately a year prior are not reported on in this subsequent edition, meaning that nine out of eleven reports are from organizations and groups not reported on a year prior. This may be an artefact of reporting difficulties or editorial decisions, but statements from sources in various counties indicate transportation problems,[108] problems with insurance coverage[109] as well as rapid expansion[110] and attempts to become autonomous from provider-sponsors.[111]

The *Vision* reports are instructive in terms of what appear to have been the priorities of relatively small, rural or small-town organizations. Seven of the twenty-three non-urban area/county reports in Grassroots Reports from four issues of *Vision* between Fall 1990 and Fall-Winter 1992 mention the existence of a drop-in center, the most often-mentioned activity or context. Six reports mention involvement of county groups in providing education or training. Five mention involvement in advocacy and political activism. Five counties also clearly describe the organizing of social events such as tournaments, parties, holiday activities, and, in one case, a wedding. Three counties reported publication productions – two newsletters and one arts "zine." From two counties came reports of housing-related activism or provision; likewise, organizations in two counties reported on provision of vocational support activities. Finally, there was one report each of involvement in disability-benefit specific advocacy and of transportation aid.[112]

Of course, these mentions were not, as far as presented by the text, based on surveys and therefore may or may not be, statistically speaking, representative the array of activities in rural counties/areas. However, it is clear that the creation of a drop-in centre was a valued practice. Moreover, it is clear that, in a variety of ways, groups (whether they had drop-in centres or not) appear to have been attempting to respond to the practical and social and creative needs and desires of members. Less emphasized, though still significant, were political activism and advocacy activities. Also, intriguingly, mention of support groups occurred only twice.

I have discussed the above small-town and rural efforts precisely because they were not mentioned in the larger, more-well funded studies. They thus act as a potential counterbalance to claims made in the larger studies, where better-funded projects often located in larger urban areas may have had the financial and human resources necessary to endeavour to create more elaborate programs and activities. Furthermore, as we will shortly see, the population of attendees at many urban sites often came from growing urban homeless populations, leading to the creation of programming dedicated to serving the needs of such persons. While homelessness may be a problem in some rural and small-town areas, the scale of homelessness in some cities in the United States makes this issue more intense and more noticed (even if adequate responses are rarely undertaken) in such urban areas.

In *A Technical Report*, Van Tosh and del Vecchio studied a variety of materials regarding thirteen consumer-run initiatives funded by the CSP. There are a number of problems with *A Technical Report*, some of which are directly admitted by the authors themselves. In particular, the Van Tosh and del Vecchio state, "The qualitative analysis of the 13 projects also brings significant limitations. These include the examination of self-reports from the projects themselves and the incomplete data which these reports contain."[113] The authors examined self-reports and evaluations, as well as applications for funding, "correspondence from NIMH."[114] However, "The majority of materials reviewed were self-reports created by the projects themselves."[115] For these reasons, Van Tosh and Del Vecchio call into question the "objectivity of the findings"[116] of their study. Other problems included the reliance on materials from State mental health authority personnel "as it is possible that such staff were less familiar with a particular program's day-to-day operations than a program coordinator or director would be."[117] In the end, despite these problems, Van Tosh and del Vecchio assert that "the findings presented in this report comprise the most comprehensive examination of its kind to date,"[118] in the contexts of an area of research which the authors characterize as "sparse."[119, 120]

In their summary chapter, Van Tosh and del Vecchio group what they, too, call the "services" provided by the consumer-run contexts into nine areas (as contrasted with the seventeen areas[121] found in the 1999 questionnaire of NASMHPD's Research Institute, discussed above). These areas are categorized as: Drop-In Centers, Support Groups, Information and Referral, Information Dissemination, Advocacy, Outreach, Technical

Assistance and Training, Independent Living, and Employment.[122]

On the one hand, these are useful categories which seem to capture much of what is described in greater detail in the report's chapter discussing each initiative. On the other hand, when one looks more closely at what concrete practices took place at the various projects, it is a challenge to frame these activities as "services" in the traditional sense in which that term has been used by the mental health and vocational rehabilitation systems. Setting such a discursive boundary obscures the extent to which these projects functioned as:

- Refuges for homeless and poor people. Granted that certain of these functions can be understood as services, nevertheless these are services clearly orientated not towards "mental health" needs per se, but towards provisions of and for food, cleanliness, transportation, and shelter from the elements.
- Contexts for creative self-expression and cultural production. It is troubling that the production of newsletters, art, poetry, and music somehow is reframed as a "service" when in fact these are cultural activities.
- Workplaces. Many contexts were places where certain consumers had paid full-time jobs, others paid part-time jobs, and still others volunteer jobs, without this being considered strictly (or at all) a form of "vocational rehabilitation."
- Political activism contexts. Some sites engaged in directly political activities under the rubric of "advocacy."
- Contexts for socializing. Some sites acted as "free zones" in which it was possible to interact in ways that are not "permissible" (that is, are frowned upon or "stigmatized") in the larger society.

These functions, it turns out, also appear in a number of the contexts discussed both in *Consumers as Providers* and in *On Our Own, Together*. Ultimately, they may call into question just what it is that psychiatric consumers need: if these organizations were sites of socializing, political activism, work, creative self-expression, and the meeting of basic needs, can "mental health needs" really be understood as the provision of psychiatric drugs, talk therapy, and therapy groups or support groups alone, chiefly – or, at least for some people, at all? Apart from the question of what is actually needed, deconstructing these "services" and (re)considering them in ways that do not automatically assume that they were services, allows us to see that the A/R wing of the movement, perhaps even despite itself, was creating *alternative discursive contexts and contexts of practice* which stood as the basis for the alternative individual and collective identity of the "consumer" or "client" (or, in some discussions, "consumer/survivors").[123]

Refuges for homeless people

The Oakland Independent Support Center was, from the outset, dedicated to serving homeless people also identified as having "had a history of psychiatric disability."[124] It is true that the organization did not strictly focus on the provision of housing. Van Tosh and del Vecchio state, "The OISC offered a community drop in center, (free coffee, food, support groups and peer counseling), independent living services and independent living skill training, mailing address bathroom and shower facilities), and information and referral (advocacy, housing search assistance, money management assistance, and outreach to other programs)."[125]

Here, however, is a ranking of actually used services: "...hot meals (100%), transportation assistance (100%), social/recreational activities (93%), telephone services (88%), food referrals (84%), peer counseling (76%), independent living skills training (60%), and peer support groups (60%)."[126] Clearly, this list indicates that the top priorities of "service" users were accessing resources which become necessary when one is homeless or in poverty: food, access to a telephone, and access to transportation.[127]

The name itself of the organization Share Your Bounty/Friends of the Homeless in New York City also indicates activities directed at poverty and homelessness. In fact, according to Van Tosh and del Vecchio, this organization handed out sandwiches to homeless people and also "provided basic food supply to shelters and other delivery points in the city."[128] As an example of what might be called "discursive bleed," the authors place workshops dedicated to the development of "a consumer/survivor-operated food bank" in a section describing the "Technical Assistance and Training" activities of the organization. "Technical assistance and training" efforts at "outreach" are the phrases used to describe efforts aimed at developing various campaigns to ensure support funding of families and shelters. The notion of "technical assistance," then, "bleeds" into activities which might in other contexts, outside of a literature focused so intently upon "services," be more simply be discussed as "providing food" and "fundraising."

The Berkeley Drop-in Center provided "free food, phone, books, magazines, transportation assistance and clothing."[129] Mind Empowered, Inc. also engaged in "outreach" at a homeless shelter,[130] while the West Virginia Office of Consumer Affairs' development of a "Community Coordinating Council"[131] which addressed, in part, transportation and child care are placed under the rubric, "Support Groups."[132] A Way to Better Living (NH) offered a "revolving security deposit loan"[133] system as well as a food bank; Friends Helping Friends (TN) provided meals and also provided small personal loans.[134] Are these "mental health services" or are they better understood as measures to alleviate poverty and address the needs of homeless and/or impoverished people?

Still other discussions of consumer-run agencies, apart from those found in Van Tosh and del Vecchio's study, indicate the provision of services appear to be more directly related to homelessness and poverty than to "mental health," per se. Shela Silverman, presents the situation at "on our own, charlottesville, virginia" [sic]: "During the second year, there was an influx of members whose needs were quite different from those of the [original, mental health system-sponsored] clubhouse members. Some of these people had no shelter, slept in abandoned buildings, or went from friend to friend. Rather than being consumers who had a difficult time managing on Social Security and food stamps, these people frequently had no resources at all."[135] Discussing a program which likely began in 1994 or 1995, Silverman writes, "This past winter our agency began an outreach project in collaboration with...[University of Virginia] students. We took hot food, blankets, and coats to scheduled places around the city. During the warmer weather we began a picnic in the park, taking a picnic lunch to many of the homeless people who congregate downtown."[136]

Bonnie Schell discusses the increasing issue of homelessness in Santa Cruz as the 1990's progressed (and beyond the 1990's, as well): "In the early 1990's MHCAN had four or five people without housing because they had chosen to live outside in a beach community. In 2002 an average of eighty mental health consumers, unable to find or afford housing, are more dependent on the drop-in as a refuge during the day."[137] Moreover, Schell indicates this was common to a number of agencies which participated in the COSP study: "At the first COSP steering committee meeting in Washington, DC, we met consumer providers of other drop-in centers who had developed programs similar to what we were doing. Maine, Missouri, and Florida also had a growing homeless population served by their drop-in centers."[138]

In fact, in an article about the Portland Coalition for the Psychiatrically Labeled, also discussed by Van Tosh and del Vecchio, Janine Elkanich observes that "[m]any members who access the services at the Coalition are considered homeless, and [the organization's hours of operation schedule] gives them a place to be for at least part of the day, since the shelters in

Maine do not offer a place for them to be during the day."[139] Some services correspond to the needs of impoverished and homeless people: free meals, free bus tickets, and telephone access. Regarding the latter, Elkanich writes, "This service has been of great help to our members, since many of our population are either homeless or do not have enough resources financially to maintain their telephone at home."[140]

Self-expression and cultural production

On the level of cultural production, Van Tosh and del Vecchio's descriptions of such "services" at various contexts are admittedly limited. Still, at least eight consumer-run efforts produced newsletters.[141] However, only the Friends Helping Friends (TN) newsletter is discussed at any length. According to the description, the newsletter included "a schedule of events, creative submissions, information on pending legislation, drop-in center statistics, and consumer/survivor concerns."[142] Is the publication of this newsletter, and are its various contents, all best understood as "services"? How are "creative submissions" services? Are statistics regarding the centre better understood as a "service" or as research?

KEY of Indiana, we read, generated an improvisational theatre group.[143] Several organizations engaged in video production: Share Your Bounty (New York, NY), the Wisconsin Network of Mental Health Consumers, and, above all, White Light Communications. Regarding White Light Communications, the authors write of a number of activities, among these, the following: "nearly 80 half-hour productions on a variety of consumer/survivor issues...made for a monthly show," three "Broadcast-Quality"[144] documentaries, and the marketing of 35 educational videotapes. In what other context would such activities be called "services," rather than, simply, "media production" and "marketing"?

Other reports by consumers clearly indicate that artistic and cultural production were extensive at some locations. Rainbow House, in Michigan, the only consumer-run site I came across dedicated to providing services on the basis of a specific diagnosis (the spectrum of "Dissociative Identity Disorders"), clearly accepted psychiatric discourse in regards to the mental and emotional experiences of its members. Moreover, the organization hired various therapists to work with members, including art therapists, music therapists, and a social worker who ran a psychodrama group. Nevertheless, at the same time, "Many members used their own personal skills to offer classes in areas such as ceramics, crafts, sign language, and computer literacy."[145]

Shining Reflections, a project with multiple activities in East Liverpool, OH, began as a business – the Tea Room. Successful in this venture, it expanded to include a video and audio production studio and a writing workshop. None of these ventures is discussed in the language of treatment – "art therapy," "writing therapy," or similar constructions – but instead in the language of creativity and cultural production. For example, the sound and video studio, Rain Voices, is described in the following way: "For those members who have a serious interest in video and media projects, we believe that by writing, acting, and directing, people will experience many positive effects found in self-expression, in team work, and in collaboration. Several members have already found Rain Voices production to be an outlet for their creativity..."[146] Regarding the "Words from the Heart" writing workshops, these are described as "90-minute, hands-on writing workshops...designed to help participants strengthen their creative writing skills, with a focus on self-discovery, the incorporation of living history, and the infusion of regional identification."[147]

Once again, the Portland Coalition for the Psychiatrically Labeled, as well, is particularly notable regarding the arts. Elkanich notes that the organization published its first of four collections of member poetry in 1983.[148] Moreover, Elkanich states, "The visual arts have played a large role in our history."[149] The organization "has participated in the annual Portland Sidewalk Art Festival and put on numerous art shows at the Portland Public

Library."[150] It participated in other visual and tactile art projects, as well.

In the following chapter, I will discuss wider-ranging practices in both the A/R and the radical wing regarding arts and other cultural production. Those efforts, as well, indicate the degree to which both "consumers" and "survivors" increasingly expanded their efforts to express their points of view in artistic ways. Nevertheless, it is clear that part of some A/R contexts can be understood as locations of cultural production, undermining the claim that such efforts constituted, in part or at all, "services."

Workplaces

Is it best to understand the labour which occurred in consumer-run projects as "vocational rehabilitation" activities or is it more accurate to understand these settings as non-profit agencies where a variety of labour, both paid and unpaid, took place? To the degree that labour was devoted to providing actual services, this could be construed as "service work." However, to the degree that the consumer-run organizations and agencies themselves provided a variety of employment opportunities, both for consumer "staff" and for other consumers, it is better to consider such contexts as "workplaces" rather than (simply or exclusively) as places of service or rehabilitation.

Moreover, two of the contexts focused squarely on the issue of creating businesses as opposed to providing more traditional mental health services: The Phoenix Project of Colorado and White Light Communications of Vermont.

Van Tosh and del Vecchio's discussion of The Phoenix Project is unfortunately confusing. On the one hand, they state that six businesses were "successfully established" including:

> ...an auto repair service, Leopard Automotive; a telephone help line, The Helping Ear; a desktop publishing firm, Phoenix Publishing; an auto repair referral service, AutoMedic; a rental management project, Phoenix Property Management; and a benefits assistance project, Professional Benefits Assistance.[151]

On the other hand, further discussion indicates that even if at least some of the businesses were *established* (in the sense of initiated, at least), most, if not all, did not last. Moreover, the authors state, "Overall, it was found that the number of consumers/survivors employed was considerably lower than expected."[152] A statement such as "...self-supporting businesses are a difficult undertaking under even the best circumstances,"[153] is a possible tacit indication of the ultimate failure of at least some of these businesses.[154] Finally, funding for this project was not secured after the grant and "The Phoenix Project ceased operation in April, 1993."[155] Nevertheless, this was clearly an effort to create actual business, some of which, such as A Listening Ear, may have provided "services" in the sense understood within the mental health system context, others of which clearly were outside of the ambit of such practices.

While White Light Communications also eventually closed, it clearly was productive in terms of number of videos and documentaries produced, as well as in terms of its creation of interactive satellite conferencing. Moreover, "The staff of the project consisted of an Executive Director, and Office Manager, a Production Coordinator, and 30 part-time production assistants over the life of the project."[156] All of these staff were consumers/survivors.

In general, to what extent is one "receiving a service" when one, as the alleged *recipient*, engages in trainings, attends and/or presents at conferences, produces a newsletter, participates in a class-action lawsuit, participates on mental health committees and task forces, help peers to obtain "community-based services," operates a food bank, publishes articles in a major psychiatric journal, produces videos, caters meals, speaks publicly as part of a speakers bureau, or works on a helpline? These consumer-run contexts disrupt traditional notions of receiving services to the extent that the consumers dubbed recipients are actually at times more accurately involved in *providing* services, engaging in cultural production, and engaging in political activism, whether this is labour is paid or not. They also disrupt traditional notions of "vocational rehabilitation" to the degree that, acting as locations of actual work and employment themselves, both in volunteer capacities and also especially in paid capacities, the agencies are actually better understood as workplaces, themselves, rather than as sites of "training."

The importance of the function of consumer-run agencies and projects as locations of employment would be hard to overstate. As Van Tosh and del Vecchio themselves write, "...**all of the projects employed consumers/survivors** in various capacities in their activities....Often [the experience of working at these agencies] enabled individuals to cease receiving Social Security and other benefits and become fully employed, tax-paying citizens."[157] While Van Tosh and del Vecchio do couch this employment as "valuable experience" and " 'stepping stones' to obtain other employment,"[158] it is also possible to state more simply that *people worked at consumer-run contexts*. Many functions were carried out by paid consumer staff; however, much labour was also performed by non-staff. In some respects, the use of volunteers or low-paid workers may be considered exploitative; in other respects, these agencies and contexts stood as places where the "service" that members received was to put aside simply being served and to be part of a productive enterprise.

For example, Zinman writes, in *Reaching Across II*, "It is estimated that seventy percent of the paid OISC staff have been recruited from the volunteer system."[159] At the Berkeley Drop-in Center, she states, fully ninety per cent of the paid staff were originally volunteers. Even those promoting the positive value of consumer-run contexts as beneficial for building job skills discussed their agencies in such a way that it is clear these were considered places of employment – even, crucially, places where the "reasonable accommodations" required by the Americans With Disabilities Act could be mindfully and successfully implemented.

Three chapters in *Reaching Across II* specifically devoted to personnel issues make very little reference to the notion that consumer-run initiatives constitute vocational rehabilitation towards so-called "regular" jobs – except in the social service area. The "trainee/internship" system discussed by Sally Zinman, for example, is specifically devoted to a discussion of the systematic ways in which both the Berkeley Drop-in Center and the Oakland Independence Support Center used increasingly graduated degrees of responsibility to allow members to move from volunteer to stipend/internship positions with increasing levels of responsibility. Zinman writes, "...[W]ithin the Trainee system of the Berkeley Drop-In Center, there are progressive levels of Trainees, representing increased hours, permanence, and pay."[160] Zinman acknowledges the limits of job prospects in consumer-run agencies, stating "If this movement is limited because of the limitation of resources – permanent paid jobs – at a particular center, jobs at other social service agencies can be and have been found."[161] This statement departs from the idea of vocational rehabilitation in the sense that it is not work experience, itself, which is considered to be conducive to the finding of any job. Instead, specific work experiences lead to specific skills to be applied within the overall delivery of social services. Most important, though, is the fact that the Berkeley Drop-In Center did not simply *serve* mental health consumers; it actively recruited members to get involved in the continuum of labour from volunteer through various trainee positions with increasing responsibility and pay, as did the OISC.

Similarly, Howie the Harp wrote two articles regarding the issue of dealing with personnel supervision practices and reasonable accommodations. While it is clear that Harp wants these practices to extend to employment settings in general, it is also clear that his main focuses are consumer-run services and the larger system of mental heath services. Harp does not discuss the agency he managed – OISC – as a location of vocational rehabilitation. Rather, his extensive discussion of reasonable accommodations attempts to place the burden of change not on the psychiatric consumer, but rather on the wider system of work to change in order to accommodate the needs of psychiatric consumers.

> We do not want [the development of reasonable accommodation practices] to be an exercise in futility. Mental health ex-patients/consumers/survivors must be hired at every level, from maintenance to service provision to administration...This has...begun, albeit slowly, with the mental health system; this also must grow. When this happens, other systems and industries will follow the example.[162]

Thus, not only did the people who attend various consumer-run contexts engage in work, it is clear that they, and the consumers who were the "staff" at such agencies, also saw their activities less, if at all, as "vocational rehabilitation," and more as graduated policies of hiring and involvement in the organization.

Political activism

In some cases, it appears that activities of political advocacy and representation were carried out by general members, not (only) by consumer staff: For example, we read that "PCPL members participated on various mental health committees and task forces..."[163] and that members of Mind Empowered, Inc. "participated on a variety of committees,"[164] and that "[c]onsumers/survivors were active in various advocacy efforts (including mental health boards and committees..."[165] In other cases, it is clear or likely that (consumer) staff engaged in discrete advocacy efforts.[166]

However these activities were accomplished, it is important to consider whether certain forms of "advocacy" should be considered "services" or can more simply be understood as political activism. Advocacy such as "conduct[ing] regular monitoring visits to institutions"[167] is, conceptually speaking, arguably more a service than a political act, though undeniably there are political implications to such activity. Yet, if this was one advocacy effort of the Portland Coalition for the Psychiatrically Labeled, so were the following: filing a class action lawsuit regarding patient deaths, testifying to state legislators, and participating on mental health task forces and committees.[168] Is such advocacy a "service" or can it more accurately be understood as engaging in political action and activism? In what other context would addressing the State Legislature by the Executive Director of an office of consumer affairs[169] be seen as a "service" rather than as political lobbying and testifying?

Such activism may not have been the priority of all members of drop-in centres. However, as we have seen in this chapter regarding drop-in centres, and also in the previous chapter regarding various advocacy-oriented activities to push for laws for greater consumer/client representation and for the funding of consumer-run alternatives, some A/R activists were engaged efforts of political representation and advocacy. As with other areas of A/R practice, it seems that attempting to squeeze various political activities into the discourse of "service" obscures the actual nature of such efforts.

Places of socializing and recreation

What may be missed in considering consumer-run settings and agencies, particularly (but not exclusively) drop-in centres, as "services" is the degree to which they act as contexts for socialization. There is no question that in the larger society, people perceived to "look homeless" or "look mentally ill" or to behave, dress, talk, or otherwise express themselves in ways that stand outside of what is "socially acceptable" are systematically ostracized both in public, in stores, in workplaces (including volunteer settings), in churches, and often even in interactions with their own families. How is one to find opportunities for socializing when one's feelings, thoughts, behaviours, and/or appearance are such that, due to prejudices among the wider population, one finds oneself repeatedly subjected to rejection and scorn?

As we saw above, among the very top "services" used by most people at OISC, apart from those services clearly responding to monetary poverty was involvement in social/recreational activities. In *A Technical Report*, Van Tosh and del Vecchio refer to the "*provision* of mutual support, including socialization..."[170] But are such activities as mutual support and socialization "provided," (implying services rendered) or are they simply *engaged in* by people in the efforts and programs such as those discussed by Van Tosh and del Vecchio?

On the one hand, as does so much of the psychosocial rehabilitation literature, one might focus on "measuring" the "effectiveness" of the provision of sites of social and recreational experience where mad people are not immediately stigmatized and socially rejected. Van Tosh and del Vecchio, for example, mention that PCPL "participants reported that the center has helped them stay out of the hospital."[171]

No doubt, these indicators are important from the point of view both of consumers and of a mental health system seeking to minimize hospital, and other, services. On the other hand, while one must take caution when reading reports of agencies which offer only positive testimonials regarding their services, some of the comments by users at various consumer-run agencies indicate the existence of what I will call "free zones" – contexts where mad people have greater opportunities to socialize without being subjected to prejudice and rejection. For example, regarding the members of Self-Help Center in Missouri, Van Tosh and del Vecchio write,

> ...a majority considered the center a good place to 'be yourself' and a place to talk about hopes and dreams; a majority stated that 'it's true that it's a place to share feelings without being put down'. A large majority said that they felt accepted at the center and that they now have more friends.[172]

The authors report that an evaluator of the Do Drop-In center found that it had "...grown from a rather small, underutilized social club to a popular, well attended social center for area consumers...{it} provides a safe place...{and} fulfills an important role. ...Social bonds are created, maintained and strengthened."[173]

Interviews by an outside evaluator of Capital Clubhouse in Washington State found that "54% [of members] said they stayed at home prior to going to club; 54% said they stayed at home when not at the Clubhouse..."[174] These percentages indicate that a significant portion of members may have used the Clubhouse as their only source of socializing, at least outside of their homes.

Heidorn describes the functions of drop-in centres as follows:

> The centerpiece of a drop-in program is usually a 'rap session' or 'support group.' In addition, centers may offer planned activities such as socials, guest speakers, outings and picnics, movies, crafts, exercise classes, cooking and games.
>
> The drop-in center also provides such services as referrals to treatment, housing placement, workshops on drug and alcohol abuse, and even food and clothing. Centers also can provide education about mental illness, medication, treatment alternatives and coping skills. Advocacy –both individual and systemwide – may also be a focus of activity.[175]

While all of these may have been functions of at least some drop-in centres, and while certainly one or more were the functions of all drop-in centres, an interesting poem by a member of the PEER Center in Florida may, I think, suggest the meaning of the drop-in centre to many members. Brad Robertshaw's lyrics to his "anthem" about the PEER Center indicate how these contexts were valuable as places of welcome, freedom from judgmentalism, and socialization and recreation to many members:

Welcome to the PEER Center
Come in and have a seat
Pour yourself a cup o' joe
And have a snack to eat

Karaoke, BBQ's
And camping once a year
A quarter for a lemon lime
A cola or root beer.

There's fun and games
And talent shows
Something for everyone
There's raffles free
From time to time
Neat prizes can be won

The staff is helpful, smart and fun
Their job is never done

They teach you how to help yourself
You never have to run

Personal Empowerment
Is what we're all about
Education, Recreation
Are included in this route

There are group discussions all day long
And self-help groups abound
So join us at the PEER Center
Where once lost now you're found.[176]

These lyrics are deceptively simple. On the surface, they indicate that the satisfactions gained from attending at least one A/R context consist of a bit of food and drink, some indoor and outdoor activities, and some apparently innocuous and apolitical events. However, apart from these basic provisions and activities, Robertshaw points to other opportunities – for involvement, sharing of concerns and struggles, a safe place ("You never have to run"), education, and belonging. The final line indicates not only the easing of loneliness and distress, but also the possibility, couched in language reminiscent of the hymn, "Amazing Grace," of the possibility of redemption, whether on a spiritual level or in terms of a sense of self worth and identity.

As such, some drop-in centres offered far more than a place to "drop in": they offered free zones where crucial acceptance was combined with the meeting of other fundamental social and practical needs.

The Alternatives Conferences

I have discussed the degree to which the A/R wing began during the 1990's to create more stable and enduring contexts in which practice could take place. Before closing the chapter, I cannot fail to mention, as well, the annual Alternatives Conferences which, as seen in Chapter 4, were originally a source of, and perhaps in some ways a response to, strife in the movement in the mid-1980's.

In general, this chapter has shown that increasingly the A/R wing of the movement developed lasting and geographically fixed contexts which could be integrated at an everyday, or "many day," level into the lives of mad people. By definition, an annual conference cannot be considered an "everyday" affair; at the same time, I believe the Alternatives Conferences were important to the A/R wing of the movement (and to some radicals) in a way similar to that by which Conferences on Human Rights and Psychiatric Oppression found yearly morale-boosting, affirmation, and inspiration for many early radical activists. In this section, I discuss the role of the Alternatives Conferences in terms of stimulating and supporting both old and new members of the A/R wing of the movement (as well as some radicals) in their efforts to generate new discourse, practice, and contexts. Such efforts, as we have seen, increased the options and opportunities for mad people in terms of reconsidering and (re)claiming both individual and collective identity.

Linda Morrison, in a rare scholarly look at the mad movement on its own terms rather than on the terms of the various mental health professions, discusses her first impression of an Alternatives Conference:

> Upon arrival, I knew no one – but I could tell I was in the right place. The entire hotel lobby area was occupied by crowds of unusual individuals that I knew to be labeled as mental patients. The people in the lobby of the fancy hotel, checking in, smoking in the doorways, waiting in line to register, and playing cards at the tables and armchairs, looked familiar as I was very accustomed to being in an environment where people with psychiatric diagnoses were in the majority...It was quite an experience to see this group taking over the hotel, going into conference mode. In fact, it was unique and exciting and over time became exhilarating in a very powerful way.[177]

"Exhilaration," or words like it, appear in numerous descriptions of the Alternatives Conferences reported on in the literature of the A/R wing, as well as early reviews of the conference in *Dendron*, despite that paper's emphasis on conflicts and problems at the conferences, as well. Numerous reports on the conference portray the sense of exhilaration, new possibilities, and inspiration which attendees found at these conferences.

Your Choice reports on the Alternatives '87 in West Virginia, which was attended by 750 people, up from the original 1985 conference, attended by about 400. At least one speaker struck a militant tone,[178] and Jackie Parrish, director of the federal CSP program, also made progressive, energetic statements. The report concludes, "Alternatives '87 was a time when consumers were standing up for themselves, and standing proud."[179] Of Alternatives '88 (Salt Lake City, UT), Janet Foner reports in *Dendron* (which, as we have seen, took a critical view of the conference at times), "The Alternatives '88 conference was superb – the best organized ex-patients' conference I've been to yet."[180] Writing of a spontaneous dance which took place at the conference, she adds, "...I wish everyone who thinks we are 'crazy' or incompetent or stupid or dangerous or whatever stereotypes they hold about us could have seen the joy & community with each other that was evident in that dance."[181]

Joseph Rogers wrote of Alternatives '90, held in Pittsburgh, PA, "I was excited to meet so many people who were dealing back home with mutual help and advocacy."[182] Susan Rogers reports of the spirited, even militant, march and rally by participants at this conference, writing, "Saturday was July 14 – Bastille Day. This year, 600 of us celebrated in style. Holding signs and chanting slogans, we marched from the Duquesne campus to Market Square (about one mile), where we rallied."[183] Rick Wolf reports in *Network News* of Alternatives '93, in Columbus, OH, "a gathering of 1200 clients of mental health [sic]..."[184] He writes, "With this year's theme being 'A Celebration of our Spirit,' there was a fabulous dance on Thursday night, and enlightening two nights of talent, and five days of workshops...A twenty-four hour coffee house happened and a great room of art by mad artists was displayed."[185] A report on Alternatives '98 in *NECN* calls that year's conference in Long Beach, CA a "huge success," stating that some participants, at least, evaluated this conference as " 'The best ever!' 'Greatest lineup of featured speakers!' 'Great location and facilities!'"[186] While Alternatives '98, according to this report, had fewer participants than some previous conferences (700), the article states that these attendees “enjoyed a virtual dawn-to-midnight menu of activities...”[187]

As already seen, attendance at Alternatives Conference often attracted many times over the attendance of the early movement’s Conferences on Human Rights and Psychiatric Oppression. While they may be overstating the case to some degree, based on the numbers in the reports already mentioned, writing in 2001, Van Tosh and del Vecchio note the rapidly expanding attendance at these conferences: “‘Alternatives ‘85’, was attended by approximately 400 people and proved so popular that it became an annual event. By 1991, the ‘Alternatives’ conference held in Berkeley, California, drew close to 2,000 ...Since that time, the conferences have continued to be held with similar attendance.”[188] Certainly, while attendance appears to have fluctuated, the Alternatives Conferences each year had many hundreds of attendees. A statement in the *NECN* Spring/Summer 1998 article discussed above indicates that, at least that year, many participants were new: “Surpassing all expectations, the Newcomers’ Orientation...drew more than 200 people...”[189]

Funding provided to the conferences by the Community Support Program, and later by the Center for Mental Health Services, undoubtedly contributed to the high attendance numbers. Such funding included scholarships for some attendees, as well as attendance by other people who would almost certainly not have been able to attend conferences less “legitimized” by government support. Susan Rogers reports, for example, that at the 1990 conference in Pittsburgh, “...43 participants were out on passes [to attend the conference] from state hospitals.”[190]

Another theme which comes up repeatedly in discussions of the Alternatives Conferences is the degree to which attendance at these conferences inspired newer attendees and gave them new ideas in terms of possibilities for their own local efforts. In the following chapter, I will discuss more fully the relationship between the Alternatives Conferences and the consumer/survivor arts organization "Altered States Of the Arts" (ASOTA); here I will simply point out that Gayle Bluebird, one of the major consumer/survivor arts activists, clearly states that the inspiration for ASOTA took place at the Alternatives '90 conference in Pittsburgh.[191] Others note their participation at Alternatives Conferences to be a source of inspiration for local efforts. For example, the founding of the PEER Center, Inc., in Florida was in part based upon experiences of Florida activists at Alternatives '90, as well. A chapter in *On Our Own, Together* states, "The PEER Center was the product of consumer needs voiced by a group called M.I.A.M.I. (Most Important Advocates for the Mentally Ill) of Broward County...The M.I.A.M.I. group attended the conference 'Alternatives 1990' in Pittsburgh and returned with information about programs from across the country."[192]

Bonnie Schell of California writes of a similar experience upon attending the Alternatives '91 conference held in Berkeley, CA: "At Alternatives '91, Santa Cruz clients connected with two thousand clients from all of the United States who were running their own programs and workshops. I can still recall the tremendous sense of belonging and possibility we felt."[193]

Jon Brock's attendance at the 1993 Alternatives Conference led him to get involved in publishing an edition of *The Altered State*, an art magazine associated with Altered States of the Arts. According to a short biographical statement about Brock in *Reaching Across with the Arts*:

> Jon Brock attended the 1993 Alternatives Conference in Columbus, Ohio, where he first learned about the Consumer/Survivor/Ex-Patient (C/S/X) Movement and began to understand why people participated in it. As he talked to one of its leaders, he experienced the C/S/X Movement less as something composed of slogans and attitudes, and more as people determined to lead their lives meaningfully.[194]

African American and Hispanic consumers, as well, networked and built an "Alternatives People of Color Caucus" at Alternatives 1992, held in Philadelphia. After the first meeting of the Caucus, "...[T]he group passed a resolution that 'strongly urged' recognition for the Alternatives People of Color Caucus...and full involvement of a representative of this caucus in planning subsequent Alternatives conferences."[195]

Janine Elkanich writes of the recurrent affirmation that she and her consumer-run organization, Portland Coalition for the Psychiatrically Labeled gain from Alternatives Conferences, as well as from conferences of the U.S. Psychiatric Rehabilitation Association. She states, "These conferences have provided wonderful opportunities for us to exchange information about successes with consumers from other states who are working and struggling with their own state issues."[196]

Were the Alternatives Conferences coopted by the funding and support which they received from CSP and CMHS? We saw in a previous chapter[197] that portrayals of the Conference in *Dendron* at times indicated that radicals considered the Conference, as with most government-funded A/R practices, to be exercises in cooptation. Morrison, who attended a number of these conferences, has this to say:

> The Alternatives conferences are funded by the federal Center for Mental Health Services (one of the victories of the movement that has also led to some contention between factions). The politics of the movement dictate that each year the conference is hosted by a different organization in a different part of the country. These groups have historically developed competing philosophies...So the conferences are good barometers of these competitive maneuverings, revealing shifts in power and affiliations within the larger movement.[198]

Moreover, she writes, "...[T]hese conferences, by providing an annual gathering place, continued to serve as the major organizing site for movement activities, and activists from all points on the radical-to-moderate continuum came to join together and participate in these meetings."[199] Whether the Alternatives Conferences were the primary organizing site, or one among the major organizing sites, of the movement (bearing in mind that both the A/R and the radical wings of the movement operated most regularly on the local level), Morrison highlights the important point that these conferences were a recurring location where both A/R and radical activists were present and active.

Two issues of *Network News* published lists of extensive numbers of audiotapes of the 1993 and 1994 Alternatives Conferences produced by the National Empowerment Center. The range of topics of workshops is vast. Some topics from 1993 clearly or likely reflect radical perspectives.[200] In the following year, arguably only the workshop "From surviving to thriving: ECT survivors/Linda Andre"[201] indicates a clearly radical perspective. As Morrison indicates, the apparently lower number of radical workshops in the latter year may have been an artefact of the ebb and flow of the presence of various elements of the movement from year to year. Nevertheless, in both years, by contrast, many workshops indicate an A/R focus.[202]

It is also important to note, however, that a number of workshops in both years stand outside of either what could be considered obvious "A/R" or "radical" titles. Workshops such as "Crazy in love: mental and married"; "Drumming your way back to recovery"; "NTU: An afrocentric values approach to mental harmony";[203] "Getting on the right footing with tardive dyskinesia";[204] took place at the 1993 Conference. At the 1994 Conference, the following workshops also took place: "Learning to feel through art"; "Fruits and nuts: more than a cereal/Bill Compton and Gerald Dickson;"[205] "Lighten up! using humor to turn your life around/Dale Nitzberg": "OK, I'm drug-and-alcohol-free, where do I go from here?/Christine Ruth; "Taller de Teatro del Pueblo (in SpanishP [sic]/Esperanza Isaac."[206] Such titles indicate that at Alternatives, it was not only antipsychiatric themes, on the one hand, or consumer-run options and system reform, on the other, which were the focus workshops at the conferences. Rather, these two Alternatives Conferences, at least, included a number of topics which had to do with art, humour and comedy, the needs and concerns of social groups such as African

Americans, LGBT people, Hispanic people, people (also) in recovery from drug and alcohol problems, and so forth.

While I did not find the names of workshops at other conferences, I was able to study the conference guides for Alternatives '96 and Alternatives '99. Alternatives 1996, not surprisingly considering the fact that "managed care" was raised in other publications that year, was entitled "Creating healing alternatives for real health care reform."[207] The guide states, "Much of the conference will focus on how our movement can address the challenges presented by [the greater use of managed care]. We know that real health care reform must include consumer/survivor-run services..."[208] In much shorter form, the list of "Institutes, workshops, and poster sessions"[209] includes, in majority, topics that could arguably be considered alternativist-reformist,[210] though some could conceivably had a radical or an A/R orientation.[211] Still others indicate concerns potentially inclusive of or beyond the two major orientations.[212]

The Alternatives '99 program guide appears less "folksy" and informal than the '96 guide, and more akin to an academic conference guide. A section called "Program at a Glance" introduces the events of each day, the following being the events for one day.

Friday, October 22
Morning Workshop Sessions
Cyber Session
Exhibits Open
Keynote Panel
"The Last Minority"
Update on the Consumer Movement
Judi Chamberlin – Facilitator
Panel:
Yvette Sangster, Jean Campbell, Jay Mahler
Gilberto Romero
Afternoon Workshop Sessions
Off-site Event
Coffeehouse Session[213]

Workshop topics are also laid out in seven categories: Cultural Competence and

Multiculturalism; Human Rights and Advocacy; Policy-Making and Governance; Progress of the Consumer Movement; Research and Evaluation; Successful Consumer Programming; Special needs, Services and Solutions; Technology and Mental Health.[214] Here, a formal tone replaces the less formal (and sometimes quirky and fun) titles of the 1996 program. Even much farther gone, clearly, are the days of the Conference on Human Rights and Psychiatric Oppression where those interested in presenting placed the names of their topics spontaneously on a table.

One has to look underneath these category titles to find a reference to a potential workshop on "psychiatric trauma survivors,"[215] and such phrasings as "...those who have created alternatives and heightened awareness to break the silence of their struggle..."[216] These phrasings sit next to others such as "Strategies for developing increased knowledge, skills and attitudes in providing effective care for diverse populations..."[217] and "Learn about reports on qualitative, quantitative, and participatory research project."[218] The Talent Show, (or Showcase) has become the "Arts Performance."[219]

It is not clear whether the program reflects the "professionalization" of the movement, or whether the actual conference experience, despite the greater formality of the conference guide, was more open and informal. Nevertheless, there is a noticeable shift towards formal *presentation* in the conference program. If there are indications of "professionalization," this may, in fact, be precisely because the A/R wing, as it developed throughout the 1990's did, in fact, increase the representation of mad people in the "halls of power" and on the front lines of mental health services. At the same time, many of the Alternatives Conferences do seem to have been places where the diverse ideas, opinions, discourses, and practices were expressed, inspiring others to join in efforts to create new ways of understanding madness and responses to the varied needs of mad people.

Conclusion

In this chapter, we have seen that the A/R wing of the mad movement engaged in the creation of an array of alternative activities. In numerous instances, these activities took place in enduring consumer-run contexts.

Because rubrics such as “advocacy,” “self help,” “outreach,” and so forth are problematic, in that importantly distinct activities can be subsumed under such general categories, I documented many *specific* activities engaged in by the A/R wing of the movement. Relying on generalized, fuzzy categories obscures the actual activities of A/R activists and of the psychiatric consumers “receiving services.” As we saw, even the idea of “services” is problematic for at least two reasons. First, many of the activities engaged in are better understood not as “services,” but as work, creativity, political activism, and so forth. Second, and in a related manner, the alleged “recipients” of these services in fact were often the very people engaged in the *provision* of services – to others, or mutually.

I discussed the literature of professional researchers sympathetic to the A/R wing’s activities because this literature reveals even their efforts to turn autonomous activity, creativity, and activism into “services” and “rehabilitation.” Such is the power of discourse: these professions were “compelled” to see A/R activities as services and rehabilitation because of the boundaries of their conceptual framework. I also showed that this discursive framework of “services and rehabilitation” found its way into the publications of A/R researchers, as well.

Nevertheless, the A/R wing pursued its activities despite these impediments. Some activists may have been inspired to do so by Alternatives Conferences; others “got on board” based on local inspiration and opportunities. However they came to the movement, it is clear that these activists, as distinct from the radical wing of the movement, were intent less on opposing psychiatry than on creating lasting, geographically-fixed autonomous zones of practice, "free zones" where, whatever the intrinsic problems caused by madness, being mad was rendered acceptable (rather than subject to ostracism).[220] Even more importantly, we see in these efforts, and in the efforts discussed in the following and final chapter, the *elaboration* of madness on the basis of the practices and contexts created by mad people themselves.

The early radical mad movement created and elaborated robust counter-discourses regarding madness. It also initiated and furthered both the determination for, and the actuality of, autonomous zones of practice. Still, the contexts constructed by both the earlier and later radical wings of the movement were geographically dispersed and, for the most part, intermittent rather than everyday or "many-day." It can be argued that the more well-funded, more enduring, and geographically established contexts of the alternativist-reformist wing built upon the notion of autonomy originally constructed by the radicals, even if the autonomy of the A/R wing was sometimes less firm and more subject to pragmatic compromise. Nevertheless, all of these contexts – those of the radical wing which were more intermittent, as well as those of the A/R wing which were at times more ambiguous in discourse and practice – served as the soil from which grew new possibilities regarding, and elaborations of, what it means to "be mad." They allowed for, and fostered, new understandings not simply of "madness," but of possible mad *identities*.

Let us now turn to the final chapter in which I demonstrate that both the A/R wing and the radical wing supported another crucial area in which it is possible to elaborate the meaning of being mad: cultural endeavours including art, poetry, performance, local videotapes, publications, and others.

CHAPTER 11: MAD ARTS/ART BY MAD PEOPLE: CULTURE, PRACTICE, AND CONTEXT

Introduction

After the mid-1980's split in the mad movement, the production of culture in the sense of artistic, theatrical, and literary production did not cease. On the contrary, there was certainly a budding, and arguably a flowering, of such efforts. Both *Dendron* and to a lesser extent, some of the A/R publications did report on such efforts. Another crucial publication exploring the mad movement's development of artistic endeavours was a volume entitled *Reaching Across with the Arts*.

Taken together, publications of news, ideas, and advice related to the culture-as-art indicate that significant efforts were being made by some to represent the mad/consumer/client/survivor perspectives in poetry, in a variety of newsletters, in paintings and sculpture, in theatre and performance, and in still other ways. These efforts are all the more important because, explicitly or implicitly, they shifted the discussion of such efforts and the artefacts produced by them away from notions of "therapy" and "rehabilitation." The art produced by these efforts, and the efforts to produce art, were not considered so much (or at all) in the realm of "art therapy" – a commodity dispensed by "art therapists" – but rather as art, plain and simple. The people producing such art, therefore, were *artists*, not people attending art therapy groups. This distinction is crucial: to "receive art therapy" indicates that one is a sick or troubled person engaging in art for (exclusively) therapeutic or rehabilitationist reasons; to make art is to be nothing or less than a human being engaging in an activity (albeit sometimes drawing on experiences of madness) which human beings have probably engaged in since we first emerged as a species.

Though, like *Madness Network News*, *Dendron* did not often write of cultural matters in entire articles, cultural efforts appear with more frequency in *Dendron* than in *MNN*. Artistic efforts and cultural matters were mentioned, and sometimes discussed, in short articles, "blurbs," announcements, or advertisements. Because *Dendron* put such effort into keeping track of such wide range of (usually radical) mad activities, the paper offers significant information regarding cultural efforts, even in these brief formats. In short, *Dendron* presented indigenous literary, art, and media representations, even if the magazine did not customarily discuss these as representations of a collective "mad culture." To its credit, as well, *Dendron* printed not only individual poems, but an edited poetry section, discussed below.

Presentations and discussions, at the level of full articles or brief mentions, of cultural matters in the A/R publications are less frequent than those found in *Dendron*. A number of publications produced only scattered poetry, or none at all. Among the publications I scrutinized, CNMHC's *Network News* was the publication which printed the most poetry.

Importantly, a number of the same artistic/cultural endeavours mentioned in *Dendron* also appear in some A/R publications, an indication that such efforts were by no means exclusively grounded in radical discourse. It appears that such efforts stood neither as necessarily radical or necessarily alternativist-reformist; rather, they expressed a wide range of perspectives. While on the one hand, many cultural productions appear to have had antipsychiatric themes, others focused on internal experiences of madness which referred less, or not at all, to psychiatry. Crucially, as well, some artistic exploration make no reference whatsoever to the aforementioned "mad themes." Such productions are important because they serve as evidence that, as is unfortunately often forgotten in discussions of mad people and their lives, mad people do not only think about psychiatry, the mental health system, and madness. The lives of mad people, in fact, as should be understood (but often is not), express the full range of human experience.

Mad culture in this sense, thus, appears to have had a foot in both overall camps of the movement during the 1990's. Moreover, mad culture (as art and related efforts) appears to have served the function which this culture-as-art so often serves: to present personal experience which does not necessarily hold to particular discursive frameworks or ideological tenets, but whose aim, rather, is self-expression and the liberation or relief found in such self-expression, whether enacted individually or collectively (in the latter case, for example, in a troupe of theatrical players).

"Recovering" art: *Reaching Across with the Arts*

Perhaps the most significant evidence of the existence of mad culture, in terms of various artistic and media productivity and productions, is a manual produced in the late 1990s and published in 2000 entitled *Reaching Across with the Arts: A Self-Help Manual for Mental Health Consumers.*[1] This document, funded by the Center for Mental Health Services of SAMHSA which, along with its predecessor, the Community Support Network of NIMH, had funded so many alternativist-reformist initiatives, stands as an example of the crossover between radical and A/R practices, particularly and significantly in the world of artistic organizations, activities, and actual artistic and literary artefacts, themselves.

In the first pages, and at the heart of, *Reaching Across with the Arts* are several key claims regarding the relationships between arts, mad people, and madness.

On the one hand, the value of the arts as a source of "healing" is asserted, but this assertion is contextualized within a number of other purposes of the arts that are not specifically therapeutic. Thus:

> The arts can serve as a vehicle for creative self-expression, social change and personal empowerment. They enable people who have been labeled with a stigmatizing diagnosis to convey their personal experiences of madness and recovery to others. They can be used as a means of self-healing and spiritual growth—for connecting mind, body, and spirit. The ability to experiment and explore one's inner self through a variety of mediums helps to build self confidence and self-worth. Art provides opportunities to speak out, sing out,

> and act out the effects of society's treatment of those with psychiatric disabilities.[2]

While these sentences acknowledge and avow the value of the arts for "recovery" and "healing," the entire statement indicates not a posture of rehabilitation, but rather as a source of both personal growth and transformation, on the one hand, and collective "empowerment," on the other. Here, art can combat "stigmatizing diagnos[i/e]s," and "society's treatment" of mad people. These are *political* values, not individually therapeutic values. Moreover, art is portrayed not simply as a way in which to improve one's psychological condition, but also a force for spiritual growth and self-exploration. In short, art is moved out of the realm of professionalized "art therapy" and is re-appropriated by mad people themselves – as artists, not as patients receiving art therapy.

The manual, in fact, refers to art therapy as "a treatment modality...[which] has been part of hospital environments."[3] Further, "[H]istorically many art therapists have been psychoanalytically-oriented interpreters of art instead of helpful arts instructors."[4] This created a potentially discouraging use of art for people experiencing emotional and mental suffering: "While not all consumers' experiences were negative, many still talk about activities like the proverbial basket weaving or other proscribed [sic] arts activities. Few speak of being encouraged to do work independently or valued for their abilities as artists."[5]

The manual praises art therapy programs which "are expanding to include modalities such as journal writing, poetry, music instruction, alternative healing methods and others."[6] Nevertheless, it is clear that the manual is directed not at art therapists (at least not directly), but at mad people themselves. Clearly, the subtitle indicates this: "A Self-Help Manual for Mental Health Consumers." Moreover, while many of the initiatives described in the manual were funded at least in part by mental health system streams of funding (including the manual, itself), and while some initiatives were started by sympathetic professionals, many were also clearly initiated and run by mad people, themselves. The spirit of this reappropriation of art is seen in the following discussion of Sally Clay's response to the publication of *Take Horses for Instance*, a book of poetry produced by the members of the Portland Coalition in Maine:

> A review of the book that appeared in the local paper discounted its value, since the "book was done by mental patients." Partly in response, Sally [Clay] wrote a paper, *Human Handiwork: The Arts as Alternative.* In it, Sally argues that art must be seen as art, not as an alternative therapy, not as a tool for psychiatry's analysis. "To call the arts an alternative to psychiatric treatment," she said, "is like calling the family an alternative to an orphanage."[7]

The statement by Clay is not, I would argue, an assertion that the poetry and art in *Take Horses for Instance* should not be seen as "mad poetry/art" but rather that (a) above all, it should be seen as poetry and art, *per se*, and (b) that the term "mental patients" used by the local paper indicates that patronizing tone which combines pity, amazement, and titillation in regards to the "amazing achievements" of some mad people and some people with disabilities. Evidence that this discussion was chosen to point out the primacy of the person is indicated in a subsequent statement in a section regarding identificational terms: "Whenever possible, people are referred to as people, or artists, writers, and performers."[8]

Much of the manual does, in fact, act as a manual, per se, in the sense that it offers advice and tips as to how both to engage in certain artistic practices individually and also how to engage in the creation of collective artistic endeavours. However, all of this advice is associated with discussions of actually-existing arts efforts, projects, agencies, and businesses. These I will discuss in a moment, but first I wish to note the degree to which *Reaching Across with the Arts* stands as a document that combines both radical and alternativist-reformist content.

On the one hand, as we have already seen, art is understood not as an individual but also a collective endeavour in the manual. As such, art is both political as well as a vehicle for individual self-expression. A section in the manual is, in fact, entitled "Art as Social Activism."[9] In this section, the use of protest songs of Jeannie Matulis and Morgan Firestar are noted as "a standard tradition at rallies, demonstrations and sit-ins in the seventies."[10] Furthermore, direct reference is made to the art and poetry of ex-inmate activist-artists found in *Madness Network News* which "expressed their anger in vivid graphic detail."[11]

Confirming my depiction of the split and shifts in the movement however, the manual states, "In the latter eighties, the majority of the ex-patient movement shifted from militancy to moderation. Large numbers of ex-mental patients became involved in patient advocacy as funds began to flow from federally supported programs."[12] Nevertheless, the manual notes arts and media efforts associated with the radical wing – in particular, the *Zapwoman* anti-electroshock, antipsychiatric "guerrilla theatre skits" which here, it is said, were written and produced by David Oaks, the editor of *Dendron*.[13]

White Light Communications,[14] a video production company which accepted government funding but which proceeded to produce interviews with many radical movement activists, stands as perhaps the quintessential artistic/media endeavour standing between, while also combining, radical practice with alternativism-reformism.

Reproductions of art and poems found in the manual also indicate an openness to the expression of both radical and alternativist-reformist perspectives. Some art has no clear reference to madness or psychiatry whatsoever;[15] other pieces are antipsychiatric;[16] and others express the greater openness of the alternativist-reformist wing to the issue of the intrinsic suffering of madness.[17] Finally, much of the poetry and art reproduced in the manual contains themes which can be construed in various ways, reflecting the power of art to express both the viewpoints and intuitions of the artist, on the one hand, and to allow for various responses, reactions, and interpretations from the reader/viewer/experiencer, on the other hand.

Art organizations, businesses and art shows

Reaching Across with the Arts discusses a number of arts organizations, arts businesses, and art shows. Discussion of such artistic endeavours are also found generally in the form of brief mentions in *Dendron* and in the various publications of the A/R wing.

Chief among these organizations, in consideration of the times it is mentioned throughout other publications besides *Reaching Across with the Arts* is Altered States of the Arts (ASOTA).[18] ASOTA is closely associated with Gayle Bluebird, who, based on the number of mentions about her and her efforts to publicize both ASOTA and arts activities in general, was one of the key arts-related mad activists of the 1990's. A biographical sketch of Bluebird in *Reaching Across with the Arts* states,

> [Bluebird] helped to found Altered States of the Arts in 1990, and facilitated a newsletter, *The Altered State*, that rotated to different parts of the country. She has been the organizer of talent shows at annual Alternatives Conferences (conferences for mental health consumers), and now creates performances for other national conferences and events.[19]

Bluebird, in fact, wrote a section in *Reaching Across with the Arts* specifically about the organization which discusses its founding. Bluebird states that the talent show at the Alternatives Conference held in Pittsburgh, PA in 1990 "had been a huge success."[20] She goes on to describe subsequent events:

> The day after the performance, four arts advocates, including Howie the Harp, Sally Clay, Dianne Côté, and myself, met to discuss the creation of a national arts organization. Sally came up with the name, "Altered States of the Arts," an organization that would serve as a network for artists, writers, and performers. Our goal was to promote more of our special performances and publish a quarterly journal.[21]

ASOTA was among the most-mentioned arts-related mad organizations in the mad publications after 1990, particularly in reference to its organizing of the talent shows at the yearly Alternatives Conferences and also in regards to the publication it fostered, *The Altered State*.

I found six mentions of this ASOTA in *Dendron*, apart from its repeated listing as a sponsoring group of SCI. The first, in the August 6, 1991 edition of *Dendron*, was in a subsection of a full-page spread regarding The Support-In, entitled "Four more groups sign up."[22] Here, the organization is described succinctly:

> ALTERED STATE[23] OF THE ARTS is a national ex-patient/survivor organization interested in promoting the arts as a vehicle for educational, political and social change. Altered States plans to create a variety of experiences that will prmote [sic] 'mad' artists who embrace the idea of madness being part of the creative process...."[24]

This statement clearly indicates that Altered States of the Arts situated itself, at times, in the radical wing of the movement in at least three ways. First, the statement refers to "ex-patients/survivors" and does not here use the word "consumer." Second, the organization describes itself as promoting political and social change; as an organization, it sought, in part, intentionally to use the arts as a political medium. Third, it uses the word "mad," tying madness noticeably not to "illness" but to creativity.[25]

It is important to note, however, ASOTA was not exclusively political-activist in orientation. First, as already discussed and as elaborated upon below, the organization associated with Alternatives Conferences, which can be considered on balance, though by no means exclusively, as alternativist-reformist events. Second, ASOTA produced *Reaching Across* with government funds which used the term "consumers," rather than "survivors," in its title.[26] These facts indicate that ASOTA, and one of its major organizers, Gayle Bluebird, fall into the category of those mad liberation activists who attempted in some ways to maintain a radical vision while at the same time seeking and obtaining government funding to carry out projects which had both radical and alternativist/reformist characteristics.

As of Spring 1995, Bluebird reports in *Dendron* several of the activities and achievements of ASOTA. She notes that ASOTA had co-sponsored a conference on arts and activism in New Jersey; that the organization had "featured performances at conferences";[27]

had given a memorial performance for Howie the Harp at the Alternatives '95 Conference;[28] and had created a "directory of [psychiatric consumer/survivor] performers" entitled "Let Us Entertain You," which listed "20 entertainers, arts workshops, speakers, exhibitors, theatre groups, and video companies."[29]

I found two other mentions of Altered States of the Arts in *Dendron*, both of which reported on their activities at Alternatives Conferences. In the Summer 1994 edition of *Dendron*, Janet Foner states the following, "...Altered States of the Arts, directed by Gayle Bluebird, outdid themselves once again with two wonderful talent showcases [at the Alternatives '93 Conference], one of which focused almost completely on theater groups... The arts were very alive at the conference, thanks to Gayle and company."[30] Similarly, in the Summer 1996 edition, regarding the activities of ASOTA at the Alternatives '95 conference Foner writes, "The talent showcase was a tribute to Howie the Harp, and was its usual high quality thanks to Altered States of the Arts."[31]

Altered States of the Arts maintained a clear link with the radical wing of the movement by becoming a sponsoring group of *Dendron* and remained so through 1999 (and beyond) .[32]

I found mentions of ASOTA and/or *The Altered State*, as well, in three A/R publications, as well: *NECN*, the CNMHC's *Network News*, and PMHCA's *Vision*. Two articles appeared in *NECN* regarding ASOTA, one written by an unnamed member of ASOTA, the other under Bluebird's authorship. The first article, in the Summer 1994 edition, consists of a description of the organization and its achievement up to that date, particularly the publication of "a quarterly newsletter"[33] (*The Altered State*), as well as the sponsoring of "many performances, primarily the yearly Alternatives' Showcase."[34] Here, the organization is portrayed in the following way: "Our commitment extends beyond the arts per se, to the development of a new art form we call 'activist art,' which encourages people to create from their experiences as mental health recipients, and the non-censorship of even their most painful experiences."[35]

In the Winter 1994-1995 edition of *NECN*, Gayle Bluebird writes that ASOTA "is taking another leap and creating a brochure, 'Let Us Entertain You' that will list our featured performers, and arts workshops presenters and be circulated to provider agencies, CSP's, and client groups throughout the country."[36] Bluebird indicates a willingness to bring consumer/survivor/mad arts and artists to alternativist venues and to traditional mental health system settings, as well: "We can see us in all of the growing arts organizations, in day treatment programs, drop-in centers, on the bookshelves of professional providers and administrators."[37]

While the editions of *The Key* to which I had access did not mention ASOTA, PMHCA's *Vision* did discuss it once in the context of a number of arts activities. Here, ASOTA is described by Beth Greenspan as "an organization formed by and for creative people who are mental health consumers..."[38] Greenspan states that she is the Pennsylvania representative to ASOTA.

In the CNMHC's *Network News*, I found two mentions of *The Altered State*, an arts magazine associated with ASOTA, but no discussions or mentions of ASOTA, itself.[39]

Other arts organizations, both national and local, included National Artists for Mental Health, Creative Arts Consortium, Artists for Recovery, and 9Muses [sic] Art Center. None of these received as much attention as ASOTA in the publications I studied. However, collectively they indicate efforts to shape alternative ways of using art that, even if in receipt of government and mental health system funding, stood generally outside the notions of "art therapy" as and art-as-rehabilitation under the authority of professionals.

National Artists for Mental Health (NAMH) is mentioned in *NECN* in reference to a "Healing Through Expressive Arts" conference held in Rye Brook, NY in 1997. It is unclear, based on the text of the article, whether NAMH was the sponsor of this conference which "blend[ed] self-help expressive arts approaches with spiritual-based holistic practices, all presented under the umbrella of 'The Healing Arts'."[40] However, the article notes that NAMH "is already in the process of planning next year's event..."[41]

In *Reaching Across With the Arts*, NAMH is described as having "grown from a small consumer arts organization to having its own professional gallery, to promotion of a national arts project using pillowcases to create art, (The Pillowcase Project), and to hosting an annual national consumer arts conference."[42]

According to Frank Marquit, "The concept for National Artists for Mental Health (NAMH) was developed in 1988, when a small group of people, mostly family members of consumers, got together in a support group."[43] The organization established itself as a drop-in centre in 1991, and went on, according to Marquit to hold "statewide art exhibitions in the Legislative Office Building in Albany, NY; gallery exhibitions in SoHo, New York City and throughout the State of New York."[44] It produced a quarterly arts publication, *The North River Journal*, as well as the *Pillows of Unrest Project*, a collective project reminiscent of the AIDS Memorial Quilt, which asked contributors to "*[t]ry to reflect on personal issues in your recovery and the effects of stigma.*"[45]

A brief discussion in *Dendron* of Fall 1993 regarding ASOTA notes that *The Altered State* arts magazine makes mention of yet a fourth arts "psychiatric survivor-driven" organization: the Creative Arts Consortium (CAC), which had received a grant in April 1993 from the State of California for $60,000.[46]

This was the only mention of CAC in *Dendron* that I found; however, Swift, Larson, Fyer, and Hood discuss the organization in *Network News*, as does Bonnie Schell in a section of *Reaching Across with the Arts* specifically about CAC.

According to Swift, et al.,

> The Creative Arts Consortium (CAC) of San Diego was founded in 1991 by Cathy Sneed, a social worker for San Diego County Mental Health. Part of her inspiration was a young San Diego artist who, lacking funds to buy art materials, would rummage through garbage cans to find bits of paper and other materials to create his art with.[47]

The CAC, from both Swift, et al.'s, account, as well as from Schell's, was closely associated with the larger mental health system[48] and, at least for several years, well-funded by it;[49] yet it appears to have maintained creative and innovative programming which stood at arm's length from discourses and practices of treatment, therapy, and rehabilitation.

For example, Schell writes of "Consumer Directors of Art and Writing (John Hood and James Eret)..."[50] and the hiring of "[c]lient teachers." Swift, et al., describe the following as of 1994: "Each year CAC has a poetry and literature contest; several variety shows including drama, dance, music, and comedy; and we teach client-run writing and art classes throughout the year."[51] Schell notes that several years later the organization sponsored classes which, by her description, were in fact actual art classes and not simply "art therapy groups":

> One of CAC's planning innovations was to offer the art and writing classes through the Parks and Recreation Department (Disabled Services) free to CAC members and at a small fee to others. Classes in the spring of 1999 were Painting (color and composition), Life Drawing with live models, Pottery for Beginners with an on-site kiln, Mythology in Writing and Expressing Yourself through Creative Writing.[52]

Yet another arts organization was founded by a group of psychiatric consumers and former consumers in Philadelphia – Artists for Recovery. Greenspan states in *Vision* that this organization "shar[es] the philosophy of Altered States of the Arts..."[53] Connie Schuster, identified as the founder of Artists for Recovery in *Reaching Across with the Arts* emphasizes the alternativist nature of the organization: "The purpose of the groups was to support one another in starting alternatives to the system, alternatives we knew were desperately needed."[54] while also discussing its focus on "recovery" and "healing."

> The word "recovery' [sic] is sometimes reserved for people with addiction histories (who are also welcome); we believe that people with psychiatric

> histories are completely capable of recovery, and need resources to assist (not thwart) the healing process.[55]

It appears that "open mike" nights were a major practice of the organization: Greenspan mentions these, and Schuster writes, "Our regular activities have included open microphone performances, jam sessions, and peer support groups."[56] Beyond these activities, the organization also "organized art exhibits and theater activities, and...produced poetry journals."[57]

Finally, 9Muses Art Center appears to have been another organization dedicated to creating a space for mad artists which emphasized the production of art rather than the issue of treatment. I found this organization mentioned only in *Reaching Across with the Arts*, and not in the newsletters I studied.

9Muses appeared to have been an active organization founded (originally under another name, Hot Sketch Studios), intriguingly, in a similar way to CAC on the basis of the perception by a mental health system worker that one of her clients "was a talented artist and only wanted to do art,"[58] and the desire of that case worker to see a program started for the client.

Jan Anastasato, consumer-director of 9Muses, in an interview, indicates that the renaming of the organization took place in 1996.[59] Again, like CAC, the organization was closely tied to the mental health system. For example, Anastasato states, "The program...is funded by the state mental health department with $125,000. Other monies are received through the MHA [Mental Health Association] by jointly shared projects."[60] Moreover, she states, "The Adult Mental Health Department monitors and creates performance standards for 9Muses, like all of their other funded programs."[61]

Despite these potential strictures, Anastasato describes an organization, in its workings, that appears not to be a treatment facility, but instead an open, fairly non-structured environment:

> Just looking around 9Muses, it is obvious that this is a very special place to be; people are at tables busy working or browsing around the room deciding on what to do. The atmosphere is quiet with its own rhythm and hum. The Center contains a large room with space for working, hanging art, and for the storage of art supplies and materials...People are free to explore and decide what material they wish to use with some limitations according to the expense of the materials and a person's readiness to use them.[62]

Performance, talent shows, and theatre

There is little doubt that the talent shows of the Alternatives Conferences were influential in terms of promoting the idea of mad performance. I noted above that Gayle Bluebird indicates that the talent show at the 1990 Alternatives Conference in Pittsburgh was seminal in terms of the creation of the organization, Altered States of the Arts. By that conference, Bluebird writes, "Howie the Harp had by now become legendary at talent shows."[63] Further, she states:

> We believed that arts performances could inform and educate an audience, and were as important as the message given by keynote speakers and in workshops. We believed that we should be at the podium and be given equal time. Our performances could be a source of personal empowerment and self-healing, and a *means to change the psychiatric mindset and transform the world.*[64]

More evidence of the importance of the talent shows at Alternative Conferences is found in the repeated acknowledgement of these in the newsletters I examined, as well as the fact that, at least in some years, these shows were videotaped and made available for distribution. Susan Rogers reported briefly in *Brainstorm* on the Alternatives Conference talent show in Pittsburgh;[65] she also mentions the Alternatives '94 talent show in an article about the conference in *The Key.*[66] Also noted in the Summer 1993 edition of *The Key* was the availability of a video of two talent showcases, one at Alternatives '92, the other at the 1992 NARPA conference.[67] In *Network News,* Rick Wolf mentions "two nights of talent"[68] at Alternatives '93, held in Columbus, OH. In same issue, an article discusses the availability of two videos of many, if not all, of the performances at Alternatives ’93, listing approximately twenty-seven theatre/performance troupes and individual performers.

Unfortunately, the mentions I found of the Alternatives Conference in *NECN*, while enthusiastic, were, with one exception, announcements of upcoming conferences. Only the Spring/Summer 1998 issue contained a relatively lengthy report on Alternatives ’98 which mentioned two nights of the “Talent Showcase.” That year’s showcase was “co-produced by Gayle Bluebird and Bill Compton, [and] drew an enthusiastic crowd.”[69]

Despite the fact, discussed previously,[70] that *Dendron*’s reporting on the Alternatives Conferences was limited, in the publication’s Summer 1994 edition Janet Foner did report positively on *two* talent showcases at Alternatives ’93, stating that one of these “focused almost completely on theater groups.”[71] In this article, she also mentions that the arts portion of the conference included “a coffeehouse that had an open mike several evenings until the wee hours of the morning, and an art show.”[72] Similarly, in the Summer 1996 edition, regarding the activities of ASOTA at the Alternatives ’95 conference Foner writes, “The talent showcase was a tribute to Howie the Harp, and was its usual high quality thanks to Altered States of the Arts.”[73]

While only Bluebird’s statement in *Reaching Across with the Arts* clearly ties the Alternatives shows and showcases with the formation of an arts organization, nevertheless, the mentions and reports above indicate that there was a significant number of mad people who were seeking theatrical and performance outlets for the expression of their views, feelings, and experiences.

A number of theatre troupes are mentioned in the publications I examined; unfortunately, only rarely is the nature and content of their performances discussed. It is unclear whether some of these troupes were ephemeral or ad hoc; in some cases, however, it is clear that the troupes lasted a number of years. In one case, discussed below, a theatre troupe started in 1985 lasted at least until the publication of *Reaching Across with the Arts*, circa 2000.

In the first year of *Dendron's* existence, a letter from a reader, Darlene Colson, indicates that a "drama group"[74] called "The Players" had formed in Hawaii, in the context of "United Self Help, an organization for consumers."[75] However, Colson says nothing about the actual activities or performances of the group.

It is not until the October 7, 1992 issue of *Dendron* that I found another mention of a drama group or theatrical troupe. In this issue, Janet Foner discusses a Pittsburgh, Pennsylvania-based group which performed at what she called the "progressive statewide survivors' organization in PA."[76] About the troupe, she states, "People from Southwest Consumers in Pittsburgh had formed *The Invisible Village*, a group that puts on plays about mental liberation. They had written, directed & acted in a play they put on in a mainstream theater in Pittsburgh."[77] In a Summer 1996 article Janet Foner mentions "The SCI Players" performance of "a new 'Zapwoman' skit."[78] As mentioned above, the Zapwoman skits were considered "guerrilla theatre" pieces putting forward the views of the radical wing regarding psychiatric abuse and resistance to it by psychiatric survivors.

I found no mentions in *Dendron* of mad theatre troupes which did not focus on overtly political theatrical performance. However, the discussions in *Dendron* of talent shows at Alternatives Conferences and "[t]wo evenings of 'Mad Celebration' creative performances about our issues"[79] do point to performances which may have been at times sometimes less directly political, if still imbued with political themes.

The most extensive discussion of a theatre troupe, however, is found in *Reaching Across with the Arts*. The Second Step Players (SSP) is discussed in a five-page section which includes both information about the troupe and their methods for developing theatre pieces. The Second Step Players, we are told, "perform original comedy, drama and music about the experience of having mental illnesses."[80] The troupe was founded in 1985 "with a small talent show and for the first several years, performed generic comedy."[81] However, in 1989 SSP stepped away from apparently apolitical performance and "decided to write original material that spoke to the stigma and negative stereotyping of 'crazy people.'"[82] By the time of the writing of this section, "65 consumers [were] involved in the troupe."[83] SJ [sic] Williams describes the wide geographical and locations range of the troupe's performances: "The audience ranges from people involved in all levels of the mental health system to the general public. The troupe has performed for high schools, universities, civic groups, churches, conventions, conferences and training sessions."[84] Moreover, "The Players have performed extensively throughout the Northeast as far west as Nebraska, and in Austin and San Antonio, Texas."[85]

The openness to various viewpoints among SSP is made clear in the following example of the collective development of a theatrical piece:

> "I think Prozac has been in the media a lot and I think we should do a skit about it."
> "Oh, I know. It seems to be the only drug anybody's talking about"...
>
> "... Okay, what do we want to say about it?"
> "I think it's being treated like a cure all... you know, the Valium for the nineties."
> "As for me, Prozac saved my life."
> "I think doctors tend to over-prescribe."[86]

Nick DeSantis reports on a performance and two-day workshop by SSP in *Vision*, as well, at Harrisburg State Hospital. While the contents of the show are unfortunately not described apart from that which is indicated in the title of the article,[87] the subtle organizing, or "empowerment," intentions of the troupe are made clear: "At the workshop, the actors talked about how they got involved in the troup [sic] and how it has enriched their lives."[88]

In the A/R literature, other theatre troupes mentioned include the WE CAN Players of Riverside, CA;[89] the Project Return Players of Los Angeles, CA;[90] another troupe also called the Project Return Players, presumably from New Jersey;[91] the Mental Health Players, also presumably from New Jersey.[92] Of these, only the WE CAN Players' performance is described in significant detail. An article in *Network News* describes what appears to have been a forthrightly political performance in the following way:

> The WE CAN Players presented several vignettes dealing with the mental health client experience as they [sic] interact in various settings: with Social Security Administration personnel, with family members, with inpatient psychiatric staff and hospital routine, the public and media. They performed two particularly powerful skits: one on the dehumanizing aspects of labeling which ended with a strong statement to 'Label Jars, Not People!'; and another which dealt with the damaging effects of the public media stereotyping and stigmatizing 'mental patients'.[93]

Finally, while members of the Wellspring, a consumer-operated drop-in centre in Pittsburgh may or may not have given their actors a troupe name,[94] a report on the activities of the centre in Winter 1992 states that centre members had written a play, then in rehearsal. Program Coordinator Art Leibowitz indicates that the central theme of the play, "Loose Ends" is critical of psychiatry. Leibowitz states that the play is about "a bad psychiatrist who accidentally gets injected with too much Haldol and becomes a patient in the {mental health} system..."[95]

Newsletters, arts publications, and poetry

Far and away, though, the main medium through which both wings of the mad movement from the mid-1980's through the 1990's created art and communicated their ideas was the written word. Publication of newsletters clearly expanded; the National Mental Health Consumers' Self-Help Clearinghouse produced "technical assistance" pamphlets on a wide range of topics;[96] and from the point of view of creative writing, the writing and publishing of poetry, in particular, flourished.

Newsletters and other grassroots publications

The best evidence in the publications I studied regarding the existence of newsletters in many U.S. states is found in *Dendron*.[97] I start with a discussion and analysis of the presentation of newsletters in *Dendron*; subsequently, I discuss the existence of other newsletters as found in several other publications.

Dendron regularly published short descriptions of a number of newsletters, including newsletters by and for survivors, consumers, and consumer/survivors, as well as those produced by sympathetic psychiatric dissidents and, further, publications produced by allies, as *Dendron* perceived various groups – for example, the more radical publications of the disability movement. Here, I discuss only the publications indigenous to the mad movement. It is of particular credit to *Dendron* that it recorded the existence of newsletters, even if there was evidence of a bias towards mentions of radical-leaning newsletters. I have found no other source which systematically attempted to make a record of the existence of these crucial documents, though mentions of the existence of other newsletters can be found in a number of the sources which were the focus of my research.

There is, in fact, a large number of publications briefly reviewed or mentioned in *Dendron* – approximately 96 publications, 23 of which were non-U.S. publications, leaving a total of 73 American publications. This, in itself, clearly shows that, at least at the local level, independent individuals, independent groups, and groups associated with government and mental health agencies (which are also occasionally mentioned in *Dendron*) were producing newsletters contesting traditional psychiatric practices from either radical, reformist/alternativist, or a combination of these perspectives. While the circulation of most of these newsletters was undoubtedly quite limited, given that *Dendron*, the major paper of the radical wing of the movement claimed a circulation in Summer 1994 and Summer 1996, Winter 1997/1998, of 6,000[98] and a circulation in Winter 1998/1999 of 8,000,[99] the flowering of small newsletters of various orientations indicates that the production and dissemination of alternative discourses and practices was indeed taking place, even if among a limited number of mad people.

No more than considered speculation can be made about the issue of single vs. multiple mentions of newsletters, and the fact that only four papers had six or more mentions in the "Newsletters" [100] sections of *Dendron*. It is possible that some newsletters existed only for the number of times they were mentioned in *Dendron*. Considering funding problems and other difficulties associated with producing newsletters it is possible that some newsletters were, in fact, only published a very limited number of times. My impression is, however, that *Dendron*'s purpose in listing newsletters was not so much to indicate their ongoing existence or to review every issue of every newsletter produced, but rather, so to speak, to "get out the word" that the publications did, in fact, exist and might be of interest to readers in various localities around the United States (and internationally). Ultimately, of course, *Dendron* was not a periodical index; it was a publication dedicated to building and rebuilding the mad liberation movement.

Nevertheless, I think the relatively higher number of mentions of at least some serials can be explained by *Dendron*'s overall radical orientation. While I believe that *Dendron* did publish mentions of papers which were more moderate in orientation than *Dendron*, itself, I also believe that the majority of papers about which it reported were of a more radical orientation.

I attempted to categorize the papers mentioned in *Dendron* based on a number of factors: (1) most importantly, how *Dendron* portrayed them; (2) their titles and/or quotes in Dendron from people actually associated with the papers; (3) knowledge about the groups and/or the individuals who produced them; and (4) what I actually know from other sources about some of them. This can be nothing more than a rough categorization. Having never seen the vast majority of these publications, given the unfortunate unavailability of the vast majority of them,[101] I can make no more than rough estimates of the orientations of these papers. Moreover, a report in *Dendron* on a particular paper may capture any given newsletter at one point in time; if there are no more mentions or discussions of that paper, it is possible that it changed in orientation over time and that this cannot be known on the basis of the limited information provided in *Dendron.*

In any case, based on the factors mentioned above, I would estimate that approximately 44 of the 73 U.S. publications (approximately 60%) mentioned in *Dendron* were either radical or more sympathetic to radical points of view than not. I would estimate that approximately 11 of these publications (approximately 15%) were alternativist/reformist or more sympathetic to A/R points of view. Regarding the remaining 18 publications (25%), I feel either that there is not enough information in *Dendron* or from any other knowledge I have to evaluate their orientation (14 publications) or that, based on my knowledge of certain publications or the way they are presented in *Dendron,* I surmise that *Dendron* may have presented four publications as more radical than they actually were.

These estimates, as rough as they may be, indicate three things. First, *Dendron*'s radical orientation is expressed to a significant extent by the types of publications it presented; by the fact that out of the four publications it mentioned most, three (and arguably all four) were firmly in the radical camp; and by the fact that the only two publications given a "eulogy" regarding their ceasing publication were radical publications. Second, however, *Dendron* was willing to bring news of a number of publications which may not have been radical in orientation, even when *Dendron* explicitly or implicitly critiqued such publications for the "consumer" (alternativist/reformist) orientations. Third, as a corollary these previous points, one can surmise that there were quite possibly more publications of an alternativist/reformist orientation. We know that some such publications existed because they were mentioned in *Dendron*; I also surmise that *Dendron* privileged radical over A/R publications. As such, it is possible that numerous small, grassroots A/R publications of varying duration were produced during this period.[102]

Apart from the newsletters discussed in *Dendron*, I also found mentions of newsletters in *Your Choice*, *The Key*, and *Vision*. Most of these mentions were extremely brief. For example, I found six mentions of newsletters in the editions of *Your Choice*, though only three of these are named: *Outlook*, published by the Mental Health Consumer's Enlightenment Group;[103] *The Stigma*, published by Helping Ourselves Overcome Prejudice (HOPE);[104] and the NJCOSHAP newsletter (of the eponymous organization, the acronym standing for New Jersey Consumer-Operated Self-Help and Advocacy Program).[105]

Those editions of *Vision* to which I had access which also contained reports from counties and areas of Pennsylvania in the early 1990s indicated that at least two non-urban county groups were at that time publishing newsletters. Moreover, *Vision* mentions the production of one "zine," *Transcendent Visions*, published in Bucks County, PA, and discussed further below.[106] Unfortunately, the lack of access to further editions of *Vision*, except for a 1997 edition (which does not contain county-by-county reports), does not allow for any statement regarding the longevity of these local newsletters. Still, it is significant that in at least five counties, three of them rural, newsletters were published, including the multiple newsletters of the SEPA organizations. While no doubt a relatively small run of newsletters, likely at least in some cases photocopied, was not a particularly expensive proposition, what the production of such newsletters indicates is an increasing identification with autonomous or semi-autonomous organizations of mad people. The distribution figures claimed for the Dauphin County newspaper are intriguing: "....*Whole Mind* is a consumer-driven publication that started out with four people attempting to put together a 12-page newsletter with a distribution of about 85 copies...current distribution is about a thousand."[107]

Transcendent Visions, of Bucks County provenance, was alternatively characterized by its founder as "literary magazine"[108] and a "zine,"[109] – the latter of which its editor, David

Kime, describes as "a small, handmade, amateur publication done purely out of passion, rarely making a profit or breaking even."[110]

I fortunately was able to gain access to one issue of *Transcendent Visions* from 1997. This edition of the publication, at least, was a veritable explosion of poetry, short stories, graphics, and drawings, obviously reproduced, as Kime himself states in *Reaching Across with the Arts*, by simple photocopying and stapled only in the upper left corner. No theme, as far as I could discern, united the pieces; rather, what most, if not all, have in common is an edgy, at times surreal, quality, not infrequently permeated with sardonic humour, rage, or both. Some pieces, however, are simpler and more lyrical. Some pieces make reference to madness and psychiatric institutions and practices while others make no reference to these experiences.

Kime reflects on the value of publishing a zine and of engaging in art in general:

> I feel that through art we can get beyond victimization and make a statement about who we really are, which is human beings who have suffered in the hands of a callous world. Through art we can transcend all the negativity and just create something that shows us to be articulate human beings, who should be respected, not feared.[111]

The importance of poetry, despite its often secondary placement

I cannot claim to offer an explanation for extraordinary poetry written by some mad people. Attempts to do so risk romanticizing either madness or mad people, or both, for example, stereotyping mad people as "tragic artistic geniuses." Neither the adjective "tragic" nor the phrase "artistic genius" should, I assert, be applied in a blanket fashion to this, or any, group.[112] Nevertheless, the poetry found in the pages of those newsletters I studied which did in fact publish such poetry is often, though not always, extraordinarily evocative, whether it deals with antipsychiatric themes, themes relating to the intrinsic suffering of madness, themes related to experiences of discrimination or "stigma," or to themes apparently unrelated to any of these topics. Unfortunately, mad poetry, or poetry written by mad people, as well as mad art and art created by mad people, in many ways, both in the radical and alternativist wings of the movement, took a back seat to other concerns in some newsletters. Still, that art which was produced, published, and/or written about is an important aspect of the mad movement.

Gayle Bluebird, discussed above, stands as an arts-oriented activist among psychiatric consumers and survivors. Another key person in the promotion of mad art and art by mad people was Bonnie Schell. Schell put great emphasis on creative writing, including poetry.[113] Despite its overarching emphasis on radical political protests and related activities, *Dendron* did, in fact, create a space in that publication for a fascinating series of poetry sections edited by Bonnie Schell. Schell may also have been involved in the publishing of poetry in *Network News*, a matter which I will discuss below.

Apart from *Dendron* and *Network News*, the newsletters I examined gave short shrift to poetry, publishing no more than one or several short stories or prose-poems. Despite this, the poetry found in these publications makes powerful statements regarding psychiatry, madness, the mental health system, "sanism,"[114] and topics unrelated to any of these issues.

A statement in *Reaching Across with the Arts* indicates the degree to which the marginalization of art constitutes the loss of a crucial resource. The authors describe responses regarding the question of creativity by "500 mental health clients, family members, and mental health consumers."[115] According to this discussion of Jean Campbell's survey,

> Most mental health clients reported that creativity was very important to them: sixty-one percent believed creativity to be essential for them, twenty-three percent identified creativity as the most important factor in their recovery. Family members and professionals did not indicate art as a key factor.[116]

Poetry and Bonnie Schell's "Poetic Justice" section in *Dendron*

In a similar fashion to *Madness Network News*, less poetry was published in the earlier years of the *Dendron*, while an increasing focus on this medium of expression occurred over the decade of the 1990's. In fact, until the Summer 1994 edition of *Dendron*, only eight poems were published in that paper.[117] However, in the Summer 1994 issue, Bonnie Schell was announced as the poetry editor of *Dendron*.[118] The "Poetic Justice" section of *Dendron*, which she edited includes analysis and commentary on her part. "Poetic Justice" stands as an excellent effort not only to publish mad people's poetry, but to find common themes and, even more importantly, to situate the writings of mad people in the context of a potential appropriated and autonomous group identity.

The first eight poems in *Dendron* express some of the themes found in *Madness Network News*, as well: oppression on hospital psychiatric wards and the oppressiveness of some psychiatric treatments; the value and joys found in some mad experiences which are pathologized by psychiatry as "mental illness"; and, by contrast, the suffering caused by mad states of consciousness as well as ambivalent feelings regarding such states.

Three of these poems, in particular, address the issue of psychiatric oppression and the suffering caused by psychiatric treatments. Brock MacDougal focuses on the terror and trauma he experienced in being injected with Haldol: "The nurse floats in/With an angel's grin./ She carries a hollow-needled syringe..../ 'Relax, relax, this won't hurt a bit.'.../Seconds later my neck arcs toward the back,/Straining to break at the spine./ 'Relax, relax, and all will be fine.'"[119] A similar expression of agony, this time regarding electroshock, is expressed by Art Leibowitz in his poem "Riding the Lightning": "Rode the lighting back in the spring of 87.../The shrinks promised me Heaven,/but in reality/it was a ride thru/ HELL..../I Still can't remember/and Some piece of my life/have been lost/forever/The lightning to my Mind for a Ride/The Shrinks Promised/It would help/They Lied."[120] Murray Bodo in "Mental Ward," asks "How do we hear the music/When all the voices die/that let us hear, here/in the comfortable room where few really care/enough to let us listen?"[121] Bodo refers to the oppressiveness of psychiatric wards when he writes, "We grow deaf through fear/and cannot hear the music or the silence./For fear is the opposite of music here where we hear only with permission."[122] A fourth poem by Carolyn Schwartz, does not directly refer to a psychiatric ward, but one has the feeling that in "You and I," Schwartz is addressing a fellow incarcerated person (or persons) separated from the natural world outside a room which, it is implied, is inaccessible: "YOU AND I/WE SIT TOGETHER/IN THIS ROOM/AND FEEL THE PULSE,/OF THE STREAMS/WALKING BY OUR WINDOWS.../YOU AND I/ARE PITIED/BECAUSE WE TOUCH/THE FLOWERS BREATH/RESERVED FOR BEES..."[123] Whether the voice in the poem is of a writer on a psychiatric ward or not, Schwartz seems to be saying that the separation she feels from nature, and the "pity" directed towards her and those she addresses, derive not so much from the intrinsic suffering of alternate states of consciousness but precisely because these "altered states," in constituting an exquisite sensitivity, are viewed by others as an aberration rather than an aptitude or a gift.

The other earlier poems focus on the question of madness as an alternative state of consciousness. Poems such as these are important, as they provide a window into various experiences of madness in a way which no other kind of writing seems to convey. Poetic language, after all, is not required to conform to linear logic; as such, it allows for paradox and contradiction, for the joys of madness to stand beside its agonies in unresolved, and possibly irresolvable, tension.

Out of the poems in question, only Elaine Erickson, in "Madwoman," seems to express her madness as thoroughly heartsick and painful. The final lines of her poem read, "and when she's done/crying out her life/she'll descend to the cellar/and wait to hear one faraway bird/cry with hope."[124]

Other poems consider madness as neither thoroughly positive nor thoroughly negative. Of fundamental importance, as well, is that they consider madness phenomenologically, from the point of view of experience. To do so, they use metaphor and other literary devices which allow for imaginative expression. In these poems, madness is considered with creative, often indirect language, rather than as the object of linear theoretical analysis. For example, Sheila K. Batey's reference to "wild roses" seems to indicate people whose minds and spirits have not been "tamed": "Red cheeked and sleek eyed/We ride about in the wind!"[125] she writes. "We gyrate and jump in our minds/To shake off shackles of odious cultural residue –/And then we dance." As joyous as this seems, Batey also writes that "Sometimes dreams of freedom/Drive us to our individual abysses...".[126]

In the Summer 1994 edition of *Dendron*, the "Poetic Justice" section, edited by Bonnie Schell, first appeared. Again, Schell did more than edit this section; she thematized each issue's "Poetic Justice." In previous issues of *Dendron*, as well as in the other radical and A/R publications I examined, individual poems had traditionally been published with little or no commentary or discussion. By contextualizing specific poems and parts of poems in larger discussions and themes, she effectively built the case for what might be called a particular genre of poetry – psychiatric survivor, or mad, poetry.

Equally importantly, Schell considered the question of collective group identity. She refers to the "collective 'we'" which "has been labeled by psychiatry and stripped of unique personhood..."[127] Countering the impression one might have of poetry in mad publications (as well as many other publications) as discrete "pieces" created by individuals,[128] rather than expressions drawing not only on individual, but also on shared experiences, Schell writes, "The current Mental Patient's Liberation movement in the US. [sic] is only two decades old. Much of the poetry of the Movement, as in the Civil Rights and Women's Liberation movements, is written from a collective point of view..."[129]

Each Poetic Justice section is dedicated to a general theme. In the Summer 1994 edition, Schell focuses, as just stated, on the question of collective identity. The Spring 1995 edition includes a protracted discussion of the writing, the life, and the ultimate victimization of Opal Whiteley, an author born in 1897, famous as a child and a youth for her exquisite writing including a diary, published in 1920 by the Atlantic Monthly, which became an international bestseller. In 1948, after many world travels, she was "[a]llegedly found starving in her London apartment"[130] and subsequently "committed to Napsbury Mental Hospital in England."[131] For a total of 44 years, from 1948 until her death in 1992, Whiteley was incarcerated in two different mental hospitals. In her poem written in memory of Whitely, "Nature Promotes Fantasy," Joan Dobbie describes Whiteley by means of association with nature, one of Whiteley's early passions: "Dark, delicate Opal,/princess of the forest,/dainty as a feathered/seed (hair of black silk,/eyes like the doe's eyes)..."[132] These soft and gentle images contrast with the stark, if highly ableist, imagery of constriction Dobbie uses to convey the sense of imprisonment Whiteley may have felt during her many years of hospitalization: "To live, for her/own good, 44 years more, finally/fat, blind, locked in a small room,/pinned to her wheelchair: TV, Lysol,/meds at 9 and 2. *How/can I write? How can I/write?...*"[133]

In Spring 1995 edition, the topic of the subsequent Poetic Justice section was announced as, "going to the grocery store."[134] The actual subtitle of this subsequent Poetic Justice section ultimately became "Madhouse Distribution Centers at the End of the World."[135] Some of the poems also discuss the issue of poverty as oppression for psychiatric consumer/survivors. Moreover, the creativity with which Schell and the poets whose writing she discusses addressed this topic is evident in the deconstruction of the word "consumer," applied by "progressive" elements of the mental health system to those who had formerly been called "patients" and by some users and former users of psychiatry to themselves. For example, writing about the work "Grocery Store Choices" by Sue Poole, Schell notes that the author "compares what 'consumer' means in a store to what it means in the mental health system."[136] Poole's poem reads, in part, "Ah, the happy, free democracy/Of grocery stores,/To be accorded/The great dignity of choices."[137] The comparison is clear: while a consumer in a grocery store is accorded "dignity of choices," the mental health system, as Poole experiences it, not only deprives "consumers" of choices but, from another point of view, turns consumers, through psychiatric labelling, into "stuff on the edge of rotting....and marked for quick sale"[138] and "damaged goods."[139]

Subsequent issues of "Poetic Justice" took up the problematization of biological psychiatry – of the idea of "chemical imbalances"[140] and the treatment of madness biochemically, and the topic of "mania."[141]

Certainly, Schell chose the poems she did in order to emphasize certain points. Conforming with the general editorial predispositions of *Dendron*, much less is said about the intrinsic suffering of madness which many mad people experience, while much more is said about (a) the insights which writers felt madness either confers or, simply, constitutes; and (b) about the suffering mad people experience due to the medicalization and "treatment" of madness by psychiatry.

Schell brings together the works of mad poets together as expressions of both individual and collective insight. While many of the poems are brilliant, the thrust of "Poetic Justice" is certainly not to put mad poets on display in a titillating or prurient act of romanticism. Rather, Schell treats this poetry as collective –in the notion of a possible genre ("mad poetry") and with the implication that madness can be the basis for a collective identity, not necessarily the property (or suffering) of individual people.

Poetry in A/R publications

Only *Network News*, among the alternativist-reformist papers I examined, contains a more voluminous amount of poetry.[142] In the editions of *Network News* spanning 1985 to 1995, I counted a total of seventy-eight poems published in the newsletter.

The poetry in *Network News* did express a range of views, including the antipsychiatric themes so prevalent in *MNN* and madness as freedom from the concerns of the social "mainstream." However, what I wish to discuss here is the degree to which much of the poetry in *Network News* in fact *departed* from these themes, engaging in themes not directly related to mad experience (such as playful verse, romantic poetry, and various non-madness/non-psychiatry-related themes) and poetic statements regarding "recovery" and newfound hope.

Richard Hasher's jubilant "A Noon Since Thing" was the first poem to appear in *Network News*. The poem, written in playful, "Jabberwocky"-like verse, cannot by any measure, I would assert, be considered a political statement. The poem reads, in full: "of nonsense is a noon since thing/like twings the dilly flowers bring/lick kisses daf o' dillies brought/and prank twon twiddle sugar ought/and nod hour frilly flipper fly/to free a dripdrop's flam the by/widfillest lark whee take the sing: oh happy towers, oh noon since thing."[143]

A number of poems in *Network News* cover romantic themes. While Carol-Lee's "Self"[144] is ultimately a statement regarding the consolation of loving oneself, it also expresses romantic loss. Nigel Winterbourne's "To Some That Love" expresses both longing and desire fulfilled: "To some a sweet small kiss/And longing hug, with the/Sweetness of a loving dare/Is a glowing wondering love/.../As you and I in this puzzle of/Such confusion that is not thorns."[145] Karen Nelson Briggs expresses the pain of lost love in "Morning": "We had so much to build on,/Our plans seemed ready-made./Now, the only thing I have/Is memories that fade/With each cup of coffee/and every cigarette..."[146]

Other poems cover a variety of themes including friendship,[147] cruelty and anger,[148] observations of nature,[149] pets,[150] exploration of self (with no direct reference to madness, "mental illness," or psychiatry),[151] and children.[152] Apart from the value many of these poems in terms of the quality of writing, it could be argued that the publishing of such poetry expresses the multidimensionality of the lives of mad people who, of course, do not always have on their minds issues of psychiatric abuses, visionary or spiritual experiences, or experiences of emotional suffering. Such poems challenge both psychiatry and antipsychiatry in that they shift the frame of reference regarding mad people from "illness," on the one hand, or psychiatric abuse, on the other, allowing for the expression of diversity of experience and contemplation.

Another key theme found in a significant amount of the poetry in the pages of *Network News* is that of hope and "recovery." In a number of poems, suffering is acknowledged, but a sense of positive change is also conveyed. It is interesting to contemplate the potential relationship between such poetry and the discursive strands of recovery and the activities, themselves, of the A/R wing of the movement which, it could be argued, held doggedly to the view that the possibility to recover from abuse, emotional suffering, or "mental illness" (however these experiences were framed by various proponents of recovery) was real.

Rob Cassidy's "Seabreeze, Come And Stay," for example, is filled with images of movement and, consequently, of new possibilities. Cassidy writes: "One must believe in the powers of the winds,/like one must believe in himself./Her whisper whisks across/the plains of a new territory/like a speeding comet/waking up the sky/..."[153] Cathy King Hasher's poem, "Hanging in the Balance" acknowledges past suffering ("you fought so hard/and felt such pain") but as cited in Chapter 7, as well, determined hope: ("But **hang tough**/.../you've got your place/to climb – your new-/born life to shine").[154] Similarly, Carol-Lee writes symbolically of personal growth: "The mighty bird of power/Found the nest was growing small/And tossed the young of every breed/To learn amidst the fall/And all the flapping in the air/Is but a yen to fly/And all the attitudes to care/Create the might rise."[155]

John M. Hood writes more bitter and ironic lines which express both anger at his parents, but also his determination to survive: "I honor you, my parents;/You are who gave me life./You nearly took it once'/You'll never take it twice!"[156]

By no means do all of the poems in *Network News* present optimism, hope, and determination. Again, however, it is significant that *Network News* published a range of poems, particularly some which touched on themes which were found in the discourse, practice, and contexts constructed by the alternativist-reformist wing of the movement.

Poetry and other creative writing made virtually no appearances in the *NEC Newsletter*.[157] Similarly, based on the editions of the SEPA newsletters to which I had access, such writing was not a top priority for any of these papers.[158] Nevertheless, in both *Brainstorm* and *Your Choice*, perhaps symbolizing the shift in emphasis which was growing in the alternativist-reformist wing, poems appeared that touched on themes of hope and recovery, themes, as noted above, also found in some of the poems published in *Network News*.[159] Indeed, one poem is entitled, "Recovery." Its writer, Denise Minggia, engages the language of desperation: "I was enslaved"; "My heart beat empty"; "Doomed for defeat!" Yet, while the genesis of the shift remains unexplained, in the final two stanzas, Minggia refers to "A sound reprieve" and indicates that she is on a new path which she apparently has chosen: "Though I know not/The place I go/This trail I take/Helps me grow!"[160] Similarly, Gloria del Vecchio symbolizes new-found hope with a lighthouse in "In the Pines." She describes the horrors "of shock treatments and/the terrible fear of electricity tearing/through the brain," yet, she states, "now there is a lighthouse in these/pines..." whose "beams....sweep/wide to the horizons..."[161]

Other efforts

Video/film/audio

The degree to which film, video, and audio media appear in *Madness Network News* pales in comparison to the number of times that such efforts are mentioned in *Dendron* from its inception until the end of the 1990's. Somewhere in the vicinity of sixty[162] such efforts are recorded in the pages of *Dendron*. Among these are the videotapings of conferences, as mentioned above.

What is so striking regarding the recorded and broadcast media and media activities mentioned in *Dendron*, of which I found approximately sixty mentions, is that all but six of these are entirely or mainly oriented towards abolitionist or civil libertarian political activism, exposés of psychiatric abuses, and/or testimonials and discussions among radical psychiatric survivors and (less often) professional dissidents.

Out of the six remaining recorded/broadcast media notices, one is an advertisement of a psychiatric survivor-run "Video, Music, & Performing Arts" company;[163] one is a short article about that company and its offerings; one is a notice about two slide shows; only two are audiotapes of artistic performances;[164] and only one is a "self-help" video.[165]

It seems to have been rare for mad videographers to have focused on topics less overtly political or non-political. At least as portrayed in *Dendron*, the audio/visual productions of the mad movement, or perhaps more precisely the radical wing of the mad movement, were almost exclusively overtly political.[166]

Meanwhile, alternativist-reformist serial publications give little indication of the production either A/R-oriented political audio/vision production, or of any other genres or styles of audio-visual production. Mentions of videos in general are rare in the publications of the A/R wing. One such video was *People Say I'm Crazy*, produced by the "Well-Being Project." While the actual content of the video was not discussed, the "Well-Being Project," according to Jean Campbell, included "a three year proactive program to promote the well-being of people commonly labeled as 'mentally ill' through client-centered social survey research....The project was written, created, and administered by mental health clients, themselves, and will have employed over fifty clients in the research, materials production, and distribution phases."[167] The article goes on to say, "The video will be shown at client groups, institutions and agencies where clients were surveyed."[168] Unfortunately, the article does not actually describe the video in detail. One project co-director, however, does describe the results of the Well-Being Project's research:

> Descriptive self-reported statistics found significant correlation between poor well-being of clients and stigmatizing professional attitudes and behaviors; fear of involuntary treatment reported as deterring clients from seeking professional mental health. Peer support identified as promoting well-being.[169]

NECN, which I have argued is a mixed-discourse newsletter, does mention three videos produced by two of its writers: "Recovery as a Journey of the Heart"[170] by Patricia Deegan, and two by Daniel Fisher: "A Self-Managed Care" [sic][171] and "Recovery is for Everyone."[172] These are the only discussions or advertisements of videos which I found in *NECN*.

I found only three articles, and no other discussions, of consumer-oriented videos in the SEPA papers – two articles about White Light Communications, discussed further below, and an article discussing two videos of talent showcases (discussed above). This article indicates that "Rainbow/Altered States" distributed these videos.[173] Finally, this article also mentions a video entitled *Through Madness* which "...tells the story of three consumers who describe their experience of mental illness and recovery.[174] This movie is thus likely within the ambit of A/R discourse: the description uses the terms "mental illness" and "recovery," and the two interviewees in the film mentioned in the article are Joseph Rogers, director of the NMHCSHC which published *The Key* as well as "former NFL Green Bay Packer Lionel Aldridge."[175] Furthermore, the article notes that the video was directed by a psychiatrist.

At least three video production companies came into existence and lasted for some time – White Light Communications of Vermont, MC Video Productions, and Rainbow Video of Chicopee, Massachusetts.

While I discussed White Light Communications in the previous chapter, here I wish to offer just a few more pieces of information about this intriguing company. Paul Engels (aka Dorfner), the founder, is referred to in an article in the Summer-Fall 1994 edition of *The Key* as the president of White Light, wherein he expresses his experience with hiring psychiatric consumer/survivors.[176] Another, briefer article about White Light Communications occurs in the very same *The Key*, This article notes, "White Light has...produced more than 90 cable-access television programs, as well as video productions featuring interviews with leaders of the consumer/survivor movement."[177] However, the very same article notes, "White Light Communications...is fighting for its life because its foundation and government grants have expired."[178]

In fact, according to Van Tosh and del Vecchio, White Light did cease functioning, though the date on which this occurred is not made clear.[179] These authors describe White Light as having produced programs "live, via satellite, on a weekly basis to 60,000 cable television subscribers in VT [Vermont]."[180] The authors elaborate that these productions "includ[ed] public affairs items, public-interest stories, and entertainment produced by, and featuring, consumers/survivors."[181] Moreover, "A list of 35 available videotapes, all produced by the project, was compiled."[182] Van Tosh and del Vecchio report that a content analysis of White Light's programming was done, which indicate the political focus of White Light's programming: "The content analysis of the productions revealed that 86% of the interviewees on the tapes were consumers/survivors, and 63% of the tapes examined involuntary treatment and hospitalization as a major informational focus."[183]

Another video company mentioned in *Dendron*, which advertised in that paper at least twice, was *Rainbow Video* of Chicopee, MA. The company described itself the following way in its advertisement:

Rainbow Video, a consumer run and operated project, has existed for ten

> years, nine of which were without funding. This past year[184] Rainbow received a grant through the consumer initiative grant awards from the Western Mass. DMH Area Office...Rainbow also has a Music and Performing Arts component. Rainbow has many tapes available regarding: Consumer Affairs; State and National Conferences; Interview and Personal Stories; Educational and Artistic Pieces."[185]

After Summer 1994, no advertisements for Rainbow Video appeared in *Dendron*. In the Summer 1996 issue, however, another video company, MC Video, of Wisconsin, is listed as a sponsoring group of Support Coalition International. From 1996 through 1999, MC Video remained a sponsoring group, while Rainbow Video was never so listed. It is unclear whether there was a relationship between Rainbow Video and MC Video.

It is interesting that only MC Video is discussed in *Reaching Across with the Arts*, which itself was developed and written circa 1998/1999 and published in 2000. While we know that White Light Communications was defunct well before this, the lack of mention of Rainbow Video in *Reaching Across with the Arts* manual may indicate that that company was also defunct by the time that the manual was produced.

According to this section, by Mary Moran, Moran herself founded M.C. Video productions sometime after 1989, the year in which she "started video production...while she was in graduate school."[186] Moran was an ex-patient, herself, who "...became an outspoken speaker against the injustice of psychiatry..."[187]

According to Moran,

> *M.C. Video Productions* is a grassroots organization run by mental health consumers and psychiatric survivors...
>
> Members of our technical crew produce educational and consciousness-raising videos that address mental health/illness issues from the perspectives of consumers and survivors. We also document... conferences, training workshops, protests, marches, speak-outs and vigils, because we believe it is important to document the history of the ex-patient movement.[188]

Moreover, MC Video, at the time of the publication of *Reaching Across with the Arts* "...developed an extensive library of video and audiotape programs...[c]ontaining over 1,000 titles of AV tape programs..."[189]

Two points are clear: the production of audiovisual material was increasingly abundant, with activists likely of a radical mad movement orientation most involved in AV production. Secondly, based on the number of tapes mentioned by MC Video to have existed in their library, even *Dendron*, which as indicated in the discussion of newsletters, went to great efforts to give notice of the efforts of autonomous production by mad people, apparently published the names of only a small portion of videos which had been created. At the same time, A/R publications offer only very minor indications of the existence of these materials.

Music

Finally, there is little evidence of musical productions, record label success, autonomous record labels or recording studios, or any other well-funded facilities for the production of music specifically by mad people. This is intriguing, as other oppressed social groups and movements have recorded music which may be grounded in politics, expressed overtly or indirectly, but which is also meant for pleasure and entertainment.[190] Yet the mad movement, as it appears in *Dendron*, produced no abundance of such recordings.

I indicated in my discussion of *MNN* that Jeannie Matulis, Howie the Harp, and Morgan Firestar were singer/songwriters in the early movement. According to *Reaching Across with the Arts*, which published the lyrics of one of Matulis' songs, Matulis "went to law school and after getting her law degree, worked for Protection and Advocacy, Inc., a federally funded agency, for seven-and-a-half years. Her work has now evolved into the field of forensic mental health."[191] Sadly, Howie the Harp, a songwriter and harmonica player, whose song "Crazy and Proud" I discussed in Chapter 2, died of natural causes in New York City in 1995. Also sadly, Morgan Firestar committed suicide in 1996.[192]

Beyond these performers, the only three mentions I found of music in the papers which I studied were "The Delusions, the popular So. California mental health band"[193] and a brief discussions in *Brainstorm* of the fact that Charlie King, a singer/songwriter "whose songs have been recorded by the likes of Arlo Guthrie and Pete Seeger" performed at a Bastille Day march during the course of the 1990 Alternatives Conference in Pittsburgh, PA.[194] Finally, in *Vision*, I found a short article about formation and performances of a consumer choir in Philadelphia based among members of a clubhouse in that city called Unity House which states, "The choir has already performed at the Mental Health Association of Southeastern Pennsylvania's Holiday Party...They have been invited to share their musical talents at the Statewide Consumer Conference in Erie." [195]

Conclusion

In the mad movement of the mid-1980's to the end of the twentieth century, despite the radical wing's primary emphasis on radical political activities/protests and the A/R wing's emphasis, at least overtly, on "services," the production of at least certain forms of art were not rare. Moreover, whether they were ephemeral or of significant duration, the contexts in which art was produced acted as a resource for reclaiming individual identity and to a certain extent for claiming collective identity beyond that of radical political activity and/or service.

We have seen in particular that a variety of publications give evidence that mad people created the following:

- arts organizations
- contexts in which the production of drawing paintings, and sculpture were facilitated
- talent shows and showcases
- theatrical performances and theatre troupes
- poetry and other creative writing
- newsletters which contained not only news and information, but at least in some cases, poetry
- video- and audiotapes of cultural and political events, as well as programming which focused on mad movement activities, activists, and concerns
- original music

While other efforts may have been engaged in, these are the most prominent efforts in the publications I studied.

Unfortunately, none of the major newsletters I studied gave prominence to these efforts, though at least some of these efforts were discussed in all the newsletters, chief among these *Dendron*. *Dendron* published but a few full articles regarding arts activities, and the paper discussed newsletters, video productions, and audio productions almost exclusively in sections devoted to short descriptions of these. Nevertheless, because of its practice of keeping an ongoing record of these efforts, the paper is a crucial repository of information regarding the mad cultural production, particularly in the 1990's.

Moreover, the production of *Reaching Across with the Arts*, occurring at the very end of the 1990's and its original publication in 2000, stands, I believe, as a milestone in the mad movement. Three key elements of this document stand as major accomplishments. First, *RAA* created an enduring record of the undeniable fact that the mad movement in the United States was concerned with artistic-cultural production. Second, the document emphasized that these efforts were about more than (and in many cases were not at all about) "therapy" and "rehabilitation." These activities, contexts, and the products they generated were about the creation of art *as* art – whether specifically concerned with "mad" themes such as psychiatry and madness, or whether about other matters entirely. Third, and consequently, the discussion of paintings, poetry, performance, videos, newsletters, and music in *Reaching Across with the Arts*, strongly indicates that some mad people were engaging in efforts and creating contexts in which "being mad" meant more than and/or something different than "being mentally ill."

Ultimately, these efforts mean that, as have members of other oppressed and marginalized groups, some mad people in the United States engaged in infusing words such as "mad," (psychiatric) "consumer," and (psychiatric) "survivor" with amplified, more elaborate, meaning precisely due to the practices they engaged in and contexts they built. In this chapter, we have seen that one significant way in which this elaboration was achieved was through artistic and cultural production.

CONCLUSION TO DISSERTATION

Challenging otheredness

I began this dissertation by considering the meaning of the word "ethnicity." I pointed out that inherent to the concept of ethnicity is, in the first instance, the notion of the social "Other." Romantic potrayals of "ethnic groups" as constituting some form of "primordial kinship" grow increasingly thin, I argued, as the underlying bases of ethnicity – the creation of socially othered groups and what those groups themselves do with what appears originally as a hapless situation of otheredness – constitute a dynamic process. One can scrutinize this process in terms of across-boundary relations between the more powerful group and the othered group (and I have). One can also ask questions regarding larger historical, economic, technological, and cultural contextual factors, and this, too, I have done. Ultimately, though, I have privileged the question of culturally indigenous processes – what goes on in othered groups, themselves. These latter processes cannot be divorced from the others mentioned, but I believe they can be the emphasis of scrutiny.

However one wishes to look at social othering and of group efforts to build their own ways of living and understanding themselves, the word *process* is at the heart of all of these matters. That is to say, ethnicity is a relational process. My discussion in the first chapter of the selective dubbing of certain groups as "ethnic," based on, as Steinberg and Yancey, et al., argued, historical economic factors, as well as my discussion of the historical factors leading to, and the very fact of, ethnic "fading" lend support to the notion that far from being a primordial sense of fellowship, ethnicity (however deeply a sense of peoplehood, community, collective identity, etc., is felt) is a process of construction, not a mystically preordained unchangeable "reality."

The historical factors which appear to have created the economic and social context for southern and eastern European immigrant ethnicity in the U.S. include the rapid industrial expansion of the United States in the late 1800's and early 1900's. Groups constituted in this context then preserved and improvised their own cultural and institutional contexts within urban ethnic neighbourhoods. The larger historical conditions for the rise of Deaf American ethnicity seem to have been the establishment of Deaf residential schools and the existence, ongoing construction, and fortuitous use of what was eventually to be known as American Sign Language (ASL) in a number of residential schools before the ascendancy of oralism. The efforts of Deaf Americans to preserve their sign language, actively to resist oralism, and to build their own autonomous political and social institutions constitute the basis on which the sense of peoplehood – the "Deaf world" – was created.

What then, about mad Americans?

As we have seen, as of the early 1970's, a small but significant number of activists, some of whom had experienced significant emotional disturbances, some of whom had not, had found themselves subjected to oppressive psychiatric practices and had decided to reject the received truths that psychiatric discourses, practices, and contexts were the appropriate responses either to emotional suffering or to unconventional behaviour. While the othering of mad people has been true throughout American history – and possibly cross-culturally throughout world history – the historical context of the late 1960's early 1970's in the United States consisted of what had become an increasing openness, at least in the younger generations, both to "altered states of reality" (based on experimentation with psychedelic drugs) and, in general, to radical claims regarding economic and political structures and various experienced identities and desires (including subjugated groups such as African Americans, "American Indians," Chicanos, as well as gays, lesbians, and transsexual and transgendered people). Many women, too, came to identify with new understandings of sexual oppression and challenged, both instrumentally and in terms of identity, received notions of "womanhood."

For some involved in the radical politics of the 1960's and early 1970's, the emphasis was on wholesale political, social, and economic transformation; for others, the emphasis was on new concepts of individual and collective identity. While these tendencies were not necessarily mutually exclusive, they are distinct – the former asserting a politicized vision of one form or another of universal transformation, the latter asserting the redemption of individual and collective identity and emphasizing political and economic claims specific to the group in question.

My analysis of the discourses and practices of early mad activists leads me to conclude that the early mad movement combined the former tendency with group-specific policy and rights claims, focusing less on the intentional building of collective identity. The goal of early mad activists was to create a radical social movement whose central goal was the abolition of psychiatry, and whose interim goal was to limit the power of psychiatry and guarantee patients and potential patients the right to refuse treatment. These activists engaged in this politicized vision through the development of discourse which discredited psychiatry and also through the espousing of discourses of madness which were anti- or non-pathological. Only to a lesser extent, and sometimes not at all, did these efforts emphasize collective identity.

This fundamentally antipsychiatric orientation, however, came into increasing confrontation with the fact that among their numbers, and certainly outside of their numbers, there were people who experienced both short-term and long-term altered states of consciousness which included emotional and mental anguish and suffering. While the early activists often attempted to explain this suffering as a *result* of psychiatric treatment, it became increasingly clear, both in testimonies and in the expression of needs of new recruits and some movement veterans, that some of this suffering was *intrinsic*. That is to say, whether or not one accounted for this suffering on the basis of biological or non-biological factors, for many, their suffering was part and parcel of "madness," itself, and could not be explained exclusively by reference to social-political or economic factors. Not could it (exclusively) be explained on the basis of, as we have seen, very real experiences of abuse by psychiatrists and in psychiatric hospitals. While psychiatric abuses did indeed occur, some people originally sought psychiatric treatment because they were deeply distressed. Such people were not, as were some early mad activists, merely hapless non-conformists who found themselves in the clutches of psychiatry due to the discomfort of judgments of concerned family members, friends, or associates.

It does not seem plausible to contend, as did certain strands of discourse in the early mad movement, that the "social system" was the only cause of such suffering. There is little doubt that psychiatry, in viewing madness as a medical problem, ignored and still ignores and/or medicalizes questions of poverty, racism, sexism, homophobia, lack of adequate housing, insensitive and inadequate state-provided income, childhood abuse, and so forth as factors in both the development of and the exacerbation of emotional and mental distress.

At the same time, the very fact that many people experience some or more than one of these social conditions yet do not experience the kinds of severe emotional and mental distress and altered states of consciousness that others experience can only be explained in two ways. First, one could assert, the people who *don't* experience such distress are the "truly mad" people, a discourse of "reversal" which we saw was argued most clearly in questioning of "normality" and the "Healing Normality, Naturally" campaign of the later radical wing of the movement. Alternatively, one could assert that there is something going on in some people which leads them to suffer more intensely and sometimes for long periods of time. I believe the evidence, even in the publications of the mad movement, itself, indicate that some mad people would and do suffer painful experiences of madness which cannot be explained, or cannot be explained exclusively, by asserting that social injustice and/or histories of interpersonal and childhood abuse are the causes of such suffering.

For an increasing number of mad movement activists, by the early 1980's the issue of directly addressing both the emotional and mental suffering and the economic and housing needs of mad people began to trump the emphasis on antipsychiatric political activism. This, accompanied by increasing willingness among certain policymakers in some segments of the state and federal governments to fund new initiatives, led to a schism in the movement in the mid-1980's with two relatively clearly defined wings.

One of these, the alternativist-reformist (A/R) wing, emphasized the provision of alternative services to psychiatry. Organizations affiliated resolutely or in majority with this wing of the movement included the National Association of Mental Health Consumers (NMHCA), the National Mental Health Self-Help Clearinghouse (NMHSHC), the Pennsylvania Mental Health Consumers' Association (PMHCA), the and the California Network of Mental Health Clients (CNMHC). Affiliated with this wing, but bearing strong imprints of continuing radical discourse, was the National Empowerment Center (NEC).

The A/R wing was willing to fight for and to use government funding in the hopes of creating viable, lasting alternative sites of service and advocacy for people experiencing mental and emotional distress. For such activists, the problematization of the nature of madness was less important than responding to the suffering and the needs of mad people in ways that de-emphasized psychiatric practices. The willingness to do this led to a shift in discourse from discussions of "psychiatry" to discussions of "the mental health system," something which this wing hoped to critique, to enter, and to transform. Moreover, the literature indicates that there were likely hundreds of local sites of alternative service practice across the United States.

The other wing consisted of a revival and reorganization of movement radicals. This wing, when it came to reconstitute itself in the late 1980's and early 1990's, consisted of a number of groups including the National Alliance of Mental Patients (later renamed the National Alliance of Psychiatric Survivors) and, eventually more prominent, Support Coalition International. The revitalized radical wing maintained, in majority, a focus on antipsychiatric, civil libertarian, and at times abolitionist political practice. This wing, too, supported the formation of alternatives to psychiatry, but it emphasized alternatives which were informal, strictly indigenous, and not affiliated with or financially supported by government or mental health agencies and funding. This was true despite the irony that some such non-government-funded responses were explicitly apolitical or, in a small number of cases, available only to the wealthy. It is important to stress, as well, that implicitly and at times explicitly, political activism *itself* was asserted by this wing – and for some people certainly did constitute – an alternative to psychiatry, echoing sentiments expressed in the early mad movement.

Despite the fact that a central emphasis of the A/R wing of the movement was the provision of alternative services, the "services" which that wing of the movement produced can be better understood at times to have been mutual support activities, recreational clubs, efforts of political activism and advocacy, refuges for homeless people, and the building and maintaining of homes. Moreover, despite the fact that the central emphasis of the later radical wing of the movement continued to be antipsychiatric practice, both wings made contributions to various aspects of what could be called "mad culture." In the 1990's, the evidence shows an increasing number of efforts to write and publish poetry, produce videos, engage in theatre and performance, and to create other forms of art such as painting and sculpture.

While such alternative cultural and contextual practices were created, it cannot be said that these were created with the same degree of extension, pervasiveness, or elaboration as has occurred in some other social groups, such as certain historical immigrant groups in the United States and Deaf Americans. In these groups, we variously witness the development of larger geographies of appropriated territory, the (at least partial) appropriation of educational institutions, the use of and development (and in the case of most immigrant groups, eventual attrition) of a language. There is also in these groups more extensive production of literature and art, the creation of sports clubs and indigenous sporting events including group-specific "Olympics," the creation of numerous self-sustaining businesses by frequently catering specifically to members of the groups, churches specifically focusing on congregations consisting largely or entirely of members of the groups; extensive indigenous scholarly and lay histories of the group, and so forth.

Nevertheless, mad people *did* produce cultural and social alternatives based on rejections of psychiatric discourse and/or psychiatric practice. If this was not as extensive as it was among historical immigrant ethnic groups or Deaf Americans, the fact that mad people, together, created autonomous and semi-autonomous practices and contexts cannot be denied.

It is thus important to note that these achievements took place in the context of, and as a result of, collective efforts which began (and in some ways continued) as a social movement. This fact may help to explain the particular manifestations of mad collective practice and identity. Nevertheless, these relatively enduring sites of mad practice, which allowed for a degree of elaboration of activities and identity possibilities, as well as the development of new terms of identity, all stand as evidence that collective identity, a phenomenon at the heart of ethnicity, need not be originally or exclusively formed in neighbourhoods or, as in the case of Deaf Americans originally, in an extensive set of (educational) institutions. While elaboration may best take place in enduring and extensive sites of practice, this is not a necessary condition.

The mad movement thus challenges theorists of ethnicity. New assertions of collective identity which came into being among mad people in the United States did not do so in the context of neighbourhoods constructed in response to, and based on the exigencies of, rapidly industrializing urbanization. Nor did these assertions of collective identity come into being in the course of institutional life, but, to the contrary, during the very years when the "deinstitutionalization of the mentally ill" was in full force. Rather, a dynamic, politically-infused context – a social movement – was the matrix for new mad identities. This speaks not only to the ingenuity of mad people in redeeming identity in a highly dynamic context, but also to the need to cast aside received truths about ethnicity.

Ultimately, this dissertation demonstrates what the mad movement itself has shown: Ethnicity is a widely experienced process which comes about in a variety of societal contexts when pluralities of people are, at least in some cases on the basis of unequal power relationships in society, constructed as social Others.[1] This plurality of people may originally constructed as a "group" by powerful institutions. It is also possible that in societal contexts with increasingly media-rich forms of communication (represented in this dissertation in part by crucially important indigenous newsletters and newspapers) a plurality of people may promote the idea of their own existence *as a group* through their own representations, as well as their own practices. The group, having been constituted as such, then constructs redeemed collective identity both through direct assertion (discourse) and as a result of practices and contexts in which new ways of "being" a particular identity are experienced. In both senses of the word, practice and context *articulate* redeemed identity. While redeemed identity, moreover, is experienced very much as "real," the literature regarding ethnic fading reminds us that its "reality" is nevertheless contingent upon ongoing construction and conditions which favour such construction.

Identity/ies: survivor, client, consumer, consumer/survivor, survivor/consumer

I have shown, in my discussion of discourses, practices, and contexts that the mad movement split into two general tendencies which developed from the mid-1980's forward, tendencies which occasionally overlapped, particularly in terms of artistic endeavours. I have dubbed these two general directions of the movement "radical" and "alternativist-reformist." The main reason why I used these terms is that I believe they accurately depict each tendency. As with radicals in general, the radical wing of the mad movement conceived of the existing social order, as expressed through psychiatry, as unjust and oppressive. Its proposed solutions generally eschewed compromise (as this was considered "cooptation") and resisted the formation of complex, hierarchical organizational structures. In these ways, the radicals of the mad movement resemble radicals in other movements. I have used the term "alternativist-reformist," on the other hand, to capture a tendency whose focus was the creation of alternatives and the overall reform of the apparatus which has been constructed to address both short-term and persistent mental and emotional distress among Americans.

I have chosen, in this examination of the mad movement, not to use expressions such as "the consumer wing" and "the survivor wing" of the movement, though I have of course quoted members of the movement who used these terms, and I have used these terms myself when discussing specific activities for which other terms felt awkward or cumbersome. Nevertheless, I have felt that using the terms "radical" and "alternativist-reformist" helps to keep the focus on particular strategic, discursive, and praxis *orientations*, rather than on particular statements of identity each with a considerable amount of semantic associations and, some would argue, "baggage."[2]

Ultimately, I would argue, the question of collective identity in socially othered groups, as much as it is constructed by means of discourse, practice, context, can be understood as a *commitment* on the part of a social group and of the individuals who comprise that social group, to certain ways of seeing themselves and understanding who they are. A major point of my efforts has been to show that this is achieved not simply by "choosing" this or that identity, but by constructing it. Nevertheless, the act of choosing terminology can be partly understood as a commitment, whether vague and wavering or solid and unwavering, to a belief that "who they are" and how they wish to be understood by others is encompassed within the meaning strands of the term(s) they have chosen. Thus, some mad people have come to identify themselves by such terms as "consumers," "survivors," "clients," "consumer/survivors," and "survivor/consumers" even if, earlier in the course of the mad movement, the typical terms were "patient," "ex-patient," "inmate," and "ex-inmate."

What is the implication of the use of the former set of terms which have become the more frequent terms of self-identification? There is no doubt that these were originally, and sometimes continued to be, modified by the term "psychiatric" – and, in the case of consumers and clients, by the term "mental health." The existence of different terms based on different discourses and practices; the existence of the hybrid term "consumer/survivor"; and perhaps above all the fact that all of these were originally or continued to be modified by "psychiatric" and/or "mental health" – all of these facts stand as powerful indicators of the degree to which mad movement discourse remained unsettled by the end of the twentieth century.

Let me give an example which brings into relief the degree to which mad discourses remained tied to psychiatry. Suppose that deaf people – that is to say, "capital-D," or "culturally Deaf" people – identified themselves in one of the following ways:

1. Oralism survivors
2. Hearing impairment services consumers
3. Deaf treatment system clients

Reading each of these constructions, what lingers in the mind is the fact that the people concerned ground their identity in reference to the system which originally sets them up as either "defective," in need of services, or both. Their identity is inescapably (as long as these terms are used) based on the system they either oppose or wish to reform.

But Deaf Americans, as one example of groups considered by most medical personnel and by the wider culture to be "disabled," did not ground their identity chiefly in constructions dependent upon medical and rehabilitationist discourses and practices. Rather, the Deaf identity is grounded in a host of life experiences which, in part, consisted historically of autonomous organizations with a pronounced elaboration of cultural practices, notably including (but by no means limited to) a specific shared language. It was this set of cultural elaborations, only some of which were politically-oriented or service-oriented, and many of which were artistically, intellectually, and recreationally-oriented, which created, as Lane, et al., emphasize, a "Deaf world."[3]

Mad people – people whom psychiatrists have called "mentally ill" and who have been more recently euphemistically referred to as "people with mental health problems" – certainly engaged in the contesting of the meaning of "madness" as well as the meaning of "being mad," in the sense of identity. Crucially, however, when it came to considering themselves from a terminological point of view, many mad people used the "equivalent," so to speak, of *oralism survivors*, *hearing impairment services consumers*, and *deaf system clients*.

Ironically, both the radical wing of the movement and the alternativist-reformist wing most regularly chose terms of individual and collective identification which do not refer to intrinsic experiences. "Psychiatric survivor" refers to the experience of having suffered under, and ultimately endured and lived beyond, experience of psychiatry. "Psychiatric consumer" and "mental health client" both refer (the latter in a truncated fashion, given that one is not a client of "mental health" but of "mental health services") to the situation of using and receiving services. Radicals criticized "consumers" and "clients" for using terms which, in the view of radicals, falsely implied choices and a power of free choice which did not, in actuality, exist. Yet radicals can also be critiqued for identifying themselves with a term that invariably refers back to the very system which they wished to oppose and/or to dismantle. Neither consumers nor survivors, in their terminology of self-identification, "escape," so to speak, the psychiatric (or mental health) system.

I found particularly important in the pages of *Dendron* what appears to have been a casting about for an annual way of showing psychiatric survivor solidarity. In effect, the radicals were struggling with the question, "Should we, as survivors, attend the Alternatives Conferences as a loyal (or disloyal) opposition?" For a period of time, one or the other of these seemed to be the case, but then, as I pointed out in the chapter on post-split radical practice, reporting on these conferences gradually faded. Then, one could conclude based on analysis of their actions as presented in *Dendron*,[4] radicals effectively asked themselves, "Should we attend the conference of an organization comprised of radicals and psychiatric dissidents (NARPA)?" Again, the reporting faded. Then, "Should we attempt to bolster the idea of Bastille Day as *our* day of remembrance and celebration?" This happened here and there, but, crucially, was not consistent.[5] It seems that at least equal to all of these attempts to create an annual, as it were, alternative to "Alternatives" were protests at the conventions of the American Psychiatric Association. For the radical wing of the movement, these protests appear to have been galvanizing, both in the early *MNN* years and in some of the years after the split, even to the end of the 1990's.

While on the one hand it is understandable that APA conventions would attract radicals wishing to vent their anger, both practically and symbolically, at the organization which stands as the bastion of American psychiatry, the fact that the best-attended radical events appear to have been tied to the activities of psychiatrists indicates a *non-autonomous* situation. A Bastille Day celebration would indicate, on the other hand, a greater degree of autonomy precisely because it refers to *mad people*, not to psychiatrists. In a curious way, it seems that the radical wing of the movement depended on and sought out the outrageous acts and practices of psychiatry not only because they opposed these acts and practices, but also because keeping such emotionally powerful events primary to the survivor identity galvanized that radical wing of the movement. One must consider, though, as it appears many mad movement activists did in the early and mid-1980's, how exhausting it is for many, though not all, people to base, intentionally or not, their individual and/or collective identity on a the primary footing of perpetual opposition.

Radicals focused on the rejection of and opposition to the dismantling of psychiatry. This was based on the injustices which so many had experienced at the hands of psychiatrists and/or in psychiatric institutions. At the same time, the focus on opposition to psychiatry, it could be argued, entailed the construction of an identity grounded more in political activism and less in alternative constructions of collective mad activities apart from politics, whether in terms of services or in terms of an array of vocational, avocational, and/or cultural possibilities and efforts.

Psychiatric or mental health consumers and clients also put themselves, by the use of identificational terms, in a perpetual state of relationship to (though not necessarily dependence upon) psychiatric/mental health services, though in another way. While I do not wish to argue that taking on the identity of "consumer" or "client" necessarily indicates the perpetuation of dependency, if, in fact, one no longer receives or uses services, on what basis can one consider oneself a consumer or client? Moreover, if one's actions in the wider mental health system have more to do with the provision of services or advocacy and political activism, should one consider oneself a "consumer" – or, instead, say, a service-provider, a worker, an advocate, or an activist?

What *should* mad people call themselves? Mad? In many ways, this term has much in common with such terms as deaf and gay and queer and black. These are not polite terms. They are not denotatively precise. That is to say, not all Deaf people are fully deaf in the medical sense; not all gay (and certainly not all queer) people consider themselves to have a fixed orientation towards the same sex; and not all black people have very dark skin. Nor, at least at first, are these generally the terms used by the most "respectable" members of a particular socially othered group. Interestingly, as well, these terms are all monosyllabic and solidly English: if they are related to Latin, it is distantly, and not through the recent creation of Latinized neologisms. In short, these terms are rough, plain, vibrant, and frank.

I have likely indicated a personal bias in the preceding paragraph, but, having done so briefly, I wish to return to further implications of the more frequently used terms of identity, at least as they occurred in the late 1980's and 1990's.

The terms consumer and survivor, I would argue, avoid or evade directly addressing the internal experience of alternative states of consciousness and/or (sometimes persistent and severe) experiences of mental and emotional suffering.[6] The term "the mentally ill" at the very least refers to internal experiences, rather than the services received in relation to them or the abuse received in the course of such "services." However, as we have seen, this term holds within its denotative and connotative ambit a relationship of severe power imbalance. This power imbalance is constituted by a relationship of domination by a set of self-proclaimed medical authorities (generally promoted as such in the media and generally believed to be such by the wider public) over a wide range of people with a wide range of experiences (or "affective states" and "behaviours"). Moreover, the term "mentally ill" (or the arguably only somewhat softer "mental disorder") immediately implies the existence of a medical condition and, consequently, the need for a specific set of medical practitioners whose purpose and goal is to treat and heal the malady.

However, I have heretofore left out of this discussion a crucial point: Less often does one see the term "psychiatric survivor" or "psychiatric consumer" in the publications which I read, than does one see the terms "survivor" and "consumer." This is vital. While the terms *originated* with reference to psychiatry (and/or "the mental health system"), ultimately, these references were dropped.

Sue Goodwin, an interviewee of Barbara Everett, makes the following statement regarding the understanding of these terms outside of the "consumer," "survivor," and "mental health" worlds: "Nobody knows what a consumer or survivor is. If I go around saying I'm a consumer, they think I work for Consumers Distributing. And if I say I'm a survivor, people say, 'Survivor of what?' The truth is that nobody in the whole wide world understands what a consumer or survivor is."[7] While Goodwin is Canadian where, I would argue, the distinctions among the terms "consumer," "survivor," and "consumer/survivor" are somewhat different than those made in the American literature of the late 1980's and 1990's,[8] what is important to note is the elision which Goodwin points out here. Shedding the reference to psychiatry or the mental health system, "consumers" and "survivors" have, albeit inadvertently, made their identity unknowable to the larger society.

However, I would argue that whatever its effects on that account, the removal of the descriptors "psychiatric" and "mental health" have another effect. Consumers may or may not consider themselves "mentally ill"; survivors, generally, reject the notion of "mental illness." But *both* groups have taken another crucial stance. Historically, when referring to their subjects, psychiatrists used the adjective "mentally ill" subjects, but they used the *noun* "patient." Both consumers and survivors have rejected the idea of being "patients."

Inherent in the idea of "patient" are a host of problematic concerns which the mad movement adamantly addressed. A patient is "someone being treated by a doctor." A patient *relies on* the doctor for both aid and "expert knowledge." A patient is the *subordinate member* in a particular power arrangement. A patient is expected to be "compliant."

The words "consumer" and "survivor" may indeed sound quite unfamiliar to those who have not participated in one way another in the world of madness and the mad movement. Nevertheless, these terms, minus the reference to psychiatry or the mental health system, stake out new discursive territory, acting as signposts of discursive, practical, and contextual battles over the course of the thirty years referred to in this dissertation. In this sense, they symbolize the partial and potential exoneration of mad people from the intense power which psychiatry historically wielded over them.

On the one hand, the still-implicit reference to psychiatry and the mental health system in these truncated terms is evidence of the unsettled nature of the mad movement as of the end of the twentieth century. There is a marked moving away from psychiatry and the traditional mental health system, but the presence of these hovers in the background of the terms of identification.[9] On the other hand, despite these concerns, the very existence of these terms, and the increasing disappearance of the use of the term "patient" (even by some professionals, at least in some situations) indicates that as unsettled as discourse, practices, and contexts of the mad movement were by the end of the 1990's, the movement had itself *unsettled psychiatry*, even if had not *unseated* it.

There may not, by 1999, have been a widespread degree and number of consumer and/or survivor (or mad) businesses, art studios, performance troupes, securely-funded alternatives, sports leagues, avocational groups, student clubs, academic programs, etc., but there did exist both the movement culture of the radicals, on the one hand, and a number of enduring, geographically-situated locations of practice in which not only services, but many other activities took place. If artistic-cultural activities were not "bursting out all over," they were budding in numerous place by that time. Geographically-fixed alternative sites of practice generally were the province of the alternativist-reformist wing of the movement because they usually relied on government funding, but radicals participated in some of them, and the art and poetry produced in, and outside of, them indicates that radical as well as alternativist-reformist ideas were expressed in these contexts.

Summing up

It is possible to consider the degree to which, for some mad people, their intrinsic suffering limits their ability to construct ongoing alternatives to psychiatry. But, the matter cannot be left there, for it is also possible to consider the degree to which discrimination, stigmatization, abusive and neglectful disability welfare schemes and resultant impoverishment are major disabling factors in the lives of so many mad people. Certainly, lack of adequate access to positive situations in regards to the "social determinants of health"[10] can itself be considered disabling. Moreover, one can consider the degree to which the power of psychiatrists, only challenged, not unseated, to understand madness by almost exclusive reference to biology and pharmacology, turns otherwise multidimensional people into people who are pressured to understand themselves chiefly by reference to their so-called "disorder" or "illness."

Ultimately, even if *some* mad people are intrinsically disabled to a degree that makes it hard for them to challenge the presumptions and actions mental health system personally, especially in periods of great emotional vulnerability, and even if some mad people are unable, or are disinclined, to create and sustain alternatives, the evidence is clear:

From 1970 to 1999, a significant number of mad people *did*, in fact, challenge psychiatric authority. Despite having been labelled with the most stigmatizing diagnoses and having been told that there was "no hope" for them, these very people – thousands, if not tens of thousands, of them – set about to construct alternatives which really did challenge psychiatric discourse and practice, and which really did make a positive difference in the lives of many mad people. Whatever the lack of cultural elaboration in comparison to some other marginalized social groups, and however much these alternative discourses of identity were contested (from inside and from outside the movement), the mad movement in all its variations from 1970 to 1999 stands as the first relatively widespread collective construction of indigenous alternative discourses, practices, contexts, and collective identity regarding madness in the history of the United States.

APPENDIX A: DEMONSTRATIONS REPORTED ON IN *Madness Network News* AND IN *Dendron*

Part I: List of campaigns and demonstrations reported on in *Madness Network News*

a. REPORTS OF PROTESTS AND DEMONSTRATIONS AND SELECTED CAMPAIGNS IN FULL ARTICLES

Weitz, Don. "I will be me: ex-psychiatric inmates getting it together," *MNN*, December 1974, Vol. 2, No. 5: 30. (28-30)
Protest at Topeka State Hospital during 2nd Annual Conference on Human Rights and Psychiatric Oppression. "The march's prime objective was to call public attention to the inhumane treatments of inmates at the hospital and all other state hospitals in the US."

Chamberlin, Judi. "Third Annual National Conference on Human Rights and Psychiatric Oppression: organizing? OR disorganizing?" *MNN*, October 1975, Vol. 3, No. 3: 4. (3, 4, 5)
Protest held at St. Mary's Hospital, "both as an oppressive institution and as a symbol of the mental prisons nearly all of the marchers had personally experienced." Occurred in San Francisco during 3rd Annual Conference on Human Rights and Psychiatric Oppression.

"NAPA goes to church," *MNN*, October 1975, Vol. 3, No. 3: 20. (20)
NAPA holds demonstration at St. Mary's Cathedral to protest the "psychiatric 'treatment' program at St. Mary's Hospital..."

Walker, Dianne. "The Boston conference: four personal accounts [Dianne Walker's account]," *MNN*, October 1976, Vol. 4, No. 1: 6. (6, 7)
Demonstration held at Massachusetts Mental Health Clinic during 4th Annual Conference on Human Rights and Psychiatric Oppression. "A list of demands for better treatment, until such time as psychiatric hospitals are abolished, was read."

"Sleep-In at Gov. Brown's office," *MNN*, October 1976, Vol. 4, No. 1: 8, 9, 11, 12; Horowitz, Sheila. "Five days at NAPA sleep-in," *MNN*, October 1976, Vol. 4, No. 1: 10, 11.
Both articles describe this major demonstration at then-Governor Jerry Brown's (California) office. "The demonstrators were demanding that mental patients have the absolute right to refuse treatment, that no inmate be forced to work under the guise of therapy and finally, that patients who choose to do such work should be paid the minimum wage. Includes a "Tribunal on Psychiatric Crimes."

Untitled [Regarding demonstration against psychosurgery], *MNN*, Summer 1977, Vol. 4, No. 3: [unpaginated – 16, 17].
Protest against the decision of the National Commission for the Protection of Human Subjects. The Commission had "[come] out in favor of psychosurgery." (p. [16]). There is no text regarding the actual events at the demonstration, but there are numerous pictures of the demonstration.

"National day of protest against psychosurgery," *MNN*, Winter 1978 Vol. 4., No. 5: 14.
Multiple protests against psychosurgery. "Demonstrations, speak-outs, guerilla theater, and

petitions drives, organized by local anti-psychiatry and ex-inmate groups, took place simultaneously in several cities across the country, from Boston to Honolulu."

Quigley, Barbara. "'Ban shock' on Berkeley ballot," *MNN*, Fall/Winter 1982-1983, Vol. 6, No. 6: Beginning in July 1982, circulation of petition in Berkeley by members of the Coalition to Stop Electroshock is undertaken. Many more than the minimum number of signatures to get the measure on the ballot were gathered.

Quigley, Barbara. "Berkeley electorate bans shock," *MNN*, Spring 1983: 1, 3, 4.
Report on the successful passage of ballot measure to ban shock in Berkeley, CA. Vote was held on November 2, 1982. The ban began on November 4, 1982. A temporary injunction against the measure was issued against the ban on January 13, 1983.

Quigley, Barbara [likely author, but uncertain due to layout]. "Court ruling causes aftershock: Herrick – beware the Ides of March," *MNN*, Summer 1983: Vol. 7, No. 2: 1, 3.
Blockade at Herrick Hospital in Berkeley by members of the Coalition to Stop Electroshock in response to judge's injunction halting the ban on electroshock in Berkeley, CA passed by referendum.

Chamberlin, Judi. "Ex-inmate actions against APA: New York City, May 1-4, 1983," *MNN*, Winter 1983-1984: 3.
Protest rally in New York City at site of APA convention. Also held: tribunal against psychiatric mistreatment, and a blockade of Gracie Square Hospital.

b. REPORTS IN "MOVEMENT NOTES," AND "NAPA NOTES" SECTIONS

NAPA Notes, *MNN*, July 1975, Vol. 3, No. 2: 16.
East Bay Coalition Against Shock holds demonstration at Herrick Hospital in Berkeley.

Movement Notes, *MNN*, July 1975, Vol. 3, No. 2: 16.
East Bay Coalition Against Shock holds demonstration at Herrick Hospital in Berkeley.

Movement Notes, *MNN*, Spring 1977, Vol. 4, No. 2: 21.
NAPA and WAPA ("about 15 members") protest the endorsement of psychosurgery "research" made by The National Commission of Human Subjects of Biomedical Research which had a meeting in SF. 15 NAPA/WAPA members in attendance at protest.

Movement Notes, *MNN*, Spring 1977, Vol. 4, No. 2: 21.
Demonstration against shock by 30 protesters in Portland, OR.

Movement Notes, *MNN*, Summer 1977, Vol. 4, #3: [unpaginated – 20]. (19-21)
NAPA Los Angeles holds march and rally at Metropolitan State Hospital. Demands: "no forced 'treatment' or involuntary confinement' an independent, adequately funded agency to enforce patients' rights; minimum wage for inmate workers; *real* alternatives – non-medical and community based."

Movement Notes, *MNN*, Summer 1977, Vol. 4, #3: [unpaginated – 20]. (19-21)

Demonstration by 200 protesters by at the Federal Building in San Francisco "in opposition to the pro-psychosurgery report of the Commission to Protect (?) Human Subjects of Biomedical and Behavioral Research."

Movement Notes, *MNN*, Fall 1977, Vol. 4, No. 4: 11. (11, 12) (reprint from the *ALMP Newsletter*).
Alliance for the Liberation of Mental Patients (ALMP, Philadelphia)
ALMP (Philly) demonstration regarding abuses at Farview State Hospital.

Movement Notes, *MNN*, Spring 1978, Vol. 4, No. 6: 7. (6, 7)
Mental Patients Liberation Front (MPLF) march of approximately 70 protesters "to bring attention to the Boston State 7 federal suit against forced drugging and solitary confinement."

Movement Notes, *MNN*, Late Summer 1978, Vol. 5, No. 1: 9. (9, 13)
In Honolulu, Hawaii: "The Psychiatric Inmates' Solidarity Movement demonstrated against the 45th annual propaganda meeting of the Nat'l Assoc. of Private Psychiatric Hospitals."

Movement Notes, *MNN*, Autumn 1978, Vol. 5, No. 2: 12. (12, 13, 17)
Ongoing boycott of SmithKlineFrench, pharmaceutical manufacturer of Thorazine and other psychiatric medications mentioned.

Movement Notes, *MNN*, Autumn 1978, Vol. 5, No. 2: 12 (12, 13, 17)
Boston, Mental Patients Liberation Front (MPLF): "...[T]he MPLF held a march and rally protesting the presence of the 5th World Congress of Psychiatric Surgery (lobotomy) in Brookline, Mass."

Movement Notes, *MNN*, Winter 1979, Vol. 5, No. 3: 8. (8)
In San Francisco, NAPA has engaged in a letter-writing campaign to ban phenothiazines.

Movement Notes, *MNN*, Spring 1979, Vol. 5, No. 4: 7. (7, 8)
Alliance for the Liberation of Mental Patients (ALMP), Philadelphia: "A.L.M.P. is continuing to do work around the Smith-Kline boycott..."

Movement Notes, *MNN*, Spring 1979, Vol. 5, No. 4: 8. (7, 8)
Florida: "A few months ago, the Mental Patients Rights Association held a demonstration against the 45^{th} Street Community Mental health Center in Palm Beach...Since then, the MPRA has met with one of the most influential members of the local Mental Health Advisory Board, Norman Wymbs...[Wymbs is] now supporting the MPRA in their demand that the center have its funds cut off. As we go to press, the latest flash is that Federal funds have already been cut off..."

Movement Notes, *MNN*, Summer/Fall 1979: Vol. 5., No. 5: 8. (8, 9)
Philadelphia: Update on the arrest of four Alliance for the Liberation of Mental Patients (ALMP) activists arrested at Haverford State Hospital for distributing "movement literature" on the grounds of the hospital.

Movement Notes, *MNN*, Summer/Fall 1979: Vol. 5., No. 5: 9. (8, 9)
People's Rights Organization (PRO) of Sonoma County "is continuing efforts to close down Hillview Hospital, a 99-bed locked skilled nursing facility...Recently, the county public defender filed a class action writ of habeus [sic] corpus to remove all county conservatees."

Kovary, Myra. "Movement notes: psychiatry in the '80s: inmates fight back," *MNN*, Winter 1981-1982, Vol. 6, No. 4: 6.
Ithaca, NY Demonstration at a symposium at Cornell University entitled "Psychiatry in the 80's." "Ten persons from Ithaca and Osego picketed in front of the entranceway to the session on 'Psychotropic Drugs' carrying signs such as 'Forced treatment is torture'."

Wolcott, John. *MNN*, "Movement notes: Bastille Day demos: upstate New York," Fall-Winter 1982-1983, Vol. 6, No. 6.
Bastille Day demonstrations held at the Benjamin Rush Center in downtown Syracuse.

Movement Notes, *MNN*, Fall 1985, Vol. 8, No. 1: 42. (42)
Mental Patients' Alliance of Syracuse, NY reports on their protest of shock at the Benjamin Rush Center, and also of psychosurgery at the Veterans' Administration Hospital.

Part II: List of campaigns and demonstrations reported on in *Dendron*

Electroshock-related demonstrations

Foner, Janet. "Protest against electroshock *sparks* friendship & publicity." *Dendron*, December 1988: 1, 6.
Protest held outside of Friends Hospital in Philadelphia. Numerous organizations participated, including National Alliance of Mental Patients (NAMP – later National Alliance of Psychiatric Survivors) and National Mental Health Consumers' Association, among others.

"Shock protest group meets," *Dendron*, September 15, 1989: 8, 9.
At this time, a "Coalition for REJECT" (Responsible Education and Judgment on Electroshock" included people associated both with Project Share (a SEPA organization) and with the Clearinghouse on Human Rights and Psychiatry, the publisher of *Dendron*.

"Shock alert!" *Dendron*, January 11, 1990: 3.
A letter-writing campaign opposing the possible reclassification of electroshock machines as non-hazardous devices was undertaken.

"NY shock protest," *Dendron*, January 11, 1990: 3.
Small protest by three demonstrators regarding their exclusion from a panel at the New York State Office of Mental Health's Annual research conference, despite having been promised a chance to participate.

“Protest shock,” *Dendron*, January 11, 1990: 18.
Protest by twenty people “over lack of informed consent for electroshock at Sacred Heart General Hospital in Eugene, Oregon.”

“Shock protest held” *Dendron*, March 11, 1991: 7.
Report on a December 1990 demonstration of approximately twenty protesters outside of the New York State Office of Mental Health. The demonstrators “were protesting against the NY State Office of Mental Health’s refusal to include research by survivors at their Third Annual Research Conference.”

“Electroshock survivors & allies *revolt against the jolt* in U.S. & Canada,” *Dendron*, August 6, 1991: 1, 3.
Multiple demonstrations against “electroshock human rights violations.” These were discussed as Bastille Day Protests. “On July 14, 1991, at more than 15 sites in the U.S. & Canada, psychiatric survivors organized events to break the silence about electroshock human rights violations...”

Andre, Linda. “New Yorkers invade shock doctor event,” *Dendron*, August 6, 1991: 3.
Disruption of a conference of psychiatrists interested in electroshock in April 1991. Thirty-five protesters demonstrate outside of Marriott Marquis Hotel in Manhattan.

“Electroshock: national human rights campaign fights back,” *Dendron*, December 15, 1991: 1, 19
Indications of building lobbying campaign to curtail shock. Article states that Linda Andre and Ron Thompson “are co-coordinating The Support-In’s congressional campaign” (p. 19). Article discusses “Project Pattern,” (p. 19) to document systematically rights violations in relation to electroshock.

“Behind the scenes at Alternatives ’91,” *Dendron*, December 15, 1991: 3
A protest rally is held at Herrick Hospital in Berkeley, CA, against electroshock; at least some protesters were also involved in the Alternatives ’91 conference happening at that time in Berkeley.

Stuart, John. “Tabling about shock” [Letter], *Dendron*, May 1, 1992: 2
An individual letter-writer writes to *Dendron* to report his own activity of tabling against electroshock.

“One person anti-shock campaigns,” *Dendron*, May 1, 1992: 5.
Reports on a three people taking individual action against electroshock such as contacting U.S. Congressional representative.

“Electroshock survivors and allies push through human rights law in Texas.” *Dendron*, Fall 1993: 1, 12.
Report on successful lobbying for and passage of law in Texas requiring the use of consent forms for electroshock and also forbidding its use on children 16 and under.

“Lucille Austwick sparks national campaign,” *Dendron*, Summer 1994: 1, 3.
Report on campaign to prevent unwanted electroshock from being administered on

eighty-year-old Lucille Austwick. Reports of multiple demonstrations in a number of cities and towns: Chicago, Syracuse, Austin, Santa Cruz, Lake Oswego near Portland at MECTA Corporation, manufacturer of shock equipment.

"Clinton administration finally responds to Support Coalition campaign against forced electroshock: To say, 'Wait...'," *Dendron*, Spring 1995: 1, 5.
Here, the "Zap Back" anti-electroshock campaign is discussed as a campaign to secure a federal review of forced electroshock by the U.S. Department of Health and Human Services.

Kramer, Theo. "Shock protest in Madison," *Dendron*, Spring 1995: 5.
Rally in support of nurse who lost her job when she refused to administer electroshock to patients at St. Mary's Hospital in Madison, WI.

de l'Esprit, Ava Chante. "I zapped back: success through solidarity," *Dendron*, Summer 1996: 16; "Some other Support Coalition national actions against force & fraud in shock," *Dendron*, Summer 1996: 16; "Easy ways for your Congressional office to keep themselves – and you – informed about the scandal of federally-funded force & fraud in shock," *Dendron*, Summer 1996: 17.
Discussion of multiple lobbying and lawsuit oriented actions to limit the use of electroshock.

"Clinton Administration juggles 'review' of federally-funded forced electroshock: national shock protest in Shalala's home town," *Dendron*, Summer 1996: 1, 15.
Protest held during annual NARPA conference; protesters demonstrated at the Wisconsin State Capitol Building.

Morrison, Linda. "Reversing the Current in Pittsburgh" [Report from New Horizons Information Center], *Dendron*, Winter 1998-1999: 34.
Morrison reports on tabling by activists at a conference of the electroshock industry in Pittsburgh, PA.

APA-related demonstrations

Oaks, David. "The mind trip," *Dendron*, July 21, 1989: 8, 9, 10, 11.
Small number of protesters at APA convention in San Francisco, as indicated by David Oaks. See especially pp. 10, 11.

Foner, Janet. "Support-In '92," *Dendron*, October 7, 1992.
A "Support-In" is held which occurs concurrently and in the same location as the APA's national convention. Foner reports that approximately 150 attended the Support-In. Three protests were held "in front of the APA convention." Also, activists lobbied members of Congress and engaged in a "Mad Celebration."

Oaks, David. "Mission accomplished: national protest of American Psychiatric Assn. in San Francisco wins S.C.I. & allies' basic goals," *Dendron*, Fall 1993: 16.
Multiple-focus demonstration by SCI and other groups regarding psychiatric abuses including the imposition of new diagnostic categories on women and the continuing

labelling of transsexuality as a "mental disorder."

de L'Esprit, Ava Chante. "Yeah!! Whoopie!!" *Dendron*, Winter 1997-1998.
Fifth annual SCI protest at APA. Notes that "numbers were small..." at this protest at the APA's annual convention in San Diego, CA.

Weitz, Don. "Survivors protest 'convention from hell': unity with poverty activists proves important," *Dendron*, Winter 1998-1999: 9.
Protest at APA convention in Toronto. General theme is anti-forced psychiatric treatment.

<u>"Heal Normality"-related actions</u>

Oaks, David. "Heal normality, naturally," *Dendron* Spring 1995: 1.
Oaks sparks off this campaign by "mooning" audience at the Oregon Country Fair's "Midnight Show."

"Eugene heals normality!" *Dendron*, Spring 1995: 9.
Performance art-oriented action which publicized the "Heal Normality Campaign." Actually more of a celebration/performance than a traditional protest.

Vani, Shanti. "Florida heals normality," *Dendron*, Summer 1996: 6.
Again, a portrayal of a quite unusual "campaign" in terms of social movement tradition. Vani writes, "What we do is get together with other people who are loving, connected and who understand that it is our nature to feel and to express our feelings...Simple listening provides a quality of attention that is hard to find out in the world these days." Further: "We write and sing, laugh and touch one another for fun."

<u>Other demonstrations</u>

"Clearinghouse vigil breaks silence about Korean graduate student's death," *Dendron*, December 15, 1991: 3.
A vigil was held by the Clearinghouse on Human Rights and Psychiatry and friends of the student who died while in Lane County Psychiatric Hospital in Eugene, OR. The article alleges that the student, Jung Sook Jang, had been "[F]orced drugged, tied down" and also that she had been in solitary confinement.

Bastille Day protests "Bastille Day '92: Three countries hold human rights protests," *Dendron*, October 7, 1992: 10.
Events held in Madison, WI; Syracuse, NY; Eugene, OR; (Likely in Toronto, ON, based on context), Canada; and Paris, France. Various themes: Against forced psychiatric treatment; "anti-shock/anti-government"; commemoration of those killed by psychiatry; "Psychiatric Oppression, Discrimination and Stigma."

Chabasinski, Ted. "National protest and lawsuit challenge abuse of children at Metropolitan State Hospital" [Introduction to article by Beverly Jones], *Dendron*, Winter 1998-1999: 18, 19.
Approximately 150 demonstrators protest conditions and treatment of children incarcerated at Metropolitan State Hospital in Los Angeles.

Oaks, David. "Support Coalition breaks silence about forced psychiatry during federal event

in Washington, D.C." *Dendron*, Winter 1998-1999: 10, 11, 12.
Protest of march in favour of mental health funding on which, according to the article, the Clinton Administration spent $200,000 (US). Support Coalition and others protest forced treatment.

"Protest of Violence Initiative wins national media attention," *Dendron*, Fall 1996: 9.
Demonstration of 25 protesters including members of the Progressive Labor Party. Protesters objected to the Violence Initiative's apparent assumption that genetics are at the basis of crime and violence (not social conditions).

APPENDIX B: RURAL PENNSYLVANIA COUNTY “CONSUMER” GROUP MENTIONS OF LOCAL GROUP ACTIVITIES: 1990-1992

CATEGORIES (See next page for meaning of abbreviations)

:	**NE**	**SUP**	**D**	**P/A**	**E**	**H**	**SOC**	**DIS**	**ST**	**V**	**T**
EDITION & COUNTY											
FALL 1990											
Centre			D			H				V	
Crawford											T
Delaware		SUP			E						
Indiana			D	P/A	E		SOC				
Lancaster											
Montgomery	NE		D				SOC				
FALL 1991:											
Crawford			D	P/A	E						
Venango			D								
WINTER 1992:											
Westmoreland		SUP						DIS			
Columbia, etc.*											
Butler							SOC				
York	NE			P/A							
Venango											
FALL-WINTER 1992:											
Beaver				P/A			SOC				
Bucks	NE										
Butler					E						
Crawford											
Indiana				P/A	E		SOC			V	
Luzerne/Wyoming						H					
Mercer			D								
Montgomery			D								
Northampton											
Washington					E						

Source: Pennsylvania Mental Health Consumers’ Association’s *Vision*: Vol. 2, No. 2; Fall 1990; Vol. 3, No. 2, Fall 1991; Vol. 4, No. 2, Winter 1992; Vol. 4, No. 3, Fall-Winter 1992.

* (combined report from Columbia, Montour, Snyder, and Union Counties)

KEY

NE: Newsletter
SUP: Support group/mutual support
D: Drop-in center
P/A: Political action and/or advocacy
E: Education or training activities
H: Housing referral/assistance
SOC: Socializing/parties/holiday celebrations
DIS: Disability benefit-specific advocacy/assistance
V: Vocational support or vocational program
T: Transportation aid

TOTALS, more to fewer mentions

7	Drop-in center
6	Education or training activities
5	Political action and/or advocacy
5	Socializing/parties/holiday celebrations
3	Newsletter
2	Support group/mutual support
2	Housing referral/assistance
2	Vocational support or vocational program
1	Disability benefit-specific advocacy/assistance 1
1	Transportation aid

APPENDIX C: 1999 NRI DATA REGARDING SMHA FUNDING AND PROGRAM CATEGORIES OF "CONSUMER-OPERATED SERVICES"

National Association of State Mental Health Program Directors Research Institute (NRI) Data Regarding State Mental Health Agency Support for "Consumer-Operated Services," 1999

SMHA Support for Consumer-Operated Services: 1999

State	TenA	TenB	TenC	TenD	TenE	Ten1	Ten2
	Type of SMHA support					**SMHA spending on Consumer Run Services**	**# of Consumer-Operated Programs**
	Direct Funding	**Conf. Sponsorship**	**Office Space**	**Techical Assistance**	**Other**		
AK	Yes	Yes	No	Yes		$168,200	1
AL	Yes	Yes	No	Yes		$268,000	15
AR	Yes	Yes	Yes	Yes		$203,948	2
AZ	No	Yes	No	Yes	Fund RBHAs for this activity	$968,815	13
CA	Yes	Yes	Yes	No	State funds may be used for consumer-operated svs	$698,000	3
CO	Yes	Yes	No	No			
CT	Yes	Yes	No	Yes		$755,290	5
DC	Yes	Yes	Yes	Yes		$100,000	6
DE	Yes	Yes	No	No		$193,208	3
GA	Yes	Yes	No	Yes	Medicaid-reimbursable peer support day programs	$1,400,000	9
HI	Yes	Yes	Yes	Yes		$1,200,000	8
IA	No	Yes	No	Yes		$350,000	5
IL	Yes	No	Yes	Yes		$800,000	1
IN	Yes	Yes	No	Yes		$325,000	4
KS	Yes	Yes	No	Yes			
KY	Yes	Yes	Yes	Yes		$425,000	20
LA	Yes	No	No	Yes			
MA	Yes	Yes	Yes	Yes		$681,364	39
MN	Yes	Yes	Yes	Yes		$600,000	12
MO	Yes	Yes	Yes	Yes		$315,000	4
MS	Yes	Yes	No	Yes		$115,000	1
NC	No	No	No	No	Division funds consumer advocacy organization	$90,000	1
NE	No	Yes	No	Yes		$150,000	7
NH	Yes	No	No	Yes		$1,581,019	15
NJ	Yes	Yes	Yes	Yes		$4,500,000	32
NM	Yes	Yes	No	Yes	Computer loans	$150,000	3
NV	No	No	No	No			
OH	Yes	Yes	Yes	Yes		$4,000,000	35
OK	Yes	Yes	No	Yes		$270,462	3
OR	Yes	Yes	Yes	Yes		$286,000	1
PA	Yes	Yes	No	Yes			60
RI	Yes	Yes	No	Yes		$500,000	2
SC	Yes	No	Yes	Yes		$65,000	2
SD	No	No	No	No			
TN	Yes	Yes	No	Yes		$3,661,700	40
TX	Yes	Yes	Yes	Yes			
UT	Yes	Yes	No	Yes		$101,620	12
VA	Yes	Yes	No	Yes		$225,000	7
VT	Yes	No	No	Yes		$415,000	5
WA	Yes	Yes	Yes	Yes			
WI	Yes	Yes	No	Yes		$240,000	20
WV	Yes	Yes	Yes	Yes		$628,315	3
WY	No	No	No	No	SMHA employees a part-time consumer advisor		
Yes	36	34	16	36		$26,430,941	399
No	7	9	27	7		$777,381	11
Responses	43	43	43	43		34	35

National Association of State Mental Health Program Directors Research Institute, Inc 1999 State Mental Health Agency Profiles System

As provided by the National Association of State Mental Health Program Directors Research Institute, Inc.

National Association of State Mental Health Program Directors Research Institute (NRI) Data Regarding Types of Services Funded by State Mental Health Associations to "Consumer-Operated Services," 1999

State	ElevenA	ElevenB	ElevenC	ElevenD	ElevenE	ElevenF	ElevenG	ElevenH	ElevenI	ElevenJ	ElevenK	ElevenL	ElevenM	ElevenN	ElevenO	ElevenP	ElevenQ	ElevenR
	Types of Consumer-Operated Services Funded by SMHAs.																	
	Advocacy	Peer/mutual Support	Non residential crisis intervention	Transitional/ supported housing	Residential crisis facility	Club Houses	Drop in Center	Case Management	Tech Assistance	Vocational Rehab / employment	Promoting positive public attitudes	Leadership skill training	Social Services	Wellness/ prevention services	Policy development	Client staffed businesses	Research Activities	Other
AK	Yes	Yes	No	No	No	No	No	No	No	No	No	Yes	No	No	No	No	No	SSI Payee
AL	Yes	Yes	No	No	No	No	Yes	No	Yes	No	Yes	Yes	No	Yes	No	No	No	
AR	Yes	Yes	No	No	No	No	No	No	Yes	No	Yes	No	No	No	Yes	No	No	
AZ	Yes	Yes	No	No	No	Yes	Yes	No	No	Yes	Yes	Yes	No	No	No	No	No	
CA	Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes	No	No	Yes	No	No	
CO	Yes	Yes	No	No	No	No	Yes	No	Yes	No	Yes	Yes	No	No	Yes	No	Yes	
CT	Yes	Yes	No	No	No	Yes	No	No	No	No	No	No	No	No	No	No	No	Warmline*
DC	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No	Yes	Yes	No	No	Yes	No	No	
DE	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	Consumer Education
GA	Yes	Yes	No	No	No	Yes	Yes	No	Yes	Yes	No	No	Yes	No	No	Yes	No	
HI	No	Yes	No	No	No	No	No	No	No	No	Yes	No	No	Yes	No	No	No	
IA	Yes	Yes	No	No	No	No	No	No	Yes	No	Yes	Yes	No	No	Yes	No	Yes	
IL	Yes	Yes	No	Yes	No	No	No	No	No	Yes	Yes	Yes	No	No	No	No	No	
IN	Yes	Yes	No	No	No	No	Yes	No	No	No	No	No	Yes	No	No	No	No	
KS	No	Yes	No	No	No	No	Yes	No	No	Yes	No	No	No	No	No	No	Yes	
KY	Yes	Yes	No	No	No	No	Yes	No	Yes	No	Yes	Yes	No	Yes	No	No	Yes	
LA	No	No	No	No	No	No	Yes	No	No	No	No	No	No	No	Yes	No	No	Consumer surveys
MA	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	Yes	No	
MN	No	Yes	No	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	Yes	No	No	
MO	No	Yes	No	No	No	No	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Peer telephone support
MS	Yes	Yes	No	No	No	No	Yes	No	No	No	Yes	No	No	No	No	No	No	
NC	Yes	No	No	No	No	No	No	No	No	No	No	Yes	No	No	No	No	No	
NE	Yes	Yes	No	No	No	Yes	No	No	No	No	Yes	Yes	No	No	No	No	No	
NH	Yes	Yes	Yes	Yes	No	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	
NJ	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	
NM	Yes	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes	Yes	No	No	No	No	No	
NV	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
OH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	developing/tesging recovery models
OK	Yes	Yes	No	No	No	Yes	Yes	No	No	Yes	No	Yes	No	Yes	No	No	No	
OR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
PA	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	
RI	Yes	Yes	No	No	No	No	Yes	No	Yes	No	Yes	Yes	No	No	Yes	No	No	
SC	No	Yes	No	No	No	No	No	No	No	Yes	No	No	No	No	No	No	No	
SD	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
TN	Yes	Yes	No	No	No	No	Yes	No	Yes	No	Yes	Yes	No	Yes	No	No	No	
TX	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No	No	Yes	No	Yes	Yes	Yes	No	
UT	Yes	Yes	No	No	No	Yes	No	No	Yes	No	Yes	Yes	No	No	No	No	Yes	
VA	Yes	Yes	Yes	No	No	No	Yes	No	Yes	Yes	No	Yes	No	No	Yes	Yes	No	Consumers/Family involvement pilot projects
VT	Yes	Yes	No	Yes	No	No	Yes	No	No	No	No	Yes	No	No	Yes	No	No	
WA	Yes	Yes	No	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	
WI	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	
WV	Yes	Yes	No	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	
WY	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
Yes	34	38	6	7	2	15	27	6	20	17	26	29	9	13	18	10	10	
No	9	5	37	36	41	28	16	37	23	26	17	14	34	30	25	33	33	
States	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	

Source: National Association of State Mental Health Program Directors Research Institute Inc. 1999 State Mental Health Agency Profiles System.

As provided by the National Association of State Mental Health Program Directors Research Institute, Inc.

APPENDIX D: MEDIA MENTIONED IN *DENDRON*

PART I: Newsletters, Sorted by Estimated Ideological Orientation

NOTE: I found mentions of 96 different newsletters. Out of these, 23 are foreign. Thus, *Dendron* mentions 74 different U.S. serial publications. The following list includes only U.S. publications. I include the number of times I found each publication mentioned in the "Newsletters" section of the paper, or prominently elsewhere. (As this process was done by visual scrutiny in consideration of the fact that to my knowledge there are no searchable computerized renderings of *Dendron* available, I admit to having possibly missed some mentions. However, I scrutinized this publication quite closely.) I include location of publication when clearly indicated in *Dendron.*

Comments in *Dendron* regarding publications – such as "radical," "surprisingly radical," or "relevant to psychiatric liberation," and similar – were taken to indicate a radical/antipsychiatric orientation. Titles, as well, were considered in estimates. For example a title which included "psychiatrically labeled" was considered to lean toward or constitute a radical/antipsychiatric stance; a title with "consumers" (while, admittedly, this does not *necessarily* indicate an alternativist-reformist orientation) was, in the absence of other information, considered to indicate a likely reformist or alternativist-reformist orientation. I wish to emphasize that these are estimates based on limited information, provided for the purpose of consideration (and also in order to indicate the effort made by *Dendron,* itself, to make others aware of the existence of these publications).

When clearly indicated in *Dendron* (which was not always the case), location and/or organization producing publication is also reproduced in this list.

Based on characterizations about the newsletters in *Dendron* as well as my own knowledge of some of these newsletters, I estimated the tendency of these newsletters on the following scale:

Group A: Almost certainly radical/antipsychiatric in orientation
Group B: Likely to be, or leaning towards, radical/antipsychiatric orientation
Group C: Almost certainly reformist and/or alternativist-reformist in orientation
Group D: Mixed alternativist-reformist and radical or leaning towards alternativist-reformist in orientation
Group E: No information or personal knowledge indicated orientation

Newsletters grouped by estimated orientation

Group A: Almost certainly radical/antipsychiatric in orientation

mAD LIB [sic]	1x
Portland Coalition Advocate (of the Portland Coalition for the Psychiatrically Labeled; Portland, ME)	4x
Choice Words	2x
Mind Matters Review	2x
NAPS Newsletter	6x
The Tenet (aka *The Rights Tenet*)	11x
Equilibrium Times (Psychiatric Inmate Rights Collective; Santa Cruz, CA)	2x
The Fine Line	1x

Different Times (Seattle, WA)	1x
Consumer Connection	3x
Altered State (by Altered State of the Arts, multiple locations)	5x
Brainwaves (anti-ECT)	2x
Midnight Gazette	2x
Shockwaves (Committee for Truth in Psychiatry; New York, NY)	2x
Hard Times (Eugene, OR)	1x
Lunatic Fringe (Santa Cruz, CA)	2x
Disconn-ECT (Austin, Texas)	1x
24-7 (STOP Abuse Network; San Francisco, CA)	1x
The WAES Newsletter (World Association of Electroshock Survivors; Giddings, TX)	1x
SAFE Newsletter	1x
The ECT Anonymous Newsletter (ECT Anonymous)	1x
M.C. Video Production Newsletter; (later renamed Labyrinth)	2x
Shared Transformation	1x
Safe Tea (Oregon)	1x
Counterpoint	7x

Group B: Likely to be, or leaning towards, radical/antipsychiatric orientation

Dragonfly	1x
Constructive Action News (Syracuse, NY)	6x
Outlook, PEOPLe (Personal Empowerment Of The Psychiatrically labeled, Inc.; Little Rock, AK)	2x
inter-connections PEOPLe: Poughkeepsie, NY	2x
SHARE THE NEWS by South Carolina Share (Self-Help Association Regarding Emotions)	1x
Lighthouse Newsletter	2x
Human Rights Guardian	1x
OCNI News (Oregon Consumers [sic] Network.]	1x
Update on Burch House	2x
Focus on Mental Health (Southwest Consumers; Pittsburgh, PA)	1x
Empowerment (NY Recipient Empowerment Project)	1x
OFF Center (OFF Center drop-in; Garden City, NY)	1x
SCORE Rising Expression Magazine (SCORE; c/o Division of Mental Health, Denver, CO)	1x
The Alternative Report: Mutual Advocacy & Determination (Santa Cruz, CA)	2x
Emerging Force (PREVAIL, Psychiatric Reform Thru Education, Visionary Action and Intense Lobbying; Madison, WI)	4x
Changing Image (Connecticut Self Advocates for Mental Health, Inc.)	2x
Fight back Anonymous (Sonoma County, CA)	2x
The Broadside	1x
The Empowerer "a voice of Tennessee survivors" Monteagle, TN	4x
Transcendent Visions (Fairless Hills, PA)	3x

Group C: Almost certainly reformist and/or alternativist-reformist in orientation

Spiritmenders	1x
Oregonians Advocating for Empowerment Newsletter	2x

Full Circle (Portland, OR)	1x
Hawaii Self Help News (of multi-island United Self-Help; Honolulu, HI)	2x
[Illegible initial word(s) of title] *of Pyramid House*	1x
Renacer-Rebirth (Spanish/English)	1x
Protection & Advocacy Systems News (National Association of Protection and Advocacy and Systems)	1x
The NMHCA News (National Mental Health Consumers' Association)	1x

Group D: Mixed alternativist-reformist and radical or leaning towards alternativist-reformist in orientation

On Our Minds (Madison, WI)	1x
Equilibrium Times (Sonoma County, CA; previously of Santa Cruz, CA)	1x
LISTEN... (Office of Consumer & Ex-Patient Relations of the Alabama Dept. of Mental Health)	1x
Positive Visibility, (Reclamation, Inc.; San Antonio, TX)	2x
NEC Newsletter (National Empowerment Center; Boston, MA)	1x
Peer Advocate	4x
Strive Offers New Perspectives	1x
Self-Help Center Newsletter (Kirkwood, Missouri)	1x
NJCOSHAP Newsletter (New Jersey Consumer Operated Self Help & Advocacy Program)	1x
Consumer Network News (On Our Own; Maryland)	1x
Missouri Mental Health Consumer Network Newsletter	1x
Belle of Central Texas (Austin, TX)	2x
News & Views (A Way to Better Living; New Hampshire)	1x
TexNet News, (Austin, TX)	1x
Access (The Center for Independent Living of North Florida)	1x
The Consumer Voice (Kansas City, KS).	1x
Hang Tough (Marin Network of Mental Health Clients; San Rafael, CA)	1x
Consumer Network News (Cincinnati, OH)	3x
MMHCN Networker (Missouri Mental Health Consumer Network, Jefferson City, MO)	1x

Group E: No information or personal knowledge indicated orientation

St. Louis Self Help Center Newsletter	1x

PART II: Other Media Mentioned in *Dendron*

Notice of "The Madness Network" radio shows. See: "Psychiatry: books, pamphlets, & tapes," *Dendron*, January 1988: 7.

Description and notice of the film *Hurry Tomorrow*. See: "Video of classic film expose now available," *Dendron*, September 1998: [unpaginated – 3].

Notice of 1988 NARPA Conference Tapes, with list. See: "Rights conference packed!" *Dendron*, December 1998: 4. (3, 4)

Discussion of televisions presentations and videotapes related to electroshock. See: "Mass media takes a glance at *electroshock*," *Dendron*, March 15, 1989: 1, 8.

Notice or advertisement for the film *Hurry Tomorrow*, with short endorsement statements. See: "Hurry Tomorrow," March 15, 1989: 8.

Notice of potential folding of *Phoenix Rising*, a radical antipsychiatric paper out of Toronto, ON. See: "Canadian 'voice of psychiatrized' in danger," *Dendron*, April 26, 1989: 4.

Discussion of existence and preceding ten weeks of production of "psych. [sic] survivor"-related cable TV show by White Light Communications of Vermont. See: "Vermont's psych. [sic] survivors take to airwaves," *Dendron*, January 11, 1990: 4.

Notice of the production of available videotapes of thirty shows produced by White Light Communications, "mainly featuring interviews psychiatric survivors [sic]..." See: "Videotapes," *Dendron*, October 24, 1990: 7.

Notice of "I still am" video about AIDS and "mental disabilities" such as dementia. See: "Videotapes," *Dendron*, October 24, 1990: 7.

Notice of "People Say I'm Crazy," videotape produced as a result of survey of clients in California by researchers Jean Campbell Jean Campbell and Ron Schraiber. See: "Videotapes," *Dendron*, October 24, 1990: 7.

Discussion of New York City cable TV program regarding electroshock. See: "Shock Hit on New York TV," *Dendron*, March 11, 1991: 6.

Discussion of "Electroshock Video Documentary" by William C. Cliadakis. See: "Shock Hit on New York TV," *Dendron*, March 11, 1991: 6.

Discussion of three-part radio documentary presented on the Canadian Broadcasting Corporation by Canadian activist, Irit Shimrat, entitled "Analyzing Psychiatry." See: "International resources," *Dendron*, March 11, 1991: 11.

Brief discussion and notice of availability of 1990 NARPA conference audiotapes and videotapes. See: "Audio & video tapes," *Dendron*, March 11, 1991: 14.

Brief discussion and notice of availability of *Crazy Woman*, a 60-minute video of a discussion among women activists in the mad movement. See: "Audio & video tapes," *Dendron*, March 11, 1991: 14.

Mention of audiotape interview with Leonard Roy Frank and Ted Chabasinski. See: "Audiotapes," *Dendron*, August 6, 1991: 17.

Mention of electroshock debate between, on one side of the debate, Peter Breggin and John Friedman, and two unspecified opponents, on the other. See: "Audiotapes," *Dendron*, August 6, 1991: 17.

Mention of videotape of Alternatives '91, available from White Light Video. See: "Behind the scenes at Alternatives '91," *Dendron*, December 15, 1991: 3.

Mention of lesbian psych survivor video, produced by Irene Rea. See: "Videos," *Dendron*, December 15, 1991: 17.

Mention of "19 different videos on psychiatric oppression available from New York activist Bill Cliadakis." See: "Videos," *Dendron*, December 15, 1991: 17.

Mention of autobiographical film by New Zealand psychiatric survivor (unnamed), entitled *An Angel at My Table*. See: "Films," *Dendron*, December 15, 1991: 17.

Mention of audiotapes of NARPA workshops. See: "Audiotapes," *Dendron*, December 15, 1991: 17.

Advertisement of list of White Light video productions available on videotapes. See: "White Light Communications" [advertisement], *Dendron*, December 15, 1991: 17.

Brief discussion and announcement of "The Revolt Against Psychiatric Abuse," a video featuring discussions among three survivors, a dissident psychologist, and a dissident psychiatrist. See: "Videotapes & films," *Dendron*, May 1, 1992: 19.

Brief discussion and announcement of the videotape, "Alternatives '91: Hearing Our voices; Seeing Our Visions," a video of excerpts from the Alternatives '91 talent show. See: "Videotapes & films," *Dendron*, May 1, 1992: 19.

Announcement of two available audiotapes of psychiatric survivor musician Morgan Firestar.

See: "Audiotapes," *Dendron*, May 1, 1992: 20.

Announcement of five available audiotapes from an Ontario psychiatric survivor (unnamed). See: "Audiotapes," *Dendron*, May 1, 1992: 20.

Mention of audiotapes of a radio show broadcasts on CIUT in Toronto, ON. Host: Bruce Cattle. See: *Dendron*, October 7, 1992: 19.

Mention of various antipsychiatric/radical-oriented audiotapes available from Dennis Nester. See: *Dendron*, October 7, 1992: 19.

Discussion of the film *Dialogues with Madwomen*, featuring "seven women psychiatric survivors," produced by Allie Light and Irving Saraf. See: "Film: recent releases," *Dendron*, Fall 1993: 22.

Mention of video "Feminist Anti-psychiatry Perspectives" which "featur[es] Kate Millett, Dr. Bonnie Burstow, Helen Levine, and Carmen Pratt." See: *Dendron*, Fall 1993: 25.

Announcement of videotapes available from Rainbow Video including Talent Show from NARPA '92; Alternatives '92 Talent Showcase, Talent Show from NARPA '92, and Support-In '92 protests. See: *Dendron*, Fall 1993: 25.

Brief discussion of audiotape "Mind Control In America: The Audio Cassette" by Stephen Jacobson. See: "Audiotapes," *Dendron*, Fall 1993: 25.

Advertisement for Rainbow Video, Music & Performing Arts. Includes list of 17 videotapes available from the company. See: "Rainbow Video, Music & Performing Arts" [advertisement], *Dendron*, Fall 1993: 27.

Announcement of video issued by Clearinghouse on Human Rights & Psychiatry/*Dendron*, entitled "Cuckoo's Nest Survival Guide," produced by Larry Dobberstein. See: "New Video" [announcement or advertisement], *Dendron*, Fall 1993: 30.

Announcement and brief discussion of "Mad Women Fight Back," a 25 minute video by Cynthia Fagan. See: "Videos," *Dendron*, Summer 1994: 17.

Announcement of a "self-help video" entitled "Coping with Depression" by Mary Ellen Copeland. See: "Videos," *Dendron*, Summer 1994: 17.

Announcement and brief discussion of video "When women end up in horrible places," by Bonnie Burstow. See: "Videos," *Dendron*, Spring 1995: 14.

Brief discussion of video entitled "Taking back the system: new vision of healing" in which "[p]sychiatric survivors and mental health workers unite toe discuss their personal experiences with today's 'mental health system. Produced by Larry Dobberstein. See: "Videos," *Dendron*, Spring 1995: 14.

Announcement of video, produced by MC Video, of NARPA's 1995 conference. See: "Videos," *Dendron*, Summer 1996: 21.

Announcement and brief discussion of video of a candlelight vigil held by National Association for Protection and Advocacy Services (NAPAS), where "[t]he names of approximately 400 people who died of abuse and neglect in psychiatric and other institutions were read..." See: "Videos," *Dendron*, Summer 1996: 21.

Advertisement and discussion of "Tardive Dyskinesia Video" offered by "[a] national coalition of TD survivors" (name of organization not mentioned in advertisement). See: "Mad market: tardive dyskinesia video," *Dendron*, Winter 1997-1998: 26. (21-28)

Advertisement of list of audiotapes from NARPA '97 with discussion of presenters. See: Merchants of Vision, Inc. "Audiotapes from NARPA '97 are available!" *Dendron*, Winter 1997-1998: 36.

Announcement of new film by Norwegian psychiatric survivors "challenging the psychiatric profession," by Ashild Brunvoll and Haakon Sandøl. See: "Film and video," *Dendron* Winter 1997-1998: 40.

Announcement and brief discussion of Canadian activist Don Weitz's radio show "Shrinkrap" on CKLN in Toronto, ON. See: "Radio shows," *Dendron*, Winter 1997-1998: 40.

Announcement of seven hours of "Psychiatric Survivor Pride Day" programming produced by CKLN. See: "Radio shows," *Dendron*, Winter 1997-1998: 40.

Announcement and brief discussion of radio show by what appear to have been psychiatric dissident professionals "discussing psychiatric and mental health system oppression." See: "Radio shows," *Dendron*, Winter 1997-1998: 40.

Announcement and brief discussion of shortwave radio show by Chris Brunson entitled "Mental Health Now Radio Show." See: "Radio shows," *Dendron*, Winter 1997-1998: 40, 41.

NOTES

Notes to Preface

[1] Gilman, Robert "Introductions to *IN CONTEXT*, human sustainable culture, and the issue's theme," *IN CONTEXT A Quarterly of Human Sustainable Culture*, Winter 1983 2, as reproduced on http //www context org/ICLIB/IC01/Gilman1 htm Retrieved on February 6, 2011

[2] O'Connor, James 1999 "A prolegomenon to an ecological Marxism thoughts on the materialist conception of history," *Capitalism, Nature, Socialism* Vol 10, No 2 79

[3] See Brent, Jeremy, "Community without unity," in Paul Hoggett (ed) *Contested communities experiences, struggles, policies* Bristol The Policy Press, 68-83

Notes to Introduction

[1] The word "community" is used to refer to a wide, even vast, array of social (as well as biological) entities, from the small-group scale to the international level Elizabeth Frazer has called into question the use of this term in regards to a variety of social entities including the gay community, the business community, and linguistic communities when "for each one of [these uses] there is a perfectly serviceable descriptive name which does not use the concept 'community'" (p 75) Frazer nevertheless suspects that one reason for the use of this term may be its "warm and positive connotations" (p 82) This term's ability to convey a sense of shared identity and connection (and also to obscure the degree to which this may not be the case in any given group) may be one reason some social groups use it The term seems to have the ability to shift the focus away from the medicalization/psychiatrization of some groups, as well "The gay community" rings quite differently that "homosexuals" (a term historically used by psychiatrists, among others) as does "the disability community" in comparison to "the disabled " To the degree that the community construction is used, it appears to convey a sense of unity and legitimacy (as an interest group and/or as a cultural group) which other constructions do not See Frazer, E 1999 *The problems of communitarian politics unity and conflict* Oxford Oxford University Press

[2] I wish to emphasize here that despite these risks, there is no doubt that some people feel they have experienced significant benefit from psychiatric drugs Nevertheless, as with a number of medications produced by the pharmaceutical industry, whether for psychiatric or other purposes, it appears that historically many patients have been prescribed and administered such medications without any, or without sufficient, dissemination of information regarding the risks and dangers of these drugs

[3] As we shall see, the degree of opposition to specific psychiatric practices varied among activists

[4] Barbara Everett, whom I shall discuss further below, also explores this dynamic in the context of the relations between those involved as recipients of psychiatric or mental health services and those who deliver such services See Everett, Barbara 2000 *A fragile revolution consumers and psychiatric survivors confront the power of the mental health system* Waterloo Wilfrid Laurier University Press, esp Chapter 6 (pp 109-133) and Chapter 7 (pp 135-161)

[5] Raymond Williams' excellent etymological-analytical work, *Keywords*, enumerates not only two, but three uses of the term "culture" in the English language, the latter two of which, quoted here, are similar to my discussion below Williams writes that culture can be considered as "a particular way of life, whether of a people, a period, a group, or humanity in general " or "the works and practices of intellectual and especially artistic activity" (p 90) Crucially, Williams points to the assertion of German philosopher J G Herder who, departing from the equating of "culture" with (Eurocentric) "civilization," according to Williams "argued, in a decisive innovation, to speak of 'cultures' in the plural the specific and *variable* cultures of different nations and periods, but also the specific and variable cultures of social and economic groups within a nation" (p 89, emphasis added) In this statement, not only do we see the possibility of conceptualizing cultural variation among groups, but an assertion at the heart of this dissertation that culture is something that can and does change over time Williams, Raymond 1983 *Keywords a vocabulary of culture and society, revised edition* New York, NY Oxford University Press

[6] While the idea of a "belief" fits within the notion of culture as a static totality (beliefs are "held"),

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discourse suggests that in the contests and struggles between the marginalized and the marginalizers. Discourse is itself a contested term used in a diversity of ways by linguists, post-modernist social critics, and discourse analysts. In this dissertation, I use a conception discourse close to that of Fairclough when he writes, "I see discourses as ways of representing aspects of the world – the processes, relations and structures of the material world, the 'mental world' of thoughts, feelings, beliefs, and so forth, and the social world...Different discourses are different perspectives on the world, and they are associated with the different relations people have to the world, which in turn depends on their positions in the world...Discourses not only represent the world as it is (or rather is seen to be), they are also projective, imaginaries, representing possible worlds which are different from the actual world, and tied in to projects to change the world in particular directions." Fairclough, Norman. 2003. *Analysing discourse: textual analysis for social research.* London, UK: Routledge, 124.

Practice, too, indicates both intentionality and directedness more immediately than the term "behaviour," while *context* speaks one the one hand to a situatedness in relations at the wider social level which can potentially be understood as constituting both boundaries and oppression. At the level of the group itself, the term may have a connotation of greater diffuseness than "institution," but it, too, points to the possibility that some situations act as sites of practice, whether they are as enduring as the term "institution" would imply, or whether they are less permanent. Such sites, as will be shown in this dissertation, cannot be discounted in terms of their potential for the fostering of solidarity, collective action, and new formulations of identity.

[7] Considering the uncomfortable corollary strands of meaning associated with the terms "case" and "case study" for some people who have experienced psychiatry and the mental health system, I have chosen to use the word "example" here.

[8] For my thoughts about the use of this term to refer to the efforts of mad people from 1970-1999, please see my discussion of social movement perspectives, including new social movement theory, in Chapter 1.

[9] It was agreed upon from the beginning that I would restrict myself to a focus on the mad movement in the United States. This restriction may be somewhat artificial, as mad movements certainly existed in Canada and elsewhere throughout the world, and as these had some (and in the case of Canada and the U.S., significant) interconnections with one another. On the other hand, the political, economic, social welfare, and mental health systems of the United States are in some ways unique to that country, and cannot be simply folded into a "worldwide mad movement."

[10] By "indigenous texts" I mean texts generated by mad people, even considering their various views and orientations, themselves. I am using the word "indigenous" to refer to cultural indigeneity: discourse, practice, and contexts generated within and by the group. A similar term, "endogenous," is problematic in this dissertation due to the arguably biological connotation of that word as used in psychiatry (e.g., "endogenous depression"). The term "emic," while close in meaning, is another related term, though its use is largely restricted to anthropology. "An emic analysis concentrates on describing the indigenous values of a particular society..." See: Entry: "emic and etic analysis." Scott, John and Gordon Marshall. 2009. *A dictionary of sociology.* Oxford University Press. Retrieved on April 8, 2011 from Oxford Reference Online at http://www.oxfordreference.com.ezproxy.library.yorku.ca/views/ENTRY.html?subview=Main&entry=t88.e706

[11] This is not an argument for cultural relativism: I do not assume that all cultures are "equally right" about various phenomena that come under the general idea of madness. Rather, I think the best that can be said is that "the jury is still out" regarding these matters, and one should not immediately privilege the views in one's own culture simply because they are familiar or because certain authorities deem them "true."

[12] See, for example: Schreiber, Flora R. 1973. *Sybil.* New York, NY: Warner Books; Nasar, Sylvia. 1998. *A beautiful mind: the life of mathematical genius and Nobel laureate John Nash.* New York, NY: Touchstone; Styron, William. 1990. *Darkness visible: a memoir of madness.* New York: Random House; Duke, Patty and Gloria Hochman. 1992. *A brilliant madness: living with manic-depressive illness.* New York, NY: Bantam; Jamison, Kay R. 1995. *Unquiet mind: a memoir of moods and madness.* New York, NY: Alfred A. Knopf, Inc.

A central feature common to these books is the degree to which they consider madness from an individualistic point of view. While it is true that the testimonies found in the major publication of the early mad movement I shall examine, *Madness Network News*, are also the tales of individuals, the intent and net effect of these seems to have been to bolster a shared sense of oppression and consciousness-raising

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regarding psychiatric injustices and abuses

While I wish to deny neither the suffering nor the successes of those who write, or who are written about, in books such as those just mentioned, I do wish to point out that such books focus much more on the individual experiences of mad people than on their collective experiences and efforts Implicit, as is true of so much popular literature about life difficulties in the United States (a similar example being the vast range of individualistic "self-help" books), is the notion that emotional difficulties are the problems of individuals Many such books suggest that the appropriate response is psychiatric and/or psychotherapeutic treatment The notion that mad people, themselves, could devise ways of helping each other and together challenge discrimination is far less common in these publications, whereas the notion of solidarity among mad people is central to the publications of the mad movement

[13] Please see my discussion of literature and methodology below for further elaboration of this issue

[14] The capitalization of the word "Deaf" has become increasingly common This capitalization is used to refer to that portion of people with various degrees of hearing loss or impairment who consider themselves to belong to a cultural and linguistic group When referring to this group and those who identify with this group, I follow this practice in this dissertation

[15] Everett, 2

[16] In Chapter 10, I examine the writings of a number of scholars studying the alternativist-reformist wing of the movement and show how their own discursive frames and interests lead them to reshape the activities of the alternativist-reformist wing of the movement so it (only apparently) "fits" the perspectives of such researchers

[17] Emerick, Robert E "Group demographics in the mental patient movement group location, age, and size as structural factors," *Community Mental Health Journal*, Vol 25, No 4, Winter 1989 277- 300, Emerick, Robert E 1991 "The politics of psychiatric self-help political factions, interactional support, and group longevity in a social movement," *Social Science and Medicine*, Vol 32, No 10 1121-1128

[18] Favreau, Diane 1999 *The pre-shrinking of psychiatry sociological InSights [sic] on the psychiatric consumer/survivor movement 1970-1992* [Dissertation] San Diego CA University of California at San Diego

[19] Morrison, Linda 2005 *Talking back to psychiatry the psychiatric consumer/survivor/ex-patient movement* New York, NY Routledge

[20] Everett, Barbara 2000 *A fragile revolution consumers and psychiatric survivors confront the power of the mental health system* Waterloo, ON Wilfrid Laurier University Press

[21] Morrison's book is similar to this dissertation in that she writes an historigraphical account while also examining the importance of discourse, however, I would say she emphasizes the views and discourse of the radical wing Everett, on the other hand, studies the movement in Ontario, and her book combines a focus on what I would call the alternativist-reformist wing with sincere acknowledgement of psychiatric abuses Everett's book is distinctly Canadian in content Favreau made the decision to write only about the U S movement, as she found her original intention, to compare the movements in Canada and the U S simply too massive an undertaking In so many ways, Favreau and Everett confirmed my view that one cannot – and *should* not – assume that the movement in the U S and Canada is the same movement While there has been much cross-fertilization, the social-political and historical contexts have made for distinctions that should not be glossed over Nevertheless, both scholars have very important things to say about the mad movement

Finally, Emerick examined the movement from a much more strictly sociological point of view As far as I know, while he wrote papers about the movement, he did not write a larger treatise But what appear to have been his dogged efforts to capture what was happening in the movement, with great respect for its participants, as radicalism was (in some respects only) waning, and as alternativism-reformism was on the rise, are remarkable and to be commended, considering the almost total neglect of this subject matter in academia (apart from those researching the movement from psychiatric and para-psychiatric paradigms)

[22] Favreau, 173

[23] To those people active in those years who did return my telephone calls and emails, I am deeply grateful

[24] This was undertaken, in fact, by the Research Institute of the National Association of State Mental Health Program Directors, a government agency I discuss this effort in Chapter 10 I should note that the ideal situation would have been one in which certain basic information was regularly gathered not only about "services," but about the various radical and alternativist-reformist groups who also did not provide "services" – itself a problematic word whose meaning and implications I explore in Chapter 11

Notes to Chapter 1

[1] Please see my discussion of terminology regarding "mad" and "madness" in the Introduction to this dissertation

[2] My preference for using the term "ethnicity," rather then "ethnicization" or "ethnogenesis" derives from a desire to put the emphasis on the notion that ethnicity is not a "thing" brought into being (by, for example, "ethnogenesis") Ethnicity *is* the process, as I will argue further in the text

The term *ethnicization* has also been used to characterize the process described below by which ethnic groups develop based on wider societal factors, are characterized as such (i e , discursively "brought into being") and also appropriate the meaning of their status For example, Jaccoud and Felices write, "We use the terms 'minority,' 'racialized' and 'ethnicized' to mean that persons from groups called ethnocultural and minorities called visible are subject to an attribution and designation by the majority group and that this categorization, produced in a relationship of power, has the effect of constituting groups which become carriers of differences " Jaccoud, Mylene and Maritza Felices 1999 "Ethnicization and the police in Canada," *Canadian Journal of Law and Society*, Vol 14, No 1 88 (footnote) Note, however, that the title of the article, and much of its content, imply that "ethnicization" is the policy and process of increasing the representation (in this case, within police forces) of members of ethnic groups, considered as such Other uses of the term "ethnicization" can be found in Kilson, Martin 1974 "Blacks and neo-ethnicity in American political life" in Nathan Glazer and Daniel P Moynihan (eds) *Ethnicity theory and experience* Cambridge, MA Harvard University Press, 236-266, Sarna, Jonathan D 1978 "From immigrants to ethnics toward a new theory of 'ethnicization'," *Ethnicity*, Vol 5, No 4 370-378, Faist, Thomas 1995 "Ethnicization and racialization of welfare-state politics in Germany and the USA," *Ethnic and Racial Studies*, Vol 18, No 2 219-250, Gill, Rajesh 2000 "Cities and ethnicity a case of de-ethnicization or re-ethnicization?" *Sociological Bulletin*, Vol 49, No 2 211-228

Ronald Taylor has used the term *ethnogenesis* in much the same way that I discuss ethnicity considered as a process Referring to social-contextual factors underlying African American ethnicity, he writes, " [B]lack ethnicity may be seen as deriving from the conditions giving rise to ethnic solidarities and communities among white ethnic populations in American cities" (p 1405) Taylor then considers the "other side of the coin" of ethnogenesis, what could be called "appropriation of otherness " He writes, " [B]lacks, within an urban context of structured inequality, have sought not only to develop and sustain group cohesiveness and identity but also to establish social networks and communication patterns as bases of their institutional and communal life" (Ibid) In my view, Taylor's use of the term "ethnogenesis" is virtually identical to my use of the term "ethnicity," when ethnicity is understood as a process Taylor, Ronald 1979 "Black ethnicity and the persistence of ethnogenesis," *American Journal of Sociology*, Vol 84, No 6 1401-1423

[3] Macey writes that critical theory is a term which "can be used quite loosely to refer to a whole range of theories which take a critical view of society and the human sciences or which seek to explain the emergence of their objects of knowledge " Macey, David 2000 *The Penguin dictionary of critical theory* London, UK Penguin, 74 This definition is a bit circular, for one could ask "What is a 'critical' view of society?" Macey addresses this by situating critical theory in certain (post-)Marxist analyses, such as those of Adorno and Habermas He also notes the influence of Freud However, I am using this term neither to indicate particularly Marxist, post-modernist, or Freudian influences Rather, by "critical" I wish to indicate theoretical efforts which scrutinize social phenomena in ways which call into question "commonsense" ideas about and portrayals of such phenomena It is true that Marxism, post-modernism, and Freudianism have all engaged in such efforts, however, critical scrutiny is not limited, in my view, to these (themselves internally varied) theoretical orientations

[4] Petersen, William 1997 *Ethnicity counts* New Brunswick, NJ Transaction Publishers, 15

[5] Just, Roger 1989 "Triumph of the ethnos," in Elizabeth Tonkin, Maryon McDonald, and Malcolm Chapman (eds) *History and ethnicity* London Routledge, 72-73

[6] The Greek plural of "ethnos "

[7] It should be noted that both "sides" of an ethnic boundary can view themselves as "Us" and can view those who are not "Us" as "Them " Still, the term "marginalization" indicates imbalances in power and the existence of some form of social centre from which a group is marginalized

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[8] The terms "race" and "ethnic group" do sometimes overlap in popular usage (and the boundaries between these terms are also "patrolled" by academic writers) The American press also tends to use the language of ethnicity frequently in the discussion of civil wars, inter-group strife, "ethnic cleansing," and genocide *outside* of the U S For an incisive discussion of similar usage in Britain, see Banks, Marcus 1996 *Ethnicity Anthropological constructions* London Routledge, 165-171

[9] Italy became a nation in the modern nation-state sense only in the mid-late nineteenth century based on a romantic, liberal, nationalist movement not unlike that which led to the unification of the modern Greek nation-state "In February, 1861, though Rome and Venice still remained outside of its influence, the first all-Italian parliament was convened," Iorizzo, Luciano J and Salvatore Mondello 1980 *The Italian Americans, revised edition* Boston, MA Twayne, 19 Prior to this time, the Italian peninsula was divided into a number of smaller political entities, including a significant amount of territory ruled by the papacy

[10] Waters discusses the constructed nature of "being Italian," as well "It has been shown, for instance, that immigrants from Italy to the United States had no sense of themselves as Italians, but rather identified with the locality they were from The usual expectation is of a movement in the United States toward redefining people as members of wider ethnic groups, deemphasizing previous local identifications" Waters, Mary C 1990 *Ethnic options choosing identities in America Berkeley University of California* Press, 87

[11] Steinberg, Stephen 1989 *The ethnic myth race, ethnicity, and class in America, 2nd edition* Boston Beacon Press, 35

[12] It is noteworthy to mention how Michael Novak, who wrote a rather reactionary treatise regarding American "ethnics," to be explored shortly, falls into this set of constructions He writes, "When I say 'ethnics' I am speaking mainly of the descendants of immigrants of southern and eastern Europe I have not fully included the Irish because, to most southern and eastern Europeans, the Irish were the first face of America It was not at that time a pretty face," See Novak, Michael 1972 *The rise of the unmeltable ethnics Politics and culture in the Seventies* New York, NY Macmillan 46, 47

[13] I will refrain, however, from using hyphenation in referring to American ethnic groups in further discussion, however This punctuation form does currently seem to be disappearing in the literature, so that "Italian-American," for example, is now often rendered to simply as "Italian American "

[14] Banks shows just how fluid these racializing terms are in his discussion of Watson "I wish to turn now to consider the British literature on non-black minority migrant groups in Britain, with a particular emphasis on literature about Asian groups Watson asserts that 'American visitors find it strange that the English categorise South Asians as "coloured peoples", in the United States, the same individuals would be classed as "caucasians" and elsewhere he notes that the Chinese in Britain are seen (by the white British) as neither 'coloured' nor 'Asian' " Banks, 100-101

[15] Isabel Allende discusses how in moving from Chile to the US, she has found herself no longer "white" " [I]n the United States we are not whites but *Hispanics*, and occupy the lowest rung of the social ladder," Allende, Isabel (tr Margaret Sayers Peden) 1994 *Paula* New York, NY HarperCollins, 189

[16] See Stephen Cornell 1996 "The variable ties that bind content and circumstance in ethnic processes," *Ethnic and Racial Studies,* Vol 19, No 2 274

[17] Yinger, J Milton 1994 *Ethnicity Source of strength? Source of conflict?* Albany, NY State University of New York Press, 3

[18] Ibid, 3-4

[19] Immigrants from some areas of Europe did not necessarily identify with nations but with regions or localities For example, Jennifer Guglielmo writes, regarding the immigrants who were to become "Italian Americans" that "[f]ew migrants saw themselves as 'Italians' since Italy formally became a nation only in 1861 Few spoke Italian and most despised the Italian national state Rather, they spoke their own regional dialects and loyalties were formed at the local level, to kin and *paesani* (townspeople) " Guglielmo, Jennifer 2003 "Introduction White lies, dark truths," in Jennifer Guglielmo and Salvatore Salerno (eds), *Are Italians white? how race is made in America* New York Routledge, 10 Iorizzo and Mondello assert that these "dialects" were sometimes mutually unintelligible Iorizzo, Luciano J and Salvatore Mondello 1980 *The Italian Americans, revised edition* Boston, MA Twayne, 103

[20] See my discussion below of "ethnic fading "

[21] Omi, Michael and Howard Winant 1994 *Racial formation in the United States from the 1960s to the 1990s* New York Routledge, 15-16

[22] Williams, Brackette F 1989 "A class act anthropology and the race to nation across ethnic terrain," *Annual Review of Anthropology 18* 419

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[23] Steinberg, 261

[24] Guglielmo, Thomas 2003 “No color barrier Italians, race and power in the United States,” in Jennifer Guglielmo and Salvatore Salerno (eds), *Are Italians white? how race is made in America*, New York Routledge, 41 See also C Loring Brace 2005 *“Race” is a four-letter word The genesis of a concept* Oxford, UK Oxford University Press, 44-47

[25] Gabaccia, Donna R 2003 “Race, nation, hyphen Italian-Americans and American multiculturalism in comparative perspective,” in Jennifer Guglielmo and Salvatore Salerno (eds), *Are Italians white? how race is made in America* New York Routledge, 55 (emphasis added)

[26] Isaacs, Harold R 1975 “Basic group identity the idols of the tribe,” in Nathan Glazer and Daniel P Moynihan (eds), *Ethnicity theory and experience* Cambridge, MA Harvard University Press, 32

[27] Ibid, 30

[28] Ibid

[29] Theodore Reik, as quoted in Bentley, G Carter 1987 “Ethnicity and practice,” *Comparative Studies in Society and History*, Vol 29, No 1 33

[30] “What is an ethnic group? It is a group with historical memory, real *or imaginary* ” Novak, 47 (emphasis added)

[31] Ibid, 38

[32] Ibid, 42

[33] Ibid, 43

[34] Ibid, 272

[35] Ibid

[36] Roger Just makes the case that the sense of collective identity in the modern Greek nation was and continues to be manufactured out of historical fictions and a primordialist appeal to relatedness based on the specious concept of shared “blood ” In this sense, “primordialism” is the appeal to romanticized notions of belonging, not to actual, inherently-felt ties based on intuitive recognition of commonality

Just shows how the modern Greek *ethnos* is an historically recent fiction, a project of nation-building political entrepreneurs of the late eighteenth and early nineteenth centuries In the Greek case, the movement for “national liberation” consisted, according to Just, not so much of an indigenous dominant ethnic group, but rather of Westernized residents of the territory now called Greece and other Western European romantic liberals who saw the building of a Greek nation as a *cause celèbre* They did this, according to Just, despite the fact that most of the “Greeks” living in Greece did not consider themselves a people and spoke a variety of languages And if these residents were politically sympathetic to these entrepreneurs, this was not based on a romantic dream of nationhood Just writes “The westernized, educated Greeks who came to liberate Greece came to liberate its *classical* lands They came to restore Greece to her former glory a glory that was frankly unknown to the inhabitants of mainland Greece itself whose ambitions were both more pragmatic and more limited to kill their muslim [sic] masters and take their property ” Just, “Triumph of the ethnos,” 83 For similar discussion of constructed identity and “tradition” see Hobsbawm, Eric J and Terence O Ranger (eds) 1992 *The invention of tradition* Cambridge, UK Cambridge University Press

[37] Cohen himself used the term “ethnic group” and “group,” I place “tribe” in quotes because this term expresses an, as it were, *ethnocentric*, bias in which social groups in industrialized societies receive one appellation, while social groups in non-industrialized or less-industrialized societies receive another Cohen, Abner 1969 *Custom and politics in urban Africa a study of Hausa migrants in Yoruba towns* London Routledge and Kegan Paul, 47-50 and *passim*

[38] Cohen, Abner 1969 *Custom and politics in urban Africa a study of Hausa migrants in Yoruba towns* London Routledge and Kegan Paul, 47-50 and *passim*

[39] Ibid, 100

[40] Ibid, 202

[41] Glazer, Nathan and Daniel P Moynihan 1970 *Beyond the melting pot, 2nd Edition* Cambridge, MA MIT Press, 37

[42] Ibid, 115

[43] Ibid, 146

[44] Ibid, 147

[45] Ibid, 258 Here, as with the following comment on Italians, it seems that Glazer and Moynihan turn Catholicism and Catholics to some degree, into an “ethnic” phenomenon akin to ethnic portrayals of Judaism and Jews

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[46] Ibid, 206.
[47] Glazer, Nathan and Daniel P. Moynihan. 1975. "Introduction," in Nathan Glazer and Daniel P. Moynihan (eds), *Ethnicity: theory and experience.* Cambridge, MA: Harvard University Press, 7.
[48] Ibid, 8.
[49] Jenkins, Richard. 1994. "Rethinking ethnicity: identity, categorization, and power," *Ethnic and Racial Studies*, Vol. 17, No. 2: 198.
[50] This, and all subsequent quotation in this paragraph from: Barth, Fredrik. 1979. "Introduction," in Fredrik Barth (ed), *Ethnic groups and boundaries: The social organization of cultural difference.* Boston, MA: Little, Brown and Company, 10-11.
[51] Ibid, 11.
[52] Ibid, 14.
[53] Ibid.
[54] Horowitz offers an excellent set of examples regarding this process in the Indian state of Himachal Pradash. He shows how two subgroups of the same ethnic group, the Brahmauri Brahmans and the Brahmauri Gaddis, "pastoralists and seasonal migrants in close contact" (p. 111) with a more urban group, the Chamialis of Chamba Town, chose two different strategies in order to rearrange their social statues in relation to the wealthier Chamialis. "Dependence on Chamba Town has led, on the one hand, to increasing assimilation by the Brahmans and, on the other, to their differentiation from the Gaddis..." (p. 112). Meanwhile, internal distinctions within the Gaddis intensified. See: Horowitz, Donald L. 1975. "Ethnic identity," in Nathan Glazer and Daniel P. Moynihan (eds), *Ethnicity: theory and experience.* Cambridge, MA: Harvard University Press, 111-140.
[55] Barth, 24-25.
[56] Ibid, 35.
[57] Glazer, Nathan and Daniel P. Moynihan. 1970 edition. *Beyond the melting pot, 2nd edition.* Cambridge, MA: MIT Press, xxxiii.
[58] Ibid, 16.
[59] Ibid, 17 (emphasis added).
[60] While *assimilation* and *differentiation* are the overarching categories, Horowitz asserts that assimilation can be conceptually divided into *amalgamation*, in which "...two or more groups...unite to form a new group, larger and different from any of the component parts"; or of *incorporation*, in which "one group may lose its identity by merging into another group, which retains its identity." On the other hand, differentiation consists either of *division*, in which "a group...separate[s] into its component parts," or of *proliferation*, in which "a new group comes into existence without its 'parent group' (or groups) losing its (or their) identity." All quotes, Horowitz, "Ethnic identity": 115.
[61] Jenkins, 214.
[62] Ibid, 213-214.
[63] Ibid, 216.
[64] Jenkins, 201. In this dissertation, I will not hold to Jenkins' view that the term "group" is best considered a "category" in the case where the original sense of collective identity is brought about by imposition. I think it possible to use the term "group" for both sides of the equation, in the sense that (a) dominant forces bring the *group* into being (an etic point of view), and (b) the *group* can be understood *emically*, as well, by considering its own identificational understanding of itself and its own autonomous practices.
[65] Ibid, 217.
[66] Ibid.
[67] Ibid.
[68] Ibid.
[69] Ibid.
[70] Ibid, 202.
[71] Ibid, 216.
[72] Cornell, Stephen: 270-272. Cornell also discusses a fourth "dimension" of ethnic "community": symbolic community, which corresponds to "symbolic ethnicity" and "fading of ethnicity," discussed below.
[73] Ibid, 275.
[74] Ibid.
[75] Ibid, 276.
[76] Ibid.

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[77] Yancey, William L, Eugene P Ericksen, and Richard N Juliani 1976 "Emergent ethnicity a review and reformulation," *American Sociological Review* Vol 41, No 3 392

[78] Harney, Robert F and J Vincenza Scarpaci 1981 "Introduction," in Robert F Harney and J Vincenza Scarpaci (eds), *Little Italies in North America* Toronto, ON The Multicultural History Society of Ontario, 5

[79] "*Paese*" refers to individual towns from which immigrants came A *paesano* originally meant a person from the same town in Italy as oneself

[80] Harney, Robert F and J Vincenza Scarpaci 1981 "Introduction," in Robert F Harney and J Vincenza Scarpaci (eds), *Little Italies in North America* Toronto, ON The Multicultural History Society of Ontario, 5

[81] A number of scholars discuss the fact that two quite different methods were considered for the education and "training" of Deaf people, oralist methods – whose main focus was the attempt to instil the capacity to speak among deaf children – and manualist, which emphasized instruction in sign language, with or without concomitant efforts to engage in speech training An excellent and extended discussion can be found in the following *A place of their own* and also in Burch, Susan 2002 *Signs of resistance American Deaf cultural history, 1900-1942* New York New York University Press, esp 7-41 The question of education figures in virtually all discussions of American Deaf history (and Deaf history elsewhere) for two reasons (1) the overall battle between oralist and manualist methods, and (2) the fact that Deaf schools have been, especially but not exclusively in the United States, the initial and in many ways paramount locations of the acculturation of born-deaf and adventitiously-deaf students to Deaf culture, and to that crucial element of it, sign language

See also Lane, Harlan, Hoffmeister, Robert, and Ben Bahan 1996 *A journey into the DEAF-WORLD* San Diego, CA Dawn Sign Press 51-63, 124-130, 228-314, Jankowski, Katherine A 1997 *Deaf empowerment emergence, struggle, rhetoric* Washington, DC Gallaudet University Press, 19-36, Shapiro, Joseph 1993 *No pity people with disabilities forging a new civil rights movement* New York, NY Times Books 87-99, Gannon, Jack 1981 *Deaf heritage a narrative history of Deaf America* Silver Spring, MD National Association of the Deaf, xxi-xxxi, 1-58, 369-376 397-398, and *passim*, Jacobs, Leo 1989 *A deaf adult speaks out, 3rd edition* Washington, DC Gallaudet University Press 36-71, Crouch, Barry and Brian H Greenwald 2007 "Hearing with the eye the rise of deaf education in the United States," in John V Van Cleve (ed), *The Deaf history reader* Washington, DC Gallaudet University Press 24-46 , Reis, Michael 2007 "A tale of two schools the Indiana Institution and the Evansville Day School, 1879-1912," In Van Cleve, John V (ed) 2007 *The Deaf history reader* Washington, DC Gallaudet University Press 85-115

[82] Burch writes, "[Teaching] presented the most obvious means of intergenerational cultural transmission " Burch, 21 She elaborates, "Deaf teachers not only transmitted Deaf culture and sign language to students, they also actively subverted oralism Philosophically and practically, they praised sign language not only for its expediency as a communication method but for both its legitimacy as a language and its humanizing effect " Ibid, 22

[83] Despite its historical elitism, however, which included long term exclusion of Deaf African Americans and Deaf women, Gallaudet is deeply intertwined with the larger history of Deaf Americans as the only university in the United States – or, for that matter, in the world – which devoted itself exclusively to the education of Deaf people beyond the secondary level In this way, Gallaudet stood historically as a context in which Deaf students and professors were able to elaborate, both intellectually and in practice, Deaf identities founded on the basis of a significant degree of autonomy and self esteem Of the relationship between being a student at Gallaudet and the development of a Deaf identity, Levesque states eloquently "[W]hen I was 21, I took a short drive from Boston to Washington, D C and arrived in another world It was as if I had landed my space ship on a distant planet, I walked wide-eyed into a community in which I was not different, not 'disabled,' not even particularly special This new and wonderful planet was Gallaudet For the first time in my life, I belonged My eyes devoured the new communication form of sign language I found myself surrounded by capable and bright deaf people The positive role models I had never had before were all around me I left Gallaudet a changed man " Levesque, John F "A Deaf President Now rally" [Manuscript for speech at Gallaudet], March 1, 1988 5 Washington, DC Gallaudet University Archives, DPN collection Regarding historical exclusion of Deaf women from Gallaudet, see Van Cleve, J V and Barry A Crouch 1989 *A place of their own creating the Deaf community in America* Washington, D C Gallaudet University Press, 85-86 Regarding historical exclusion of African

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Americans from Gallaudet, see: Dunn, Lindsay Moeletsi. "Education, culture and community: the Black Deaf experience," *DAM*, 1995, Vol. 45: 37.

[84] On the communicative level, the utility of sign language among Deaf people is obvious: for those unable to hear, an alternative system of communication to spoken languages serves a crucial function. But the commitment of Deaf Americans to ASL consists of more than communicative utility. Nash writes, "ASL functions as the cement of the [Deaf] community because of the symbolic identity it offers to deaf people..." Nash, Jeffrey E. 1987. "Who signs to whom: the American sign language community" in Paul C. Higgins and Jeffrey E. Nash (eds). *Understanding deafness socially*. Springfield, IL: Charles C. Thomas Publishers, 98.

[85] From both the rehabilitationist and the medical points of view, interventions are administered – or inflicted – upon bodies and minds which have certain variations in an effort to "discipline" these to look, act, and behave in ways that appear "normal" – that is, in ways that approach the behaviours, appearance, etc. of the majority.

[86] One relatively recent medical intervention is the cochlear implant, a hotly contested device which does, in some people, restore hearing through electrostimulation of the cochlea, and organ of the inner ear. While this is hailed by medical researchers and professionals as a "breakthrough," response to the cochlear implant among Deaf Americans has been emotional and at times, filled with conflict. See, for example: Soderfeldt, Birgitta. "Cochlear implants and the deaf community," *DAM*, 1991, Vols. 41-42: 141-143; Howe, Marylyn, "Untruths in advertising: cochlear implants," *DAM*, 1992, Vol. 42: 67-68; Woodcock, Kathryn. "Cochlear implants vs. Deaf future?" *DAM*, 1992, Vol. 42: 151-155; Murray, Joseph. "Mindsets," *DAM*, 1993, Vol. 43: 115-116.

[87] The two most enduring organizations among Deaf Americans are the National Fraternal Society of the Deaf (NFSD or "the Frat") and the National Association of the Deaf (NAD). The NAD was formed, according the Gannon; on the basis of autonomy: "Deaf Americans were beginning to realize that if anyone was going to resolve their problems it would have to be themselves" Gannon, *Deaf Heritage*, 62. Of the origins of the National Fraternal Society of the Deaf (NFSD, or "the FRAT"), Strom writes that during an alumni reunion of students of the Michigan School for the Deaf, "a group of young male MSD graduates discussed discrimination against deaf persons by insurance companies that charged them a higher premium for life insurance coverage than comparable hearing policy holders...They agreed, then, to incorporate the ideals of fraternalism into an organization that would provide them with insurance coverage." Strom, Jerry E. 1996. "Addendum – The NFSD itself: highlights," *DAM*, Vol. 46: 37. Burch also compares the NFSD to the Jewish immigrant *landsmanschaften* as well as other immigrant ethnic organizations and similar organizations of African Americans. Burch, 106.

National Black Deaf Advocates (NBDA) was founded in 1982 in response, in part, to "systematic racism and audism in the deaf and hearing communities." Merriweather, Kristi. 2003. "History of NBDA," http://www.nbda.org/history_NBDA.html (Retrieved November 2, 2010). See also: Lane, et al., who mention the founding of The Nation Hispanic Council of the Deaf in 1992 (p. 165); the founding of a Native American Deaf group (whose name they do not give) in 1994 (p. 165); the founding of the National Asian Deaf Congress in 1997 (p. 166); the founding of the Rainbow Alliance of the Deaf "in the wake of Gay liberation following the Stonewall riot of 1969" (p. 167); and the existence of an organization called Deaf Women United (p. 162).

[88] Historically, local Deaf clubs have also constituted a central locus of autonomous Deaf practice in the United States. Lane et al. list the following functions of these clubs: acculturation, socializing, "easy conversation, participation in sports and leisure activities, and entertainment" (Lane et al., 134). Moreover, "There are dances raffles, banquets, costume parties, beauty contests, lectures, gambling nights...and anniversary celebrations" (Ibid, 134-135).

[89] The tremendous emphasis on sports in the Deaf community is reflected in the historically very active American Athletic Association of the Deaf (AAAD), founded in 1945. See: Gannon, *Deaf Heritage*: xxix, 296.

[90] It should be noted that despite the historical existence of Deaf professionals and Deaf businesses, opportunities were limited due to discrimination. The Deaf President Now! uprising at Gallaudet, which occurred in the context of, and arguably furthered the cause of, the general disability rights movement, has been credited with setting in motion greater opportunities for Deaf Americans. I. King Jordan, the first Deaf president of Gallaudet University, in his 1993 "State of the University Address," asserted, "DPN as well as other forces changed the students who are coming to us and it changed the world that they would graduate into. At one time, most of our students aspired to work within the deaf community and were limited to

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it...Today, the world is open to them, and students come to us knowing they want to be attorneys, computer system designers, entrepreneurs, educators, politicians, actors. Their ambitions have grown to match the seemingly limitless opportunities that are now available to them." Jordan, I. King. "The power and the promise of DPN: (State of the University Address, March 9, 1993)," *DAM*, 1993, Vol. 43: 65. A 1993 article in *On the Green*, a publication of Gallaudet University, reads, "Since DPN, job opportunities among deaf people have expanded dramatically. More than 700 deaf-owned businesses exist in the United States, and the overwhelming majority were established in the past five years." See: "Energy created by DPN must go on, teleconference panel urges nation." *On the Green*, March 22, 1993: Vol. 23, No. 20: 2.

[91] Deaf Americans have created indigenous art not only through the world-renowned National Theater of the Deaf (NTD), founded in 1966 (see: Gannon, xxix), but also in the form of an organization, De'VIA, founded by nine Deaf artists in 1989, which consciously set about to assert the existence and promote the development of Deaf Art. According to Sonnenstrahl, "The written manifesto made it clear the *De'VIA* represents artists whose perceptions are based on their Deaf experiences and/or Deaf culture. Formal art elements are used with the intention of expressing innate cultural or physical Deaf experience," Sonnenstrahl, Deborah M. 1996. "DeVIA – what an odd word! (a historical perspective)," *DAM*, 1996, Vol. 46: 132.

[92] *The Deaf American*, a journal of the NAD, regularly listed religious venues either run by Deaf individuals or created by churches to minister to Deaf Americans. For example, a "Church Directory," published in the February 1972 issue of *TDA*, but found in issue after issue of the magazine, lists multiple churches and religious organizations. Over a page of listings of churches – Assemblies of God, Baptist, Church of the Brethren, Church of Christ, Episcopal, Lutheran, United Methodist, and "Other Denominations" are listed, many of which either indicate religious services or other activities held for Deaf people; others of which directly call themselves "churches of the deaf" or "churches for the deaf" (i.e. "Chicago United Methodist Church of the Deaf," "Immanuel Church for the Deaf"). See: "Church directory," *TDA*, February 1972: 38, 39. On the back cover of this issue, as with issue after issue of *TDA*, there are numerous listings for Deaf clubs, as well as a section entitled "National Congress of Jewish Deaf," which lists Deaf Jewish organizations and temples. National Congress of Jewish Deaf. *TDA*, February 1972: [back cover].

[93] For an example of one school of social movement theory fashionable prior to the advent of the various forms of NSMT was called "resource mobilization theory" (RMT), see: McCarthy, John D. and Mayer N. Zald. 1977. "Mobilization and social movements: a partial theory," *American Journal of Sociology*, Vol. 82, No. 6: 1212-1241. Another form of social movement theory, collective behaviour theory, can be found in the works of William Kornhauser and Neil Smelser. See: Kornhauser, William. 1959. *The politics of mass society*. New York, NY: Free Press; Smelser, Neil. 1963. *Theory of collective behavior*. New York, NY: Free Press of Glencoe. For a more complex, nuanced exploration which has been situated (perhaps with some degree of inaccuracy but perhaps also due to its title) in the "collective behavior" tradition, see: Turner, Ralph and Lewis M. Killian. 1987. *Collective behavior, 3rd edition*. Englewood Cliffs, NJ: Prentice Hall.

[94] Another tendency in the NSMT orbit focused more on questions of in a (post)-marxist and structuralist manner, focusing on the degree to which certain movements, particularly in Europe, are rebellions against the asserted encroachment of state and technology upon increasing areas of human life and experience (and/or an asserted new "stage" or period of capitalism). See, for example: Touraine, Alain. 1985. "An introduction to the study of social movements," *Social Research*, Vol. 52, No. 4: 749-787; Cohen, Jean L. 1985. "Strategy or identity: new theoretical paradigms in contemporary social movements." *Social Research*, Vol. 52, No. 4: 663-716; Laclau, Ernesto and Chantal Mouffe. 2001. *Hegemony and socialist strategy: towards a radical democratic politics, 2nd edition*. New York, NY: Verso, 159-171. Melucci, too, shows the influence of post-marxist and structuralist ideas. For example, writing in 1989, he states that the contemporary movements addressed by social movement theorists, while "impact[ing] upon different levels of the social system" and "contain[ing] diverse goals," also "belong to different phases of development of a system or historical systems." Melucci, Alberto. 1989. *Nomads of the present*. Philadelphia, PA: Temple University Press: 43.

[95] Melucci, departing from the strict "cost/benefit" framework for explaining collective action found in the works of resource mobilization theorists, writes, "Even in less structured forms of collective actions actors 'organize' their behaviour, produce meanings and actively establish relationships. Certainly these processes of construction of collective identity vary greatly, both in intensity and in complexity...But researchers can no longer ignore these processes." Melucci, 36. Buechler similarly writes, "For many mobilizations, the

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most central process is the social construction of a collective identity that is symbolically meaningful to participants and that logically precedes any meaningful calculation of the costs and benefits of joining in collective action " Buechler, Steven 1993 "Beyond resource mobilization? Emerging trends in social movement theory," *Sociological Quarterly*, Vol 34, No 2 217-235

[96] McAdam, Doug 1994 "Culture and Social Movements," in Enrique Laraña, Hank Johnston, and Joseph R Gusfield (eds) *New Social Movements From Ideology to Identity* Philadelphia Temple University Press, 45-46

[97] Barry Adam notes the degree to which socially marginalized groups are also marginalized in new social movement theory "A good deal of new social movement discourse makes sense only as commentary on the environmental (especially the German Green Party) and, to a large extent, peace and anti-nuclear movements In many instances *lip-service is paid* to feminism Beyond this core emerges a periphery of occasionally-recognized movements " Adam, Barry 1993 "Post-marxism and the new social movements " *Canadian Review of Sociology and Anthropology*, Vol 30, No 3 322 (emphasis added) Adam asserts European at the periphery of European NSM theory are discussions of "youth and counter-cultural activity and co-operative organizations," (Ibid), among others North American NSMT theorists, Adam asserts, sometimes "mention black civil rights, aboriginal, and gay and lesbian movements" (Ibid 322-323)

[98] I wish to emphasize that I assert this not because mad people did not engage in political mobilizations, and certainly not because mad people are not capable of doing so They certainly did engage in mobilizations, and thus certainly are capable of doing so However, as I discuss in this paragraph and throughout the dissertation, mad efforts consisted of much more than political mobilization

[99] For a discussion of the notion of social movement "repertoires" – sets of tactics and public performances which according to the following author have evolved and changed over time – see, for example Tilly, Charles 2006 *Regimes and Repertoires* Chicago University of Chicago Press

[100] Note that in the quotation from McAdam cited above, his emphasis is on "movement culture," not cultural formations which grow out of movement culture However, McAdam does discuss the latter issue when he notes "the establishment of African American, Native American, Hispanic, and women's studies programs on many college and university campuses " McAdam, 51

[101] Alba, Richard 1985 "The twilight of ethnicity among Americans of European ancestry The case of Italians," in Richard Alba (ed), *Ethnicity and race in the U S A towards the twenty-first century* Boston Routledge and Kegan Paul, 146-152

[102] Ibid, 152

[103] Ibid, 135

[104] Ibid, 135-136

[105] Ibid, 143

[106] Gans, Herbert 1979 "Symbolic ethnicity the future of ethnic groups and cultures in America," *Ethnic and Racial Studies,* Vol 2, No 1 1-20

[107] Waters, 90-94 and *passim*

[108] Gans, 8

[109] Ibid, 9

[110] For statistics which show the increasing degree of intermarriage among Italian Americans and other ethnic groups, and which contrast these to the lower rates of intermarriage between African Americans and other ethnic (or Anglo-Saxon) groups, see Waters, 103-104 See also Alba, 146-152

[111] Discussing her "traditional" Christmas bread ritual, informant Susan Badovich states, "'And at Christmas I have home-baked bread and then on the table with the Christmas bread you put money, and a knife and a watch, symbolizing, there is always bread to be cut by the knife, time for heaven, *or something, something about time, and that you will always have money to spend or something,*" (Waters, 122 Emphasis added) Thus, this "ethnic ritual" occurs in the form of behaviour whose very meaning has been lost to the participant

[112] Waters points out that because of intermarriage, because traditions and beliefs are not longer passed from generation to generation, and because of simple forgetting, ethnic groups, themselves, begin to derive their beliefs about *their own ethnic group* from the media "The character of ethnicity in my sample was such that my respondents had learned their ethnic behavior and beliefs either in the family or from the mass media" (Waters, 130)

Notes to Chapter 2

[1] Hoke, Kathy "Moment in the movement 1970," *Dendron*, Summer 1996 7 This and all further references in this dissertation to the publication, *Dendron* (also known as *Dendron News*), indicate documents found in the Psychiatric Survivor Archives, Toronto, Allen Markman Collection

Favreau discusses not only the ILF, but also the Mental Patients Liberation Project (New York City area), Project Release (also of New York City) and the Mental Patients Liberation Front (Boston) Of particular interest is her statement that Howie the Harp (born Howard Geld) and his sister figure in beginnings of at least three of these groups ILF, MPLP, and Project Release Favreau writes that contrary to Chamberlin's assertion that the MPLP arose "spontaneously," Favreau's findings "suggested that Howie the Harp and his sister were deliberate and instrumental carriers of a radical, anti-psychiatry voice among former mental patients " Favreau, 195-196 For discussions of the groups mentioned Favreau, 185-200

See also Miller, Jenny "History of the psychiatric inmates' liberation movement," *MNN*, Summer, 1983, Vol 7, No 2 14 This and all further references in this dissertation to the publication, *Madness Network News* (*"MNN"*), indicate documents found in the Psychiatric Survivor Archives, Toronto, Allen Markman Collection

[2] [Reprint of We Are Not Alone (W A N A) letterhead, with caption], *Dendron*, Summer 1996 7 See also Chamberlin, Judi 1978 *On Our Own Patient-Controlled Alternatives to the Mental Health System* New York Hawthorn Chamberlin points out that WANA rather quickly became Fountain House, a clubhouse-model agency where professional staff came to dominate decision-making

[3] Favreau devotes an entire chapter to a consideration of nineteenth-century precursors of the modern movement Englishman John Perceval and American Elizabeth Packard Favreau acknowledges that the reader might wonder why she wrote a long chapter on the activities of the 19th-century individuals she calls "reformist " She explains her decision to write this long chapter in a footnote, indicating her desire to explore any relationships between the 19th century activists and the movement of the late 20th century which was the main focus of her study See Favreau, 42, ff See also Everett's discussion of Clifford Beers and the "mental hygiene" movement (Everett, 28, 30, 31)

[4] While some lesbians identified with, and were deeply involved in, the early gay liberation movement, others chose to identify more closely with radical feminism, distancing themselves from efforts often dominated by gay men There were certainly lesbians, too, who were committed both to radical feminism and to gay liberation, as these efforts were understood in the late 1960's and early-mid 1970's Publications of the time indicate these various positions See, for example, Damon, Mary "Open letter to the women's movement," *Killer Dyke*, September 1971 13 [Noted as reprint from "It Ain't Me Babe" – no further information], "Lesbian film festival," *Gay Activist*, November 1971 2, Robertson, Dinah "Programs for women," *Gay Activist*, March 1972 19, Berson, Ginny [Untitled front page opening statement/manifesto], *The Furies*, January 1972 1, Mautner, Mary-Helen "Gay reformism almost but not quite," *The Furies*, February 1973 13-14, Dansky, Steve "Hey man," *Come Out!*, June-July 1970 6 In 1973, possibly indicating tensions and accommodations of tensions within the Gay Activist Alliance of New York City, a full section appeared, with masthead entitled *Lesbian Activist of Gay Activist Alliance*, February 1973 [3, 4 – unpaginated] References to the publications in this endnote all indicate documents found at the Canadian Lesbian and Gay Archives, Toronto, ON All publications listed here boxed by publication name, though *Lesbian Activist of Gay Activist Alliance, co-produced with the Gay Activist, was in the latter's archival box*

[5] Both movement activists and scholars date the movement's beginnings at 1970 or thereabouts However, Emerick makes the incisive point that certain, albeit more conservative or apolitical groups, which accepted the general tenets of psychiatry, predate the movement by decades See Emerick, "The politics of psychiatric self-help," 1121, 1122

[6] By many-day life, I wish to indicate those social and cultural situations which, while not part of the *everyday life* of members of a particular group (for example, the urban ethnic neighbourhoods which urban immigrants experienced on an everyday basis), are still more than intermittent Examples of this would be, among gay men and lesbians, the historically important gay bar or lesbian bar and the "gay ghettoes " Many people did not live in or attend these on a daily basis Nevertheless, these contexts formed part of their lives on a relatively frequent basis, and because they were, at least to some degree, a zone in which the gay and lesbian identities could be practiced rather then suppressed, they were highly important to these

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groups.

[7] On this matter, I would assert a different view than that of Linda Morrison. She writes, "As participation and response [in and to *Madness Network News*] grew, the *MNN* actively promoted a growing sense of collectivity and identity formation among its readers." (Morrison, *Talking Back*: 68.) I believe that *MNN ultimately* promoted a sense of collectivity and identity formation, but in my view this was less intentional than it was a result of efforts not specifically directed at the building of an alternative collective identity. As we shall see in subsequent chapters, my argument is that because early radical activists, as reported in *MNN*, strongly privileged a resolutely politicized, antipsychiatric stance (and also due to the specific discourses which subtended this stance), the early movement ignored the more effective basis for the building of collective identity: the contexts and practices of everyday or "many-day" life. While the "movement," construed in the sense of radical political activism, does provide a basis for that minority of people who find the intense exigencies of movement life a congenial and suitable set of situations in which to invest their effort and their identity, this is not the case for most people, mad or not. The early movement was made up of approximately 100 to 150 core activists; while the movement may have given *them* a sense of identity (that is, *movement* identity), it did not provide this for the thousands and even millions of potential people who might, in one way or another, be interested in reinventing the meaning of "being mad." However, I discuss this matter further throughout the chapters, and simply wish to point out here that, in my view, *MNN* did not intentionally promote new identity possibilities, but rather promoted new antipsychiatic discourse, discourse regarding the meaning of madness, and new, largely political, practice.

[8] Morrison writes, "The early efforts to bring dissenters into the open and to claim a voice are documented in the movement's first publication, *Madness Network News*..." Favreau also asserts the prominence of *MNN*. She writes that *MNN* was "a newsletter that was the 'voice of the American ex-patients movement...' (It is somewhat unclear from the context if the quotation marks here are scare quotes or if this is a quotation from Judi Chamberlin in an unpublished manuscript by David Cohen and Michael McCubbin.) Nevertheless, it should also be noted that a Canadian publication, while not directly part of the U.S. movement (though there was significant cross-fertilization of both movement by both Canadians and Americans, a fact that would be valuable for future study), did predate *MNN*. This publication, *In a Nutshell*, was first published in 1970 in Vancouver, BC.

It should be noted, as well, that as years went by, *MNN* gave increasing coverage to mad movements outside of the U.S., as well as activities within the U.S. Again, while these movements (particularly the Canadian movement) had ties to the American mad movement, as stated in the Introduction the focus in this dissertation is on the mad movement in the United States.

[9] It might be possible to call this the "psychiatric survivor" discourse. However, I have refrained from doing so because the terminology used in *Madness Network News* to refer to those who had been at the receiving end of psychiatric practices generally included "inmate," "ex-inmate," "patient," and "ex-patient." I did not find a prominent use of the term "psychiatric survivor" in *MNN* until the Winter 1983-1984 issue of that paper. See: "Psychiatric survivors testify," *MNN*, Winter 1983-1984: 4, 5, 6. Moreover, as we shall see in Chapters 5 and 6, the discourses and practices of the later radical wing of the movement, while in many ways similar to those of the early radicals, were also in certain ways distinct. To use the terminology of later years to refer to those active in earlier years (who, themselves, did not generally use such terminology) could arguably constitute an historiographical distortion.

[10] I use the term "dissident" to refer to those psychiatrists and other mental health system professionals who, while remaining formally "within the fold" by continuing to refer to themselves and to be referred to by their professional designations, nevertheless take positions of strong disagreement with the prevailing "mainstream" beliefs of their professions. I distinguish dissidents from some professionals whose efforts were directed less at opposing the mainstream beliefs of their professions than at formulating reform-oriented alternatives to mainstream beliefs and practices. These latter might be called "sympathetic professionals," where the adjective "sympathetic" is specifically used to refer to sympathy with efforts of mad people to create alternatives to mainstream psychiatric practices and discourse. There is perhaps no certain line of demarcation between these two constructions, but I do wish to assert that there is a distinction to be made between antipsychiatric positions, per se, and support for the building of alternatives to psychiatric practices which does not prioritize criticism of psychiatry.

[11] Szasz, Thomas. 1974. *The myth of mental illness: foundations of a theory of personal conduct, Revised edition*. New York: Harper and Row, 12.

[12] Ibid, 248.

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[13] For example “ I would insist that, to some extent at least, all people do shape their own destinies, no matter how much they might bewail the superior forces of alien wills and powers ” Ibid, 155

[14] For example “In many chronic cases of mental illness, we witness the consequences of playing hysterical, hypochondriacal, schizophrenic, or other games over years and decades, until they have become deeply ingrained habits ” Ibid, 238-239

[15] Friedberg, John “Crazies running amok?” *MNN*, [1973 – date uncertain], Vol 2, No 1 4

[16] Frank, Leonard Roy “Madness is is madness?” *MNN*, [1973 – date uncertain], Vol 1, No 4 4 Favreau interpreted Frank’s views as I did “Frank proposed an alternative and clearly Szaszian conceptualization of mental illness that has been adopted by many in the movement ” See Favreau, 14

[17] Seagull, Sherry “Violence in the streets witch hunt, 1973 – San Francisco style,” *MNN*, March 9, 1973 Vol 2, No 1 [unpaginated - 1]

[18] Lapon, Lenny “Points of psychiatric oppression,” *MNN*, Spring 1986, Vol 8, No 2 [unpaginated - 1]

[19] Shannon, Timothy “The old schizophrenia ruse,” *MNN*, Winter 1983-1984, Vol 7, No 3 14

[20] Temkin, Tanya “Sterilization abuse, social Darwinism, and psychiatric control – Part 1,” *MNN*, Fall 1980, Vol 6, No 1 6

[21] Ibid

[22] Lapon, Lenny and Arrow “Therapy as oppression,” *MNN*, Fall 1980, Vol 6, No 1 10 (emphasis added)

[23] Chamberlin, Judi “Women’s oppression & psychiatric oppression ” *MNN*, Spring 1977, Vol 4, No 2 8

[24] Ibid

[25] Ibid

[26] Batiya “Mad woman,” *MNN*, February 1975, Vol 3, No 6 4

[27] Ibid

[28] Zinman, Sally “Where do we go from here?” [Zinman’s letter contributing to this discussion], *MNN*, Late Summer 1978, Vol 5, No 1 15

[29] All quotations in this paragraph attributed to Latz in Latz, John “Where do we go from here? Keep left for a change” [Latz’s letter contributing to this discussion], *MNN*, Winter 1979, Vol 5, No 3 5

[30] Harp, Howie the “Crazy and proud” [Song lyrics], *MNN*, Fall 1980, Vol 6, No 1 17

[31] Merkin, Ronald [Letter], *MNN*, June 1974, Vol 2, No 3 23

[32] The title of this antipsychiatric conference varied slightly over the years For purposes of clarity and brevity, I shall refer to it as the “Annual Conference ”

[33] “The L A Conference” [Su Budd’s commentary], *MNN*, Winter 1978, Vol 4, No 5 10

[34] Rose “Rose Mad people are revolutionaries,” *MNN*, Winter 1985, Vol 7, No 5 4

[35] Lilly, John “Madness or ‘the history of religion is the history of madness’,” *MNN*, undated [1973] Vol 1, No 4 1 I am tentatively assuming that this a reprint from the article by the psychologist and researcher John C Lilly, as there was an asterisk at the end of the title indicating the name of the author, but with no further comment as to original published source

[36] Ibid

[37] Ibid See also Porter, Roy 1987 *A social history of madness the world through the eyes of the insane* New York, NY Weidenfeld & Nicholson, 82-102, 103-112 In this, the fifth chapter of his book, Porter discusses the experience of several Christian men of the 17th and 18th century who interpreted their mad visions in a variety of ways Moreover, the following chapter discusses, in part, the situation of Marjorie Kempe, “born around 1373,” (Ibid, 106) whose life story “is effectively the very first autobiography in the English language” (Ibid, 103) Porter points out that while Kempe saw her visions and tribulations as both reprobation from God, and later as “secret signals of holiness” (Ibid, 107) Others debated whether her visions and behaviour signalled the intervention of God or of the Devil Perhaps predictably, as Porter asserts, her experiences, in modern terms, have been interpreted as a mental disorder “Modern psychiatry dubs Margery Kempe as a hysteric” (Ibid, 112)

[38] Laing actually took more than one point of view on schizophrenia For example, in *Sanity, Madness, and the Family*, Laing and Esterson attempt to show how “schizophrenia” can be both a realistic and symbolic expression of oppressive family situations Laing, R D and Aaron Esterson 1970/[1964] *Sanity, Madness, and the Family Families of Schizophrenics* Baltimore, MD Penguin On the other hand, in *The Politics of Experience*, among other points of view, Laing considers the overall social-political and familial contexts of madness (Chapter 3, pp 49-64) He also considers “schizophrenia” from the point of view of labelling theory not too distant from the Szaszian point of view “There is no such ‘condition’ as ‘schizophrenia’, but the label is a social fact and the social fact a *political event* It is a social prescription that rationalizes a set

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of social actions whereby the labelled person is annexed by others, who are legally sanctioned, medically empowered, and morally obliged, to become responsible for the person labelled" (p 100) Laing, R D 1967 *The Politics of Experience And The Bird of Paradise* Baltimore, MD Penguin

[39] "Some people wittingly, some people unwittingly, enter or are thrown into more or less total inner space and time Sometimes, having gone through the looking glass, through the eye of the needle, the territory is recognized as one's lost home but most people now in inner space and time are, to begin with, in unfamiliar territory " Laing, R D 1967 *The Politics of Experience And The Bird of Paradise* Baltimore, MD Penguin, 103-104

[40] Favreau, 206

[41] This and all subsequent quotations in this paragraph from Sanbower, Martha "Healing the wounds " *MNN*, Summer 1986, Vol 8, No 3 4

[42] Ibid

[43] Donnelly, Teresa "A mystical experience," *MNN*, Summer 1977, Vol 4, No 3 4, 5

[44] Carlos Castaneda was an anthropologist who wrote a popular series of books about what he alleged were his mystical experiences with a shaman, Don Juan These experiences, while induced by hallucinogenic drugs such as peyote, were seen by Castaneda as embodying mystical truths See, for example Castaneda, Carlos 1968 *The teachings of Don Juan a Yaqui way of knowledge* Berkeley, CA University of California Press, Castaneda, Carlos 1971 *A Separate Reality further conversations with Don Juan* New York Simon and Schuster

[45] Ellingson, Carolyn "A little help from her friends (a response to people who ask, 'But what is the alternative?'," *MNN*, Spring 1978, Vol 3, No 6 22

[46] Ahni "Struggle for rebirth," *MNN*, [No month or season indicated], 1976, Vol 3, No 6 4

[47] Harrison, Patrick George "A conception of insanity," *MNN*, June 1974, Vol 2, No 3 10

[48] King, Cathy "Secrets " *MNN*, Fall 1985, Vol 8, No 1 88

[49] Roche, Raymond "The Web " *MNN*, Fall 1985, Vol 8, No 1 88

[50] "Madness is not madness, at least not what you have in hour head as to what my madness is Madness is an attitude, a value judgement " Lilly, John "Madness or 'the history of religion is the history of madness'," *MNN*, [undated, 1973] Vol 1, No 4 1

[51] For a fascinating discussion of spirituality and the spiritual awakening in the context of the developing rapprochement between some members of the mad movement and psychiatric discourse, see Clay, Sally "Stigma redefined the repression of spirituality," *MNN*, Spring 1986, Vol 8, No 2 16, 17 In this article, Clay was addressing both "(ex)inmates" and "representatives from local branches of the 'National Alliance for the Mentally Ill' (NAMI)" (p 16) Here, she critiques the medical model while also accepting certain tenets of it Ultimately, she argues that spiritual experiences should not immediately be discounted as meaningless psychosis For Clay, to do so is another form of "stigma "

[52] Berlim, Marcelo, Fleck, Marcelo P A , and Edward Shorter 2003 "Notes on antipsychiatry " *European Archives of Psychiatry and Clinical Neuroscience*, Vol 253, No 2 66 Even these authors, however acknowledge variation in antipsychiatry, noting that "[T]he Italian movement was not a typical example of antipsychiatry in the sense of denying the reality of mental illness, it was rather a strongly politicized enterprise that saw mental illness as organically related to social adversity " (Ibid)

[53] Crossley, Nick "R D Laing and the British anti-psychiatry movement a socio-historical analysis," *Social Science and Medicine*, Vol 47, No 7 878 Crossley himself seems to interpret antipsychiatry as abolitionism in the following "Anti-psychiatrists did not question particular treatments or policies, nor did they simply argue for a more humane psychiatry [T]hey questioned the very basis of psychiatry itself its purpose, its foundational conception of mental illness and the very distinction between madness and sanity itself" Yet, even here, arguably, Crossley's emphasis is on questioning and critique, not specifically on abolitionism, per se Still, Crossley's portrayal approaches an assertion of abolitionism, even though he begins by admitting that the definition of antipsychiatry is not fixed See also Rissmiller, D and Rissmiller, J 2006 "Evolution of the antipsychiatry movement into mental health consumerism," *Psychiatric Services* 57 863-866 These authors emphasize the evolution in the views of proponents of antipsychiatry over the years, in some ways reflecting the discussion of the changes in the mad movement elaborated in this dissertation

[54] Double, Duncan 2000 "Critical psychiatry," *CPD Bulletin Psychiatry*, Vol 2 [33], as reprinted on the Critical Psychiatry Network website, retrieved from
http //www critpsynet freeuk com/criticalpsychiatry htm

Elsewhere, Double writes, "The word anti-psychiatry is not without meaning, but it does seem difficult to define precisely..." Double, D.B. 2006. "Historical perspectives on anti-psychiatry," in D.B. Double (ed). *Critical psychiatry: the limits of madness*. New York, NY: Palgrave Macmillan, 38. Further, he writes, "No doubt anti-psychiatry had its excesses. Ultimately Cooper, and possibly Laing, were more interested in seeking personal liberation than changing psychiatry. Few would want to go as far as Szasz in proposing running a society without specific mental health law. However, the term anti-psychiatry clearly covers more than these immoderate aspects." Ibid, 39.

[55] Ibid.

[56] Reed, Richard. "Memories of mental hospitals: {Excerpts from transcript of tape made in Nov., [sic] 1968}," July, 1975, Vol. 3, No. 2, 10.

[57] Ibid.

[58] Ibid, 11.

[59] Frank, Leonard Roy. "The Frank papers," *MNN*, December 1974, Vol. 2 No. 5: 12-15. Frank's vegetarianism, and "victory" over it (for example, his "willing" consumption of clam chowder, which would clearly be in violation of Jewish dietary laws) is alluded to on every page of this article in the hospital notes.

[60] Ibid, 14.

[61] Ibid, 15.

[62] Ibid.

[63] Ibid, 16.

[64] Ibid. (Likely, this refers to a "Schick" brand razor, but because I am not certain of this, I have not placed "[sic]" next to this word.

[65] For similar examples of the strategy of presenting institutional documentation as testimony, see: "A season in hell," *MNN*, July, 1975, Vol. 3, No. 2: 6, 7, 8; "The Mahler papers: The making of a 'mental patient'," *MNN*, Fall 1984, Vol. 7, No. 4: 20, 21, 22.

[66] Considering that these testimonies were made public by *MNN*, itself, and also were made public at conferences, protests, etc., I would argue they had at least two other purposes: (1) to allow people to express the pain of their experiences of psychiatry to an affirming readership or audience and (2) to build solidarity among those telling these stories and listening to them being told.

[67] *MNN*, December 1974: Vol. 2, No. 5: "Special issue: prison psychiatry."

[68] See, for instance: Keller, Shirley; Freeman, Cindi; and Nadene Weaver. [Letter]. *MNN*, Fall 1977, Vol. 4, No. 4: 16; Snook, Don. [Letter], *MNN*, Winter 1978: Vol. 4, No. 4: 5; Eckstrom, Carl. [Letter], *MNN*, Spring 1978, Vol. 4, No. 6: 4; Shannon, Timothy. [Letter], *MNN*, Winter 1981, Vol. 6, No. 2: 27.

[69] See, for instance: "Peter Breggin Visits the Bay Area," *MNN*, [undated – December, 1973 by evidence], Vol. 2, No. 1, 12, 13; [Untitled, concerning anti-psychosurgery demonstration], *MNN*, Summer 1977, Vol. 4, No. 3, [unpaginated – 16, 17]; Ex-V.A. Hospital Patient [otherwise unsigned]. [Letter], *MNN*, Late Summer 1978, Vol. 5, No. 1: 4; Temkin, Tanya. "Psychosurgery approved," *MNN*, Winter 1979, Vol. 5, No. 3: 6, 10, 22; Markham, Alan. "The origin of lobotomy," *MNN*, Fall/Winter 1982-1983, Vol. 6, No. 6: 9; Mendelsohn, Stephen. "Destruction of 'brains devoid of value'," *MNN*, Fall/Winter 1982-1983, Vol. 6, No. 6: 10.

[70] See also: Friedberg, John. "Crazies running amok?" *MNN*, [Late 1973 – Date uncertain], *MNN*, Vol. 2, No. 1: 4; Hull, John. "Diary of a psychiatric student crazy," *MNN*, February, 1974, Vol. 2, No. 2: 1, 3, 4, 5; Mon, David. "Wrestling..[sic] the system: recollections of a former psychiatric aide," *MNN*, September, 1974, Vol. 2, No. 6: 21, 22; Casey, K. "Registered nurse protests use of ECT," *MNN*, September, 1974, Vol. 2, No. 6: 23; Schucker, Gayle. "Nurses say no!!: resignation letter to Herrick Hospital, June 11, 1975," *MNN*, October, 1975, Vol. 3, No. 3: 11; Daymoon, Jackie. "Notes from Napa State: diary of a student psych tech," *MNN*, Summer 1977, Vol. 4, No. 3: [unpaginated – 22, 23].

[71] See, for example, the "Dr. Caligari" columns: "Pursuing psychiatrick [sic] pill pushers," *MNN*, February, 1974, Vol. 2, No. 2: 16, 17; "The alternative to opiates," *MNN*, [No month or season], 1976, Vol. 3, No. 6: 14, 15, 16; "Prolixin: Big Brother in injectable form," *MNN*, October, 1976, Vol. 4, No. 4: 20, 21; "Amphetamines: or more chemical weirdness," *MNN*, Winter 1978, Vol. 4, No. 5: 12, 13; "Lithium: the great pretender," *MNN*, Summer/Fall 1979, Vol. 5, No. 5: 1, 21.

[72] "Dr. Caligari." "The use and misuse of psychiatric drugs in California's mental health programs: or, not ignoring the obvious," *MNN*, Fall 1977, Vol. 4, No. 4: 14, 15.

[73] "Dr. Caligari." "Forced drugging in the womb and breast: Part I," *MNN*, Fall 1980: 22, 23; "Dr.

Caligari." "Forced drugging in the womb and breast: Part II," *MNN*, Winter 1981, Vol. 6, No. 2: 14, 15.

[74] "Dr. Caligari." "Informed consent and psychiatric drugs," *MNN*, Winter 1981-1982, Vol. 6, No. 4: 17, 18, 19, 20.

[75] "Dr. Caligari." "The elderly and psychiatric drugs." *MNN*, Summer 1982, Vol. 6, No. 5: 15, 16, 17, 18, 19.

[76] "Dr. Caligari." "Informed consent and psychiatric drugs," *MNN*, Winter 1981-1982, Vol. 6, No. 4: 17, 18, 19, 20.

[77] Zinman, Sally. "Dr. Rosen's 'cure': dungeon therapy," *MNN*, Winter 1978, Vol. 4, No. 5: 1.

[78] "Two aides of Rosen's, one a large male and one, a female, my mother, father, and sister arrived unannounced at my apartment in New York City...They helped me pack, telling me I was going to Florida." Ibid. In actuality, as noted, Zinman was taken to Rosen's facility in Pennsylvania.

[79] Ibid.

[80] Ibid.

[81] In an article several years later, Zinman writes that Rosen in fact pleaded guilty of three violations of the Pennsylvania Medical Practices Act, although he was charged with 102 counts of sexual and physical abuse. While he avoided a public hearing by pleading guilty, his license was permanently revoked, albeit at the age of 79 after decades of practice. See: Zinman, Sally. "Psychiatry's wonder boy loses his license," *MNN*, Summer 1983, Vol. 7, No. 2: 4. A further civil suit was also laid against Rosen by a women who stated that he had forced her "to participate in acts of oral sex, anal sex, homosexuality, and at least 65 group sex sessions with Doctors [sic] and other 'patients'" as a part of her "therapy" while under the "care" of Rosen. That suit was settled for $160,000. Zinman, Sally. "Rosen pays again," *MNN*, Winter 1983-1984, Vol. 7, No. 4: 17.

[82] Hirsch, Sherry. "Feminist therapy: a controversy." *MNN*, February, 1975, Vol. 3, No. 6: 17. See also: Heaney, Lois and Mickey Duxbury. "Feminist therapy??" *MNN*, February, 1975, Vol. 3, No. 6: 16, 17; Lapon, Lenny and Arrow. "Therapy as oppression" [Reprint from *Community* newspaper], *MNN*, Fall 1980, Vol. 6, No. 1: 10, 11. Reprint from *Community* newspaper.

[83] Chamberlin, Judi. "Third Annual National Conference on Human Rights & Psychiatric Oppression: organizing? or disorganizing? [Judi Chamberlin's report]," *MNN*, October, 1975, Vol. 3, No. 3: 4.

[84] Ibid.

[85] Lapon, Lenny. "Co-optation and democracy," *MNN*, Winter 1985, Vol. 7, No. 5: 6.

[86] Lapon, Lenny and John Judge. "An appeal for an independent anti-psychiatry movement," MNN, Fall 1985, Vol. 8, No. 1: 12.

[87] Boldt, Anne. "Desperate days." Ibid, 23.

[88] It may not be the case that this article represented the views of everyone working on the paper at that time. The Collective was actually in the throes of dissolution, though this was likely a very strong, if not majoritarian view. See: "Where we're at," *MNN*, Summer 1986, Vol. 8, No. 3: 2.

[89] MNN Collective. "Working draft to abolish psychiatry." *MNN*, Summer 1986, Vol. 8, No. 3: 3.

[90] Ibid.

[91] Ibid, (emphases added).

[92] Ibid, 5.

[93] Gotkin, Janet and Paul Gotkin. 1975. *Too much anger, too many tears: A personal triumph over psychiatry*. New York: Quadrangle.

[94] Gotkin, Janet. "Electroshock: a modern medical shame," *MNN*, Fall 1985, Vol. 8, No. 1: 6.

[95] On Our Own. "A resolution to abolish psychiatric drugs." *MNN*, Spring 1986, Vol. 8, No. 2: 8; On Our Own. "A resolution to abolish electroshock in Ontario," *MNN*, Summer 1986, Vol. 8, No. 3: 10.

[96] Darabanar, Richard. "The mirage of free choice," *MNN*, Fall 1984, Vol. 7, No. 4: 17.

[97] Ibid.

[98] This argument, by extension, could also refer to outpatient settings in which the psychiatrist, or other mental health worker, threatens hospitalization if the patient does not submit to behavioural or treatment demands made by the psychiatrist or mental health worker.

[99] All quotations in this paragraph from: Network Against Psychiatric Assault. "N.A.P.A: Network Against Psychiatric Assault: what we are," *MNN*, Feb. 1974, Vol. 2, No. 2: 8.

[100] Crossley: 878. While it is true that Crossley focuses chiefly on R.D. Laing (and to a lesser extent, despite the title of his article, on the "British anti-psychiatry movement"), these words are true of the grassroots radicals of the early mad movement in the U.S., as well.

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[101] Ibid.

[102] Loehde, Anna B. [Letter to *MNN*], *MNN*, June 1974, Vol. 2, No. 3: [23 (unpaginated)].

[103] Nevertheless, the following indicates the antipsychiatric views among the lawyers associated with LAMP which may imply an abolitionist position among those at The Centre for The Study of Legal Authority and Mental Patient Status: "...[G]iven our understanding of 'mental illness,' we're of course not convinced that persons accused of mental illness need professional care; though they may well, like the rest of us, perhaps more or less so, need caring." See: "LAMP," *MNN*, [Undated – likely 1973], Vol. 2, No. 1: 8.

[104] I emphasize the word "events," here, as opposed to "orientation." Civil libertarianism can be a strategy for an underlying abolitionist orientation as well as an orientation in itself. I would assert that one cannot conclude that these columns are evidence of a tension between abolitionists and civil libertarians.

Nevertheless, as in all social movements, the views of people may, while sharing common values, range across a spectrum. Moreover, as in all social movements, some activists may decide to focus on one set of strategies, while other activists focus their efforts in other directions. Finally, it is possible that some activists views fluctuated based on experiences (including victories and defeats) as well as based on context (i.e., in one setting one might put forward a stronger position, in another context a less forceful position). To some extent, as the title of this dissertation applies, some activists may have held unsettled opinions. Certainly, there is evidence that the views of some early radicals changed over time towards the alternativist-reformist orientation discussed in Chapters 7-10. At the same time, others held firm to their views.

[105] The "LAMP notes" column is sometimes, but not always, credited to Bob (or Robert) Roth.

[106] The final "Leg and lit" column – the last of the columns directly entitled to indicate a focus on legislation and litigation, was written by Anne Boldt. See: Boldt, Anne. "Leg and lit," *MNN*, Spring 1983, Vol. 7, No. 1: 29.

[107] See, for example: "LAMP," *MNN*, February 1974, Vol. 2, No. 2: 18; Roth, Bob. "LAMP notes," *MNN*, October 1975, Vol. 3, No. 3: 18; Roth, Bob. "LAMP Notes," *MNN*, February 1975, Vol. [3], No. 6 [Volume number likely misprinted: Probably Vol. 2, No. 6]: 30, 31; "Legislation and litigation," Late Summer 1978, Vol. 5, No. 1: 12; "Legislation and litigation," Winter 1979, Vol. 5, No. 3: 19; "Legislation and litigation," *MNN*, Winter 1981-1982, Vol. 6, No. 4: 25.

[108] See, for example: Roth, Bob. "LAMP Notes," July 1975, Vol. 3, No. 2: 8, 9; Roth, Bob. "LAMP Notes," *MNN*, October 1975, Vol. 3, No. 3: 18; Roth, Bob. "LAMP Notes," 1976 [otherwise undated], Vol. 3, No. 6: 20; "Legislation and litigation," Late Summer 1978, Vol. 5, No. 1: 12; "Legislation and litigation," Winter 1979, Vol. 5, No. 3: 19 ; "Legislation and litigation," *MNN*, Spring 1979, Vol. 5, No. 4: 16, 17; "Legislation and litigation," *MNN*, Summer/Fall 1979, Vol. 5, No. 5: 10, 11; "Legislation and litigation," *MNN*, Fall 1980, Vol. 6, No. 1: 18, 19; "Legislation and litigation," *MNN*, Winter 1981, Vol. 6, No. 3: 23; "Legislation and litigation," *MNN*, Winter 1981-1982, Vol. 6, No. 4: 23, 24.

[109] See, for example: Roth, Bob. "LAMP Notes," *MNN*, February 1975, Vol. [3], No. 6 [Volume number likely misprinted: Probably Vol. 2, No. 6]: 30, 31; "Legislation and litigation," *MNN*, Summer 1977, Vol. 4, No. 3: [C1]. Note: This issue of *MNN* had a "Center Section," which, while was both followed different pagination than the rest of the issue and was, in actually, not numerically paginated. The basis for this lawsuit to stop electroshock at Mississippi State Hospital is unclear, but based on the following statement was likely grounded in the allegation of violation of state law. According to the article, "Defendants claim that the present practices are in compliance with state law and there is no issue to be tried." See also: "Legislation and litigation," Late Summer 1978, Vol. 5, No. 1: 13; "Legislation and litigation," Winter 1979, Vol. 5, No. 3: 18; "Legislation and litigation," *MNN*, Winter 1981-1982, Vol. 6, No. 4: 24;

[110] See, for example: "Legislation and litigation," *MNN*, Fall 1977, Vol. 4, No. 4: 10; "Legislation and litigation," Late Summer 1978, Vol. 5, No. 1: 13; "Legislation and litigation," *MNN*, Summer/Fall 1979, Vol. 5, No. 5: 10; "Legislation and litigation," *MNN*, Winter 1980, Vol. 5, No. 6: 7, 8; "Legislation and litigation," *MNN*, Fall 1980, Vol. 6, No. 1: 19; "Legislation and litigation," *MNN*, Winter 1981, Vol. 6, No. 3: 22, 23, 24.

[111] "Legislation and litigation," *MNN*, Fall 1977, Vol. 4, No. 4: 10; "Legislation and litigation," Late Summer 1978, Vol. 5, No. 1: 13.

[112] See, for example: "Notes from LAMP," *MNN*, February 1974, Vol. 2, No. 2: 18, 19, 20.

[113] "Legislation and litigation," Late Summer 1978, Vol. 5, No. 1: 12; "Legislation and litigation," Winter 1979, Vol. 5, No. 3: 18.

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[114] See, for example: "LAMP notes," *MNN*, December 1974, Vol. 2, No. 5: 11; "Legislation and litigation," *MNN*, Spring 1979, Vol. 5, No. 4: 16; "Legislation and litigation," *MNN*, Summer/Fall 1979, Vol. 5, No. 5: 11; "Legislation and litigation," *MNN*, Winter 1981-1982, Vol. 6, No. 4: 22, 23.

[115] See, for example: "Legislation and litigation," *MNN*, Summer/Fall 1979, Vol. 5, No. 5: 10; "Legislation and litigation," *MNN*, Winter 1981, Vol. 6, No. 3: 23.

[116] See, for example: "Notes from LAMP," *MNN*, [1973 – otherwise undated], Vol. 1, No. 4: 5; "Legislation and litigation," *MNN*, Winter 1980, Vol. 5, No. 6: 8; "Legislation and litigation," *MNN*, Fall 1980, Vol. 6, No. 1: 18; "Legislation and litigation," *MNN*, Vol. 6, No. 3: 22.

[117] See, for example: Roth, Robert. "LAMP Notes," *MNN*, 1976 [otherwise undated], Vol. 3, No. 6: 20.

[118] See, for example: Roth, Bob. "LAMP Notes," *MNN*, 1976 [otherwise undated], Vol. 3, No. 6: 20; "Legislation and litigation," *MNN*, Winter 1979, Vol. 5, No. 3: 18.

[119] See, for example: "Legislation and litigation," *MNN*, Summer 1977, Vol. 4, No. 3: [C1]. Note: This issue of *MNN* had a "Center Section," which, while was both followed different pagination than the rest of the issue and was, in actually, not numerically paginated. See also: "Legislation and litigation," *MNN*, Fall 1977, Vol. 4, No. 4: 10; "Legislation and litigation," *MNN*, Late Summer 1978, Vol. 5, No. 1: 13; "Legislation and litigation," *MNN*, Spring 1979, Vol. 5, No. 4: 16.

[120] See, for example: "LAMP notes," *MNN*, February, 1974, Vol. 2, No. 2: 18; "Legislation and litigation," *MNN*, Late Summer 1978, Vol. 5, No. 1: 13.

[121] "Legislation and litigation," *MNN*, Spring 1979, Vol. 5, No. 4: 17. The lawsuit referred to in this case was a $3 million dollar damage suit "filed on behalf of Jack Smith against the State of Michigan." The article continues, "Jack Smith was born in a state institution for the mentally ill, and spent the next 54 years in institutions for the retarded and insane. Authorities assumed that Mr. Smith must be mentally incompetent since his mother gave birth to him in a psychiatric institution and his father was an alcoholic."

[122] The first mention I found of advocacy offices was in the following column: Roth, Bob. "LAMP notes," *MNN*, December 1975, Vol. 3, No. 4: [10? – confusing pagination, possible pages missing in document]. I did not find another mention of advocacy legislation until the Fall 1977 issue. See: "Legislation and litigation," *MNN*, Fall 1977: Vol. 4., No. 4: 10. See also: "Legislation and litigation," *MNN*, Winter 1978: Vol. 4, No. 5: 18.

An important reference to a bill in the U.S. Senate sponsored by Senator Hubert Humphrey is discussed in the Late Summer 1978 issue of *MNN*. This bill had provisions which eventually were incorporated in federal legislation passed in 1986 which extended the "Protection and Advocacy" (or P&A) system to "mentally ill" individuals. The 1986 legislation, which I discuss in Chapter 9, was a boon to alternativist-reformists as a source of funding for P&A programs which hired psychiatric "consumers" or "clients." See also: "Legislation and litigation," *MNN*, Fall 1980, Vol. 6, No. 1: 18.

[123] See: "Legislation and litigation," *MNN*, Winter 1978: Vol. 4, No. 5: 18. In this column, and excellent, and early, example of the relationship of the development of the concept of the "least restrictive alternative" as a positive right to less institutionally-oriented services is discussed. In Massachusetts, a lawsuit (Brewster v. Dukakis) was filed in an attempt "to compel the Commonwealth of Massachusetts to build and maintain a wide spectrum of community based alternatives to hospitalization." Intriguingly, this lawsuit was filed at approximately the same time that Judi Chamberlin's seminal book, *On our own*, was published. Chamberlin's book discussed the necessity for just such alternatives, and she advocated that these be controlled and operated by patients (and ex-patients), themselves. See: Chamberlin, Judi. 1978. *On our own: patient-controlled alternatives to the mental health system.* New York, NY: Hawthorn Books. (I discuss Chamberlin's book in Chapter 4.) See also: "Legislation and litigation," *MNN*, Late Summer 1978, Vol. 5, No. 1: 12.

[124] See: "Legislation and litigation," *MNN*, Spring 1979, Vol. 5, No. 4: 16.

[125] See: "Legislation and litigation," *MNN*, Winter 1981, Vol. 6, No. 2: 23.

[126] In a fascinating indication of the relationship between the implications of deinstitutionalization and the increasing desire, in the late 1970's and 1980's, of those in the mad movement who would eventually come to see the provision of alternatives as their main priority, the Late Summer 1978 Legislation and Litigation column discusses early "demonstration grants" (short-term grant funding for "innovative" projects) by the U.S. Department of Housing and Urban Development and the U.S. Department of Health, Education and Welfare: The column notes that these departments "are sponsoring an $18 million 'demonstration program' for housing ex-psychiatric inmates and others who are deemed to be 'chronically mentally ill.'" This article frames these grants in the following way: "The [demonstration] program is the federal government's idea

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of how to achieve deinstitutionalization of inmates from state and county institutions, while solving the problems of adequate housing for released ('dumped') ex-inmates." As we shall see in subsequent chapters, later demonstration grants had a significant role in the creation of "consumer-run" autonomous services by the A/R wing of the movement.

[127] See: "Legislation and litigation," *MNN*, Winter 1981-1982, Vol. 6, No. 4: 21, 22; "Leg and lit: social insecurity," *MNN*, Summer 1982, Vol. 6, No. 5: 20, 21.

[128] Disability benefits based on a history of work were initiated in 1956. See: 1983 Greenspan Commission on Social Security Reform: Appendix C of the 1983 Greenspan Commission on Social Security Reform: Chapter 4: additional statements: Major legislative changes in social security" [Chart], http://www.socialsecurity.gov/history/reports/gspan7.html (Accessed December 30, 2010). Disability benefits not requiring a work history (SSI) were passed into law in 1972; distribution of such benefits began in 1974. See: U.S. Social Security Administration. 2010. *Annual report of the Supplemental Security Income Program*. http://www.socialsecurity.gov/OACT/ssir/SSI10/ssi2010.pdf (15, 20). (Accessed December 30, 2010).

The SSI program has historically required people with emotional and mental difficulties to have "total" disabilities. While this may seem to suggest permanency, in fact people with significant emotional and mental difficulties have become beneficiaries of the program, and the "total disability" designation, while rhetorically striking has not, in the common sense of those terms, required a prediction of lifelong, unending "disability."

While Social Security law and policy have changed over the years, the stated policy regarding disability benefits has been consistent in terms of the requirement of "total" and "long-term" disability: The legislation adopted in 1935 and 1939 created the basic framework of Social Security, and all major legislation since then can be seen as filling in that framework: extending coverage to more and more workers, improving the level of protection, adding protection against loss of income from long-term and total disability: "The [Social Security-related] legislation adopted in 1935 and 1939 created the basic framework of Social Security, and all major legislation since then can be seen as filling in that framework: extending coverage to more and more workers, improving the level of protection, adding protection against loss of income from *long-term and total disability*..." Ball, Robert M.; Fierst, Edith U.; Johnson, Gloria T.; Jones Thomas W.; Kourpias, George; and Gerald M. Shea. "Social Security for the 21st century: a strategy to maintain benefits and strengthen America's family protection plan," http://www.socialsecurity.gov/history/reports/adcouncil/report/ball1.htm (Accessed December 30, 2010).

The current website of the Social Security Administration states: "The definition of disability under Social Security is different than other programs. **Social Security pays only for total disability**. No benefits are payable for partial disability or for short-term disability." However, the current website also states, "We consider you disabled under Social Security rules if:... Your disability has lasted or is expected to last for at least one year or to result in death. Your disability has lasted or is expected to last for at least one year or to result in death." These statements indicate the requirement of a "total" disability (based on the SSA's definition of "disability" as the following: "'Disability' under Social Security is based on your inability to work.") However, they do not indicate a requirement of *permanency* of disability, only of what the SSA considers "long-term" (one year or more [or resulting in death, which is obviously permanent]). See: "Disability planner: what we mean by disability," http://www.socialsecurity.gov/dibplan/dqualify4.htm (Accessed December 29, 2010). See also: "Disability programs: medical/professional relations: disability evaluation under social security: Sect. 12.00: Mental disorders," http://www.socialsecurity.gov/disability/professionals/bluebook/12.00-MentalDisorders-Adult.htm (Accessed December 30, 2010).

[129] "Leg and lit: social insecurity," *MNN*, Summer 1982, Vol. 6, No. 5: 21.

Notes to Chapter 3

[1] At least one quite controversial demonstration did happen at a religious facility, but this demonstration was antipsychiatric, not a call for recognition of spiritual experiences. Rather, in order to protest, in part, the treatment of a young African American male at St. Mary's Hospital, who was kept in total isolation from other patients and who was refused the right to talk to anyone, NAPA members protested at St.

Mary's Cathedral [presumably in San Francisco, though this is not made clear] The article reads, "With Gail Schucker dressed up as Jesus and tied up in sheets, she was carried on a stretcher down the center aisle of the Cathedral at the close of the Mass One extra-large picket sign read "HAVE MERCY SISTERS!" "NAPA goes to church," *MNN*, October 1975, Vol 3, No 2 20

[2] See "Napa Challenges Langley Porter," *MNN*, June 1974, Vol 2, No 3 21 [21]

[3] "NAPA Notes," *MNN*, July 1975, Vol 3, No 2 16 [16] This NAPA notes also mentioned that NAPA was supporting AB1032, a bill in the California Assembly, which was a second effort to legislate against forced shock

[4] It should be noted that the Citizen's Commission on Human Rights (CCHR) was founded by the Church of Scientology It should also be noted that despite occasional presence of CCHR activists at mad liberation events, the wider mad liberation movement was, and is, affiliated neither with CCHR nor the Church of Scientology

[5] "Movement Notes," *MNN*, Summer 1977, Vol 4, No 3 21

[6] Boldt, Anne "NAPA pickets shock shop [in "Movement notes" section]," *MNN*, Winter 1981-1982, Vol 6, No 4 8

[7] Miller, Jenny "New coalition challenges shock 'treatment'," *MNN*, Summer 1982, Vol 6, No 5 6

[8] Ibid, 5

[9] Quigley, Barbara "'Ban Shock' on Berkeley ballot," *MNN*, Fall/Winter 1982-1983, Vol 6, No 6, 21

[10] "Electroshock hearings in Berkeley" [Multiple testimonies], *MNN*, Spring 1983, Vol 7, No 1 6

[11] Quigley, Barbara "Berkeley electorate bans shock power outage for 41 days," *MNN*, Spring 1983, Vol 7, No 1 1, 3, 4, Oaks, David "Banning Shock," *MNN*, Spring 1983, Vol 7, No 1 4, Frank, Leonard Roy "Reflections on the campaign," *MNN*, Spring 1983, Vol 7, No 1 5

[12] "Berkeley anti-shock campaign [collage of reprints], *MNN*, Vol 7, No 1 24, 25

[13] Quigley, Barbara "Court ruling causes aftershock," *MNN*, Summer 1983, Vol 7, No 2 1

[14] [Author uncertain] "Herrick – beware the Ides of March," Summer 1983, Vol 7, No 2 1, 3, House, Margaret "Commentary on the March 15 Action," Summer 1983, Vol 7, No 2 3, 4

[15] Miller, Jenny "Berkeley's shock ban overturned supporters vow fight," *MNN*, Winter 1983-1984, Vol 7, No 3 1, 3

[16] As we shall see in Chapters 5 and 6, the lesson of the emotional resonance of campaigns against electroshock may likely have influenced at least one person reporting about the ban in the Spring 1983 issue of MNN – David Oaks Oaks went on to found *Dendron*, a magazine which revived and kept alive the radical vision of the mad liberationists into the 1990s and beyond At least for some years, *Dendron* reported frequently on the issue of electroshock

[17] "Movement notes NAPA protests psychosurgery endorsement," *MNN*, Spring 1977, Vol 4, No 2 21

[18] For a discussion of the protests and events which pressured Califano to sign the regulations, see Longmore, Paul K 2003 *Why I burned my book and other essays on disability* Philadelphia, PA Temple University Press, 105-111, Bowe, Frank 1986 *Changing the rules* Silver Spring, MD T J Publishers, 181-196 Bowe's personal account of the events is, I believe, less often cited, but important, as he was the chief executive officer of an early and highly active cross-disability coalition organization in the U S , the American Council of Citizens with Disabilities (ACCD) As Bowe writes, once under enforcement on the basis of regulations signed by Califano in 1977, "[The HEW section 504 regulation] required that all new facilities built with federal funds or grants be made accessible to people with disabilities, all existing facilities had to be made accessible within two months " *Changing the rules,* 195 (Note that Bowe refers to the document signed by Califano in the singular, not the plural – i e , "regulation ")

[19] "Movement notes protesting psychosurgery," *MNN*, Summer 1977, Vol 4, No 3 [unpaginated – 20]

[20] Ibid

[21] Ibid

[22] "National Day of Protests against Psychosurgery," *MNN*, Winter 1978, Vol 4, No 5 14, 15

[23] Ibid

[24] "Movement notes Boston, Mass ," *MNN*, Autumn 1978, Vol 5, No 2 12

[25] "Movement notes Mental Patients' Alliance," *MNN*, Fall 1985, Vol 8, No 1 42 Given that the date of the protest given in the article was over a year prior to the appearance of this issue, either the date is a misprint or this was a belated report

[26] Boldt, Anne "The conference in Philadelphia report on the conference [Anne Boldt's report]," *MNN*, Late Summer 1978, Vol 5, No 1 7

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[27] Ibid.

[28] "Boycott & demonstrations against Smith Kline & French,", *MNN*, Winter 1979, Vol. 5, No. 3: 9.

[29] Kovary, Myra. "'Psychiatry in the '80's': ex-inmates fight back," *MNN*, Winter 1981-1982, Vol. 6, No. 4: 6.

[30] "Sleep in at Gov. Brown's office," *MNN*, October 1976, Vol. 3, No. 3: 8.

[31] Ibid.

[32] For example, see: Clark, Dorothy and Aniello Biscardi. 1963. "Industrial therapy in a large psychiatric hospital," *Psychiatric Quarterly*, Vol. 37, No. 4: 631-641. These authors argue for the "therapeutic value" of work at Pilgrim State Hospital in New York, which at that time, they note, incarcerated *sixteen thousand* patients. Emphasizing that the implementation of such a plan is within the ambit of occupational therapists, they write, "The inclusion of hospital industry as part of total treatment is a logical extension of the concept that work, properly applied, is therapeutic..." (Ibid, 631). They also indicate possible benefits to the hospital: "Under a voluntary work program, industrial areas often suffered from lack of patient help; while, at the same time, patients were losing the potential benefits of participation in meaningful occupation. With therapeutic assignment to industry, the hospital benefits" (Ibid). Work assignments were not carried out by means of traditional job applications; rather, psychiatrists "prescribed" this therapy with "Prescription Form POT-250" (Ibid, 636).

There was an incentive to engage in this labour beyond its "therapeutic value," though it was not money, for "when a patient fails to make an adjustment to any of the jobs assigned, [it has been a practice] to regard this as a sign of lack of readiness both for the responsibilities of retaining an honor card and for consideration for release" (Ibid, 637). Another alternative to monetary compensation was provided, as well: "...[A] recommendation was made that, as the occupational therapy department was unable to reward the patients monetarily, it might be advisable to inquire into the possibility of installing coffee machines in key areas. These machines are now in use, with good effect upon patient morale" (Ibid, 640).

For a more respectful historical account of the lives and labour of psychiatric patients, see: Réaume, Geoffrey. *Remembrance of patients past: Patient Life at the Toronto Hospital for the Insane, 1870-1940*. Oxford, UK: Oxford University Press.

[33] "Sleep-in at Gov. Brown's Office [testimony of Dianne Walker]," *MNN*, October 1976, Vol. 3, No. 3: 9.

[34] "Sleep-in at Gov. Brown's office [testimony of Ron Schreiber]," *MNN*, October 1976, Vol. 3, No. 3: 9.

[35] "Movement notes: march on Metropolitan," *MNN*, Summer 1977, Vol. 4, No. 3: [unpaginated – 20].

[36] Hudson, Wade. "A comment on alternatives," *MNN*, September 1974, Vol. 2, No. 4: 7.

[37] "Movement notes: march on Metropolitan," *MNN*, Summer 1977, Vol. 4, No. 3: [unpaginated – 20].

[38] "Movement notes: Philadelphia, PA.," *MNN*, Fall 1977, Vol. 4, No. 4: 11.

[39] Ibid.

[40] "Movement Notes: Northern California," *MNN*, Summer/Fall 1979, Vol. 4, No. 5: 9.

[41] "Movement Notes: Kansas," *MNN*, Spring 1979, Vol. 5, No. 4: 7.

[42] Ibid. Of course, one could argue that the refusal to post a list of rights is, itself, a rights violation.

[43] "Does the Constitution Stop at the 'Hospital' Gate?" *MNN*, Spring 1979, Vol. 5, No. 4: 6.

[44] Ibid.

[45] Ibid.

[46] Ibid.

[47] Arrow. "Victory for the Haverford Four," *MNN*, Fall 1980, Vol. 6, No. 1: 1.

[48] Harris, Bob. "Movement notes: activists win right to organize at State Hospital," *MNN*, Winter 1981-1982, Vol. 6, No. 4: 7.

[49] Supplemental Security Income (SSI) is one form of disability welfare in the United States.

[50] Aid to Families with Dependent Children (AFDC) was another form of welfare in the United States.

[51] Harp, Howie the. "Thousands rally in Sacramento against cuts," *MNN*, Summer 1981, Vol. 6, No. 3: 1.

[52] Ibid.

[53] "Movement notes: ex-inmates take on SSA: Los Angeles," *MNN*, Spring 1983, Vol. 7, No. 1: 20. "SSA" stands for the Social Security Administration, which is the federal agency in charge of various forms of disability and retirement pensions funded by the Federal government.

[54] Ibid.

[55] Again, "SSA" stands for the Social Security Administration. Supplemental Security Income (SSI), is one of the SSA's disability welfare programs. "NAPA Legal Services Project: With the help of a 314d grant from the State Department of Health, NAPA will begin an expanded legal services program starting

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October 1....Volunteers are needed...to help with all aspects of getting people out of psychiatric institutions and keeping them out; this means aid in finding housing, *getting on SSI*, etc...." "NAPA notes: NAPA Legal Services Project," *MNN*, October 1976, Vol. 4, No. 1: 19 (emphasis added).

[56] In Chapter 7, I discuss further how the alternativist-reformist wing of the movement grappled with the concept of disability in relation to madness, as well as the pragmatic intentions behind the adoption of the discourse of disability in relation to the same.

[57] Collins, Jenny. "The Boston conference: four personal accounts [Jenny Collins' account]," *MNN*, October 1976, Vol. 4, No. 1: 3.

[58] Harris, Bob. "The Boston conference: four personal accounts [Bob Harris' account]," *MNN*, October 1976, Vol. 4, No. 1: 5.

[59] Walker, Dianne. "The Boston conference: four personal accounts [Dianne Walkers' account]," *MNN*, October 1976, Vol. 4, No. 1: 6.

[60] Jude. "The L.A. conference [Jude's account]," *MNN*, Winter 1978, Vol. 4, No. 5: 8.

[61] Zinman, Sally. "The L.A. conference [Sally Zinman's account]," *MNN*, Winter 1978, Vol. 4, No. 5: 11.

[62] Quigley, Barbara. "I felt like I belonged there," Winter 1981-1982, Vol. 6, No. 4: 13.

[63] Walker, Dianne. "The Boston conference: four personal accounts [Dianne Walkers' account]," *MNN*, October 1976, Vol. 4, No. 1: 6.

[64] Stanley, Richard. "The L.A. conference [Richard Stanley's account]," *MNN*, Winter 1978, Vol. 4, No. 5: 9.

[65] Boldt, Anne. "The conference in Philadelphia," *MNN*, Late Summer 1978, Vol. 5, No. 1: 7.

[66] Chamberlin, Judi. "The Eighth International Conference on Human Rights and Psychiatric Oppression: impressions and observations [Judi Chamberlin's report]," *MNN*, Fall 1980, Vol. 6, No. 1: 14..

[67] Frank, Leonard. "The Eighth International Conference on Human Rights and Psychiatric Oppression: impressions and observations [Leonard Frank's report]," *MNN*, Fall 1980, Vol. 6, No. 1: 12.

[68] Quigley, Barbara. "10th International Conference on Human Rights and Psychiatric Oppression: Toronto May 14 thru 18, 1982: impressions [Barbara Quigley's report]," *MNN*, Fall/Winter 1982-1983, Vol. 6, No. 6: 3.

[69] See: Boldt, Ann. "The conference in Philadelphia [Ann Boldt's report]," *MNN*, Late Summer 1978, Vol. 5, No. 1: 6; Quigley, Barbara. "10th International Conference on Human Rights and Psychiatric Oppression: Toronto – May 14 thru 18, 1982: impressions [Barbara Quigley's report]," *MNN*, Fall/Winter 1982-1983, Vol. 6, No. 6: 3. There was also at least one conference where significant acts of vandalism were committed by participants. See: Walker, Dianne. "The Boston Conference: four personal accounts [Dianne Walker's account]," *MNN*, October 1976, Vol. 4, No. 1: 6. At the final Conference, disruption, actual acts of violence took place. This may have been at least in part related to the extreme tensions at that Conference regarding the full-blown split in the movement at that time. See: Boldt, Anne. "Desperate days," *MNN*, Fall 1985, Vol. 8, No. 1: 26. It is, of course, important to emphasize that violence is not common among mad people (or, put another way, people with emotional or psychiatric problems, etc.); thus, these acts of violence should not be attributed to "madness" or "mental illness" but to the individuals who were likely upset by the very contentious situation at that conference, a matter which I discuss further in Chapter 4.

[70] Walker, Dianne. "The Boston Conference: four personal accounts [Dianne Walker's account]," *MNN*, October 1976, Vol. 4, No. 1: 6.

[71] Budd, Su. "The Boston Conference: four personal accounts [Su Budd's account]," *MNN*, October 1976, Vol. 4, No. 1: 5.

[72] Boldt, Ann. "Report on the Conference [Ann Boldt's report]," *MNN*, Late Summer 1978, Vol. 5, No. 1: 7.

[73] Chamberlin, Judi. "The conference in Philadelphia [Judi Chamberlin's report]," *MNN*, Late Summer 1978, Vol. 5, No. 1: 8.

[74] Arrow. "The conference in Philadelphia [Arrow's report]," *MNN*, Late Summer 1978, Vol. 5, No. 1: 14, 15.

[75] Boldt, Anne. "Florida – The Seventh Annual Conference on Human Rights & Psychiatric Oppression," *MNN*, Summer/Fall 1979, Vol. 5, No. 5: 5.

[76] Ibid, 7.

[77] Ibid, 6.

[78] Ibid, 7.

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[79] Harris, Bob. "What I did on summar [sic] vacashen [sic – final "e" actually vertically inverted in text]," *MNN*, Summer/Fall 1979, Vol. 5, No. 5: 13.
[80] Ibid, 13.
[81] See also p. 108.
[82] Chamberlin, Judi. "The Eighth International Conference on Human Rights and Psychiatric Oppression: Impressions and Observations," *MNN*, Fall 1980, Vol. 6, No. 1: 15.
[83] This may have been true at previous Conferences as well, but it is notable that it was not until this time that these viewpoints became part of the reports on the Annual Conference.
[84] Arrow. "9th International Conference on Human Rights and Psychiatric Oppression: Cleveland Conference transcends differences: on to Toronto," *MNN*, Winter 1981-1982, Vol. 6, No. 4: 13.
[85] Stanley, Richard. "9th International Conference on Human Rights and Psychiatric Oppression: Cleveland Conference marks a turning point," *MNN*, Winter 1981-1982, Vol. 6, No. 4: 16.
[86] "Toronto Tribunal on Psychiatric Crimes" [Introductory remarks to article], *MNN*, Fall/Winter 1982-1983, Vol. 6, No. 6: 4.
[87] Quigley, Barbara. "10th International Conference on Human Rights and Psychiatric Oppression: Toronto – May 14 thru 18, 1982: impressions [Barbara Quigley's report]," *MNN*, Fall/Winter 1982-1983, Vol. 6, No. 6: 3.
[88] Yudelman, Susan. "Twelfth Annual Conference on Human Rights and Psychiatric Oppression/Colorado: notes from a newcomer," *MNN*, Winter 1985, Vol. 7, No. 5: 1.
[89] Wish, Barbara. "Speak-out: Twelfth Annual Conference: Barbara Wish: a celebration," *MNN*, Winter 1985, Vol. 7, No. 5: 3.
[90] I discuss the relationship between such groups and both the later radical wing of the movement (in Chapter 6) and the alternativist-reformist wing of the movement (in Chapter 7).
[91] Ibid.
[92] Boldt, Anne. "Desperate days," *MNN*, Winter 1985, Vol. 7, No. 5: 22
[93] Ibid, 23.
[94] Zinman, Sally. "A personal statement," *MNN*, Fall 1985, Vol. 8, No. 1: 25.
[95] Ibid.
[96] Again, I will discuss the final Conference, and potential reasons for its highly contentious atmosphere, at length in Chapter 4.
[97] This set of articles, which was not, from a textual point of view, clearly divided, included the following: Loehwing, David A. "A little human warmth," [Excerpts from *Barron's* article, December 3, 1973, as reprinted in *MNN*, possibly re-titled], *MNN*, September 1974, Vol. 2, No. 4: 3, 4 and Cooper, David. "All labelling is lethal" [as reprinted in *MNN*], September 1974, Vol. 2, No. 4: 4, 5. (The provenance of this article is uncertain: in one location, *MNN* states that it is reprinted from the journal *Ink*; in another from a publication called *Copeman.*) It also included Maglin, Arthur."*Repression or revolution: therapy in the United States today*" [book review], *MNN*, September 1974, Vol. 2, No. 4: 5, 6; and Hudson, Wade. "A comment on alternatives," *MNN*, September 1974, Vol. 2, No. 4: 7, 8.
[98] "Alternatives" [Introductory remarks to section], *MNN*, September 1974: 3.
[99] Loehwing, David A. "A little human warmth," [Excerpts from *Barron's* article, December 3, 1973, as reprinted in *MNN*, possibly re-titled], *MNN*, September 1974, Vol. 2, No. 4: 4.
[100] Ibid.
[101] Ibid.
[102] Ibid.
[103] Ibid, 4.
[104] Ibid, 3.
[105] Ibid, 4.
[106] Ibid.
[107] Cooper, David. "All labelling is lethal" [as reprinted in *MNN*], September 1974, Vol. 2, No. 4: 4. (The provenance of this article is uncertain: in one location, *MNN* states that it is reprinted from the journal *Ink*; in another from a publication called *Copeman.*)
[108] Ibid.
[109] Ibid.
[110] Ibid.
[111] Ibid.

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[112] Ibid

[113] Ibid, quoting Richard Goodman, identified as the administrator of the Western Institute of Human Resources in Long Beach, CA

[114] Maglin, Arthur "*Repression or revolution therapy in the United States today*" [book review], *MNN*, September 1974, Vol 2, No 4 5, 6

[115] Ibid, 6

[116] Ibid Such statements indicate the interweaving of Marxist language with radical therapy and the liberationism characteristic of the American "New Left "

[117] The use of the terms "patient" and "client" here are not meant to assert my view of the role of the person in the recipient role of psychotherapy Rather, I am using what I believe to be the most common terms to refer to the person in this role

[118] Hudson, Wade "A comment on alternatives," *MNN*, September 1974, Vol 2, No 4 7 (emphasis added)

[119] Ibid

[120] Ibid

[121] Ibid

[122] Ibid, 8

[123] "'Support house' for movement activists," *MNN*, Winter 1978, Vol 4, No 5 15

[124] Ibid [internal quotation attributed to Ted Chabasinski]

[125] Ibid [not quoting Chabasinski]

[126] This issue indicates neither the month nor season in which it was published

[127] "NAPA notes," *MNN*, 1976 [otherwise undated], Vol 3, No 6 21

[128] Ibid

[129] All quotations in this paragraph from "Movement notes Project Release" *MNN*, Summer 1977 [unpaginated – 19]

[130] Zinman, Sally "Movement notes Lake Worth Florida," *MNN*, Winter 1981, Vol 6, No 2 18

[131] Ibid

[132] See Zinman, Sally "Florida's client-run house," *MNN*, Summer 1981, Vol 6, No 3 7, Zinman, Sally "Mixing politics and support Lake Worth, Florida," *MNN*, Fall/Winter 1982-1983, Vol 6, No 6 20

[133] "Movement notes Jamaica Plains, Mass ," *MNN*, Winter 1981, Vol 6 No 2 21 (emphasis added) See also Chamberlin, Judi 1978 *On our own patient-controlled alternatives to the mental health system* New York, NY Hawthorn Books

[134] "Movement notes Washington, D C ," *MNN*, Summer 1981, Vol 6, No 3 4

[135] Arrow "Inside Berkeley's ex-inmate alternative," Summer 1981, Vol 6, No 3 8, 9,

[136] "Movement notes Berkeley, Calif ," *MNN*, Fall 1980, Vol 6, No 1 5

[137] Arrow "Inside Berkeley's ex-inmate alternative" [Interview statement by Howie the Harp], Summer 1981, Vol 6, No 3 8

[138] This would support Favreau's contention that the "second phase" of the movement began in 1983 Favreau, 231 I would assert that there is no certain start date of the "second phase " Though there is evidence that alternativist-reformist activities had begun before 1985-1986, I would argue (and I do argue in the next chapter), that the split in the movement became completely open and irrevocable as of 1985 or 1986 While Favreau and I may disagree over the matter of approximately two years, our dates, and our opinions of the factors which caused sea changes in the movement, are quite similar While Morrison indicates "four historical stages" (Morrison, *Talking Back* 62) of the movement the 1970's, the 1980's, the 1990's, and 2000 and beyond, she also states, voicing an assessment quite similar to mine (even if, I would argue, she is less positive in her evaluation of the alternativist-reformist wing than I), "In the *second half of the 1980's*, the self-help 'consumer' movement became the face of c/s/x activism" Morrison, *Talking Back* 84, emphasis added I found it difficult to discern where Emerick stood on this matter He makes no direct statement regarding "phases" or "stages " In fact, as I did, he saw *co-existing* tendencies, not wholesale "stages " However, as of 1989 he does notice an "increasing movement toward moderation " (Emerick, 1989 298)

[139] Dorfner, Paul "Movement notes new client-run house Vermont," *MNN*, Spring 1983, Vol 7, No 1 22

[140] Ibid

[141] Boldt, Anne "Florida – The Seventh Annual Conference on Human Rights & Psychiatric Oppression,"

MNN, Summer/Fall 1979, Vol 5, No 5 5

[142] Ibid

[143] See especially Chapter 11

[144] I actually counted 97 poems This number may not be a full count, taking into consideration that, while I had access to the vast majority of the issues of *MNN*, I did not have access to every issue It is also possible that some writers wrote items which they considered poetry, but which was appeared as prose, in terms of its visual form

[145] Krause, Cary "There Was A Code Once," *MNN*, Winter 1985, Vol 7, No 5 13

[146] Ibid

[147] Rozz "Madness Is Healing," *MNN*, Spring 1986, Vol 8, No 2 12

[148] Posamentier, Evelyn "Walking the Asylum Grounds," *MNN*, Spring 1978, Vol 4, No 3 17

[149] Damiano, Cynthia L "Institution," *MNN*, Fall 1984, Vol 7, No 4 19

[150] Dimaulo, Donna "Upon Entering Highland Hospital," *MNN*, Summer 1985, Vol 7, No 6 24

[151] Moran, Mary "Occupational Therapy No 2," *MNN*, Winter 1983-1984, Vol 7, No 3 19

[152] Duxbury, Micky "In Front of Langley Porter," *MNN*, September 1974, Vol 2, No 6 11

[153] Frank, Leonard Roy "An End to Silence," *MNN*, September 1974, Vol 2, No 6 1

[154] Harp, Howie the "Crazy and Proud," *MNN*, Fall 1980, Vol 6, No 1 17

[155] August, Paul "Prolixin Shuffle," *MNN*, Summer 1981, Vol 6, No 3 26

[156] Firestar, Morgan "Sunrise," *MNN*, Summer 1982, Vol 6, No 5 4

[157] Ibid

[158] Ibid, 23

[159] Firestar, Morgan "People Behind Walls," *MNN*, Summer 1983, Vol 7, No 2 8

[160] Ibid, 9

[161] Matulis, Jeannie "Song for Lynette," MNN, Spring 1983, Vol 7, No 1 3 A report about Lynette Miller and her death at Napa State Hospital can be found in the Fall/Winter 1982-1983 issue of *MNN* Miller, Jenny "Lynette Miller killed by psychiatry," *MNN*, Fall/Winter 1982-1983, Vol 6, No 6 8, 9

[162] Sears, Steven "Among the ruins," *MNN*, Spring 1983, Vol 7, No 1 28, 29 It is possible that another piece, entitled "January 10 A day in the life of --- [sic]" was a short story, as well However, this is not made clear, and the story may have been a recounting of actual events See Umberson, Mary "January 10 A day in the Life of --- [sic]", *MNN*, Fall 1984, Vol 7, No 4 4, 5, 6

[163] See the following issues of MNN for appearances of "The Mad Librarian" June 1974, Vol 2, No 3 9, September 1974, Vol 2, No 4 24, [In this issue, the section is entitled "The Mad Mad Librarian], December 1974, Vol 2, No 5 42, [In this issue, the section is entitled "She-Mad Librarian"], February 1975, Vol 3, No 6 32, 33, October 1975, Vol 3, No 3 16-17, December 1975, Vol 3, No 4 16,, 1976 [otherwise undated], Vol 3, No 6 23, October 1976, Vol 4, No 1 16-17, Spring 1976, Vol 4, No 6 18-19, Spring 1979, Vol 5, No 4 15, Fall, 1980, Vol 6, No 1 20, 21, Summer 1982, Vol 6, No 5 30-33, Spring 1983, Vol 7, No 1 26, 27, Summer 1983, Vol 7, No 2 20-22, Winter 1983-1984, Vol 7, No 3 20-22, Fall 1984, Vol 7, No 4 25, Spring 1986, Vol 8, No 2 24-25

[164] For example Janet Gotkin's *Too much anger, too many tears a personal triumph over psychiatry,* Lara Jefferson's *These are my sisters an 'insanadectomy,'*, and Doug Cameron's *How to survive being committed to mental institutions*

[165] For example "Insanity and control, a class trap" in the feminist publication, *Quest*, *ALMP Newsletter*, *Phoenix Rising*, and other similar publications

[166] For example, Charlotte Perkins Gilman's late 19th century *The Yellow Wallpaper* and Mary Barnes' and Joe Berke's *Two Aspects of a Journey thru Madness*

[167] However, "Mad Librarian" columns did mention more artistic works such as *The White Shirts*, by Ellen Field, *Asylum Piece* by Anna Kavan, and *Still Sane* by Persimmon Blackbridge and Sheila Gilhooly Moreover, while *MNN* was the most prominent publication of the early mad movement, this does not mean that it chose to record, or was able to record, every cultural activity or production of mad people at that time Thus, conclusions regarding the limited degree of mad cultural activity, while supported by statements and evidence found in *MNN*, must remain tentative, and further research may provide evidence of more such cultural activity at that time

[168] Miller, Jenny "Theater performance – women and survival," *MNN*, Fall/Winter 1982-1983, Vol 6, No 6 21

[169] All quotations regarding House's review of "Breaking up is hard to do" from House, Margaret

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"Review: Breaking Up is Hard to Do: an evening of hearing voices," *MNN*, Summer 1983, Vol. 7, No. 2, 17.

[170] Blackbridge, Persimmon. "Carvings of Incarceration [Letter to *MNN*]," *MNN*, Winter 1985, Vol. 7, No. 5: 20.

[171] NiHera, Dee Dee. "Still Sane by Persimmon Blackbridge and Sheila Gilhooly: A stomp in the right direction," *MNN*, Summer 1985, Vol. 7, No. 6: 26.

[172] See: McCaffrey, Brian. "Film review: Hurry Tomorrow" [Reprinted from *The Conspiracy*, October 1975], *MNN*, 1976 [Publication date otherwise unspecified], Vol. 3, No. 6: 22; Miller, Jenny. "Hurry Tomorrow: a film by Richard Cohen and Kevin Rafferty," *MNN*, Fall/Winter 1982-1983: 24; Rosenthal, Alan. "An interview with Richard Cohen" [Reprinted from *The Documentary Conscience*, no further information about publication], *MNN*, Winter 1981, Vol. 6, No. 2: 11, 12, 13.

[173] My reason for putting quotation marks around this name can be found in my discussion of stylistic conventions for this dissertation, p. xiii.

[174] "Quinn the Eskimo." "Videotape strikes fear into shrinks," *MNN*, Summer 1983, Vol. 7, No. 2: 13.

[175] It is also possible that this show was broadcast on KPFA's sister station in New York City, WBAI. If not, then WBAI at some point had its own radio show, of the same name.

[176] "Transcripts available of 'The Madness Network' radio show," *MNN*, Summer 1983, Vol. 7, No. 2: 26. It is strange that this promotional piece only appears once in MNN, and, despite my extensive reading of the paper, not once did I see an article which itself was a transcript from this show.

[177] "Anne." "From the streets to the airwaves: mad womyn fight back," *MNN*, Summer 1985, Vol. 7, No. 6: 22.

[178] Arrow. "The conference in Philadelphia: Confusion and connection in Philadelphia [Arrow's report]," *MNN*, Late Summer 1978, Vol. 5, No. 1: 14.

[179] "Movement notes: mad festival: Syracuse, New York," *MNN*, Spring 1983, Vol. 7, No. 1: 21.

[180] Breur, Dunya. "Madness festival – I," *MNN*, Winter 1981, Vol. 6, No. 2: 16, 17; "Swan." "Madness Festival – II," *MNN*, Winter 1981, Vol. 6, No. 2: 17, 18. (These articles are two perspectives on the *same* festival; they do not refer to two different festivals.)

[181] See, for example: Wolcott, John. "Movement notes: Bastille Day demos: upstate New York," *MNN*, Fall/Winter 1982-1983, Vol. 6, No. 6: 18; "Days of unity and rage: MPA's Bastille Day leaflet," Ibid. This leaflet reads, in part, "In the spirit of the Paris mobs who stormed the Bastile [sic] in revolt agianst [sic] the King and the hated symbol of his oppressive power, we are attacking psychiatric institutions worldwide..."

[182] See Chapter 6 for a further discussion of Bastille Day in the context of the mad movement.

[183] Unzicker, Rae. "'Madness' taught at Midwestern college," *MNN*, Winter 1983-1984, Vol. 7, No. 3: 15, 16.

[184] House, Margaret. "Review: Breaking Up is Hard to Do: an evening of hearing voices," *MNN*, Summer 1983, Vol. 7, No. 2, 17.

[185] Ibid. House may or may not be limiting the discussion to early mad activists. She writes, "In our society, there is a huge amount of culture about madness and mental institutions, created by not-very-mad people who seem to find madness an interesting, colorful theme to talk about. This culture has a paternalistic...tone, and serves mainly to perpetuate inaccurate stereotypes of madness."

This assertion of the dominance of "culture about madness" is true, but House here seems to be missing the range of cultural productions presented in *MNN* itself, including nearly 100 poems. Moreover, it is not clear what "not-very-mad" people is supposed to mean, here? This phrase seems to be an exercise in "boundary maintenance" regarding who is seen to belong in the group.

[186] However, the idea that mad people have not created much culture (here, referring to art, literature, etc.) simply doesn't hold water, if this assertion is understood from a larger historical point of view. On the contrary, mad people certainly have written, drawn, sculpted, performed, etc., and they have done so in order to contend with and express altered states of consciousness, likely throughout all of human history. A notable example of the art created by mad people is that of the Prinzhorn collection of "over 5,000 works," amassed by "art historian and psychiatrist" Franz Prinzhorn in the 1920's. Jardine, Boris. "Between madness and art: the Prinzhorn Collection" [film review], *Leonardo*, February, 2010, Vol. 43, No. 1: 72. See also: Brand-Claussen, Bettina; Jádi, Inge; and Caroline Douglas. 1998. *Beyond reason art and psychosis works from the Prinzhorn Collection.* Berkeley, CA: University of California Press.

At just about the time that *MNN* began, moreover, Mary Barnes, a resident at Kingsley Hall (a home opened by R.D. Laing and others as an alternative to traditional psychiatric treatment), published a

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book about her experiences there. Barnes produced bountiful art during her "journey" at Kingsley Hall. One chapter of the book is devoted, in part, to a discussion the first exhibition of her art. See: Barnes, Mary and Joseph Berke. 1971. *Two accounts of a journey through madness.* New York, NY: Harcourt, Brace, Jovanovich.

Finally, some have asserted a link between madness and creativity. There is a danger of romanticization of mad people as "creative fools" (just as is the case regarding "wise fools" and "divine fools"), Nevertheless, this is an ongoing debate, portrayed, for example in Jamison, Kay R. 1993. *Touched with fire: manic-depressive illness and the artistic temperament.* New York, NY: The Free Press. (See especially pp. 49-99).

[187] Please see my discussion of alternative uses of the term "culture" in the Introduction to this dissertation text. Here, I wish to briefly re-emphasize that two distinct uses of "culture" are present in this dissertation – first, that use of the term which focuses on the arts, literary efforts and artefacts, and similar; second, the much broader sense of culture as a set of changing, non-unitary discourses, practices, and contexts (or "institutions").

[188] Favreau, 176.

Notes to Chapter 4

[1] It appears that neither Emerick nor Morrison extensively focused on the events portrayed in this chapter, while Favreau did report on some of these events. It is true that Emerick delineates the rivalries among groups; in fact, central to his observations is the question of differing ideological tendencies. But he did not discuss the events of 1985-1986, particularly as relating to the conflicts surrounding the Annual Conference and the new Alternatives Conference. Morrison does take note of a major event which was related to the split. She writes, "What had begun as the 'Annual Conferences on Human Rights and Psychiatric Oppression' became known as 'Mental Health Alternatives' conferences" (Morrison, *Talking back*: 85). An examination of the history of the split, at least as written about extensively in *MNN*, leads, I would argue, to the conclusion that the Alternatives Conference is better understood as a *displacement* of the Annual Conference. Favreau does discuss the tensions surrounding what I have called the "split" in the movement at some length. She mentions both the funding of the National Teleconference and the funding of the original Alternatives Conference (as well as subsequent Alternatives Conferences) by the Community Support Program of the National Institute of Mental Health. Nevertheless, I have gone into significantly more detail here because I believe that the events portrayed in this chapter mark a fundamental split (and shift) in the mad movement in the U.S. See: Favreau, 247-256.

[2] Some Judi Chamberlin articles and testimony in *MNN* include: Chamberlin, Judi. "Third Annual National Conference on Human Rights & Psychiatric Oppression: organizing? OR disorganizing?" *MNN*, October 1975, Vol. 3, No. 3: 3-5; Chamberlin, Judi. "consciousness-rasing [sic]," *MNN*, December 1975, Vol. 3, No. 4: 8-9; "President's Commission on Mental Health: four testimonies: testimony of Judi Chamberlin," *MNN*, Fall 1977, Vol. 4, No. 4: 20-21; Chamberlin, Judi. "Frustration in Philadelphia," *MNN*, Late Summer 1978, Vol. 5, No. 1: 8; Chamberlin, Judi. "The Eighth International Conference on Human Rights and Psychiatric Oppression: impressions and observations: Judi Chamberlin," Fall, 1980, Vol. 6, No. 1: 14-15; "Disabled hold law conference," *MNN*, Winter 1981-1982, Vol. 6, No. 4: 8; "Movement strikes in Syracuse," *MNN*, Winter 1983-184, Vol. 7, No. 3: 7; Chamberlin, Judi. "Cooptation and democracy: another view, Summer 1985, Vol. 7, No. 6: 18-19. Chamberlin's look back at the mad movement, co-authored with Sally Zinman, appears later in *Dendron*: Chamberlin, Judi and Sally Zinman. "Psychiatric [? – illegible in available copy] survivors liberation movement marks [illegible in available copy] anniversary," *Dendron*, March 11, 1991: 9.

[3] Chamberlin, Judi. 1978. *On our own: patient-controlled alternatives to the mental health system.* New York, NY: Hawthorn Books.

[4] Ibid, 24.

[5] Ibid.

[6] Ibid, 55.

[7] Ibid.

[8] Ibid.

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[9] Ibid, 56.
[10] Ibid, 56.
[11] Chamberlin concludes, regarding her short stay at VEEC, "I had followed my pain and fear toward what I thought would be death, and instead I had found a source of life, my own sense of self, which had always been hidden from me. Out of struggle and pain, I had been reborn." Ibid, 62.
[12] Ibid, 218.
[13] My use of the term "institutions" here does not refer to the notion of hospital or hospital-like settings. I use the term in the most general possible way, considered as *relatively stable, relatively enduring sites of practice*. In general, however, I will use the term "context" to refer to sites of practice.
[14] It is important to note that "Winter 1985" clearly refers, based on the contents of this issue and the numbering of this and the prior and subsequent *MNN* issues, to the winter of 1984-1985, and not to the winter of 1985-1986.
[15] *MNN* editors, "Where do we go from here?" *MNN*, Winter 1985, Vol. 7, No. 5: 6.
[16] Lapon, Lenny. "Co-optation and Democracy," *MNN*, Winter 1985, Vol. 7, No. 5: 6.
[17] Ibid.
[18] Ibid.
[19] Ibid.
[20] Nowve, Fran, "Can the devil cast out the devil," *MNN*, Summer 1985, Vol. 7, No. 6: 18.
[21] Ibid.
[22] Ibid.
[23] Chamberlin, Judi. "Cooptation and democracy: another view," *MNN*, Summer 1985, Vol. 7, No. 6: 18.
[24] Ibid.
[25] Ibid.
[26] Ibid.
[27] Ibid.
[28] Ibid.
[29] See: Lapon, Lenny. "Co-optation and democracy," *MNN*, Winter 1985, Vol. 7, No. 5: 6.
[30] Chamberlin, Judi. "Cooptation and democracy: another view," *MNN*, Summer 1985, Vol. 7, No. 6: 19.
[31] Dorfner, Paul. "Fighting The Enemy On Their Own Ground," *MNN*, Summer 1985, Vol. 7, No. 5: 19.
[32] Ibid.
[33] It seems most likely that Dorfner is referring the Community Support Program (CSP) of the National Institute of Mental Health (NIMH) here.
[34] It seems most likely that Dorfner is referring to NIMH, itself, here.
[35] Ibid.
[36] Ibid.
[37] All quotes in this paragraph from: "Sue." "Anger as liberation," *MNN*, Summer 1985, Vol. 7, No. 5: 20.
[38] Ibid.
[39] Ibid.
[40] This block quote and all quotes in previous paragraph from: Clay, Sally. "A polemic against politics," *MNN*, Summer 1985, Vol. 7, No. 5: 20.
[41] Sue. "Anger as liberation," *MNN*, Summer 1985, Vol. 7, No. 5: 20.
[42] Some might say that it is best to dub the former group the "survivor" movement and the latter the "consumer" movement. However, I have refrained from doing so. Granted, there is no doubt some accuracy to the notion that people designating themselves as "(psychiatric) consumers" often comprise that set of people who took reformist/alternativist positions. Moreover, "(psychiatric) survivors" were often those who took radical and autonomist positions. Nevertheless, these terms do not designate strict "party lines," and furthermore, the terms "consumer/survivor" – and later, "consumer/survivor/ex-patient" or "c/s/x" – were used by people with variety of political and strategic orientations. In my view, the term "consumer/survivor," (still used to this day) indicates that the discursive differences in the movement were never, and never have been, fully resolved. It also indicates the degree to which the movement had some members who were open to diverse, even fluid, strategy.
[43] Amanda, for the MNN Collective. "Where we're at," *MNN*, Fall, 1985, Vol. 8, No. 1: 2.
[44] Once again, I remind the reader that because this conference, while continuous in terms of its intent and focus, varied slightly in name over the years, I am calling it the "Annual Conference" (with title case) in order to have a succinct form of the its title in the interest of convenient reference. The other major

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conference, initiated in 1985, I will refer to as either the "Alternatives Conference" or "Alternatives" (with a capital "A").

[45] As the Alternatives Conferences became annual events, they used the shortened form of the year ['85, '86, etc.] to indicate the conference; however, each conference did have a distinct subtitle, as well.

[46] The Alternatives Conferences were partially government funded, but they were also in part organized by what were to be soon called "consumer" or "consumer/survivor" organizations such as "Technical Assistance Centers." The CMHS was, and is, as of 2010, part of a larger government agency, the Substance Abuse and Mental Health Services Administration (SAMHSA).

[47] Judge, John. "Diversity?" *MNN*, Fall, 1985, Vol. 8, No. 1: 5. "The Vermont Conference" refers to the 13th International Conference on Human Rights and Against Psychiatric Oppression, which was held later in 1985 in Vermont.

[48] Ibid, 5.

[49] Allen, John C. "Dividing up the territory," *MNN*, Fall 1985, Vol. 8, No. 1: 11.

[50] Stanley, Richard. "The creation of a counter-movement," *MNN*, Fall 1985, Vol. 8, No. 1: 17.

[51] ISC stands for "Interim Steering Committee," set up at the Alternatives '85 Conference to work on building the national organization they desired.

[52] Stanley, Richard. "The creation of a counter-movement," *MNN*, Fall 1985, Vol. 8, No. 1: 17.

[53] Ibid

[54] Ibid.

[55] Ibid.

[56] Ibid.

[57] Ibid.

[58] "Petitions to the Conference" [Petition signed by 37 people], *MNN*, Fall 1985, Vol. 8, No. 1: 10.

[59] "Petitions to the Conference" [Petition signed by 21 people], *MNN*, Fall 1985, Vol. 8, No. 1: 10.

[60] This is my term; in the *MNN* text, there is no actual title to the petition.

[61] Ibid.

[62] Ibid.

[63] Ibid

[64] Ibid

[65] Ibid

[66] Ibid

[67] Zinman, Sally. "A personal statement," *MNN*, Fall 1985, Vol. 8, No. 1: 25.

[68] Ibid. As I stated previously, this violence should not be interpreted as suggesting that mad people are particularly violent, which is a common misperception (or, more precisely, a negative stereotype) among many in the general public, at least in part based on sensationalized media representations. Zinman herself notes that tensions at the Conference were particularly high. At *any* gathering of people, when tensions are high the potential for violence increases.

[69] Doell, Sue. "Statement to the Annual Conference," *MNN*, Fall 1985, Vol. 8, No. 1: 10.

[70] Boldt, Anne. "Desperate days," *MNN*, Fall, 1985 Vol. 8, No. 1, 23.

[71] Ibid.

[72] Doell, Sue. "Fighting for survival," *MNN*, Fall 1985, Vol. 8, No. 1, 36. (33-36)

[73] Zinman, Sally. "A personal statement," *MNN*, Fall 1985, Vol. 8, No. 1: 25.

[74] Harp, Howie the. "Poor people and the National Organization," *MNN*, Fall 1985, Vol. 8, No. 1: 16.

[75] Zinman, Sally. "A personal statement," *MNN*, Fall 1985, Vol. 8, No. 1: 25.

[76] MNN Collective, "Working draft to abolish psychiatry," *MNN*, Spring 1986: Vol. 8, No. 3: 3, 5; "First gathering of the Network to Abolish Psychiatry," Ibid: 8, 9.

[77] "The National Un-Organization of Mad People (NUMP)," *MNN*, Spring 1986, Vol. 8, No. 3: 20.

[78] "National organizations: National Mental Health Consumers Association (NMHCA): preliminary goals adopted at Pottstown Meeting," *MNN*, Spring 1986: Vol. 8, No. 2: 20.

[79] Typographical note: In some cases, the word, "Consumers" in the full name of the organization NMHCA is printed with a (grammatically correct) accompanying possessive apostrophe; in other cases it is not. I will use the format for the spelling of this word as printed in the text and as relevant to textual discussions and quotations at hand.

[80] Ibid.

[81] Ibid.

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[82] Ibid.
[83] Ibid.
[84] Ibid.
[85] "National organizations: suggested goals and philosophy for the National Alliance of Mental Patients (NAMP)," *MNN*, Spring 1986, Vol. 8, No. 2: 18.
[86] Ibid. It is difficult to know precisely what orientation these groups had at their beginning from the position papers published in *MNN* and from *MNN*'s own radical bias. However, I would assert that the problem is not merely a question of what was, and what was not, presented in *MNN*. Emerick discussed these two groups in both his 1989 and his 1991 papers. He, himself, seemed uncertain as to the orientation of NMHCA. Of NMHCA, he writes, "This organization is radical, in the sense of being one of the mainline movement affiliations, but is often referred to by activists as the 'conservative' organization within the movement." (Emerick, 1989: 291). I interpret Emerick's struggle to characterize these groups as indicative of a rather simple proposition: at the time Emerick wrote, the ideological orientations of the groups were *in flux*, as the groups were new, with members likely coming and going as both ideological and personality conflicts (and preferences) rose and fell.
[87] "National organizations" [Editors' commentary]. *MNN*, Spring 1986, Vol. 8, No. 2: 18.
[88] "The National Un-Organization of Mad People (NUMP)," *MNN*, Spring 1986, Vol. 8, No. 2: 20.
[89] Boldt, Anne and Sue Doell. "Conference in Washington, D.C.," *MNN*, Spring 1986, Vol. 8, No. 2: 3.
[90] Ibid.
[91] Firestar, Morgan. "A dissenting opinion," *MNN*, Spring 1986, Vol. 8, No. 2: 3.
[92] Boldt, Anne. "Where We're At" [Introduction], *MNN*, Summer 1986, Vol. 8, No. 3: 2.
[93] [Author(s) unknown]. "Where We're At, First Ending," *MNN*, Summer 1986, Vol. 8, No. 3: 2.
[94] [Author(s) unknown]. "Where We're At, Second Ending," *MNN*, Summer 1986, Vol. 8, No. 3: 2.
[95] A striking example of this can be found in the pages of *Dendron*, a key paper of the later radical wing of the movement, examined extensively in coming chapters. A series of articles indicate rancour between the editor of *Dendron*, David Oaks and Joseph Rogers, an alternativist-reformist activist in southeastern Pennsylvania. In an October, 1988 article entitled, "Unity," *Dendron* published what it stated was "a copy of a September 16th letter from Joe [Rogers] to federal advocacy agencies" regarding potential federal funding for a conference of the National Association for Rights Protection and Advocacy, a radical organization consisting of psychiatric dissidents and radical mad activists. ("Unity," *Dendron*, October, 1988, 1.) The article continues, "Joe Rogers wrote a letter...under the letterhead of the National Mental Health Consumers' Association...[T]he two-page letter sharply denounces the National Association for Rights Protection and Advocacy, and especially the NARPA conference...Joe writes, 'For the most part, NARPA has aligned itself with the most radical fringe elements of our movement'..." (Ibid, 6). The Dendron article further states, "Joe calls NARPA 'one sided,' 'slanted,' 'abolitionist,' and 'completely negativistic.'" (Ibid, 7).

In the April 26, 1989 issue of Dendron, *Dendron* published Rogers' reply in which Rogers stated, "The point I was trying to make in my letter {to federal agencies}, which you failed to bring out because of your selective choice of quotes was that a conference like the one held by the National Association for Rights Protection and Advocacy should not receive federal funds or have significant federal participation if the conference organizers are not willing to allow a diversity of opinion to be expressed at the conference." Rogers, Joseph A. "Response to editorial on unity" [Letter], *Dendron*, April 26, 1989: 5.

The reply from David Oaks, editor of Dendron, expresses both strategic differences as well frustrations and resentments related to the split in the movement. Oaks addresses Rogers: "You told me your groups have received millions of dollars in grants, much of it from the government. Your groups should be holding such conferences [as NARPA's]. The scandal is you are wasting your groups' money & reputation fighting a human rights conference...Years ago I saw you commit civil disobedience with other ex-inmates for some of these issues. Since then, there has been a lot of in-fighting, including your own organization...This movement can be very forgiving. Be open to admitting a mistake. You – or your successor as President of NMHCA – owes NARPA an official apology. If you support human rights, don't block campaigns. It's a cliche, but we will all need to unite." Oaks, David. "Reply to Joe by David Oaks, Dendron editor," *Dendron*, April 26, 1989: 5.
[96] Zinman, Sally. "The legacy of Howie the Harp lives on." *NECN* Spring/Summer 1995: 9. This and all further references in this dissertation to the publication, the *National Empowerment Center Newsletter* (*"NECN"*) indicate documents provided courtesy of the National Empowerment Center.

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[97] I will discuss this publication in subsequent chapters The National Empowerment Center, with whom Judi Chamberlin was closely associated, took a variety of positions, but rarely published articles as militant as those found in *Dendron*, the publication which itself expressed radical views quite similar to those in *MNN* I discuss *Dendron* extensively in the next two chapters, as well as in Chapter 11

[98] Clay, Sally (ed) 2005 *On our own, together peer programs for people with mental illness* Nashville, TN Vanderbilt University Press

[99] "Support Support Coalition International new S C I President Sally Clay," *Dendron*, Fall, 1993 31, Clay, Sally "[Curriculum] Vitae," retrieved from http ///www sallyclay net/Z text/vitae html on August 14, 2010 I discuss Support Coalition International in Chapter 6

Notes to Chapter 5

[1] Oaks, David "Editor's note welcome!" *Dendron*, January 1988 2

[2] "PSYCHIATRIC DRUGS Forcible drugging widespread, street people now targeted The drugs used can kill!" *Dendron*, January 1988, [unpaginated insert]

[3] In Chapter 11, I also discuss not only alternative-reformist arts/cultural activities also efforts which can be characterized as within the radical ambit, as well as efforts which bridge the divide between the two wings

[4] See Chapters 2 and 3

[5] "human being [sic] " "500 years a history of labels," *Dendron*, August 6, 1991 7, quoting the *Diagnostic and Statistical Manual of Mental Disorders-III-R*

[6] Actually, the author appears to be referring to what she or he dubs a "cluster" of symptoms such as those mentioned as well as clairvoyance, telepathy, etc Ibid

[7] Ibid

[8] Ibid

[9] [Caption on p 1 to picture associated with the following article] "Psychiatry votes to label 500,000 more women 'mentally disordered '" *Dendron*, Fall 1993 1, 8, 9

[10] "Psychiatry votes to label 500,000 more women 'mentally disordered,'" *Dendron*, Fall 1993 8 The power and pervasiveness of psychiatric discourse is made all the more explicit by the fact that even those arguing against PMDD as a diagnosis actually used medical terminology to do so While the term "Premenstrual Syndrome" is put in scare quotes by the author of the article, indicating critical distance, the WAC statement also asserts, " 'The latest manifestation of the American Psychiatric associations of women and their bodies is their attempt to classify PMS as 'mental illness' " Even the term "PMS" abbreviates the word syndrome, thus, ironically yet likely unintentionally, indicating a medical perspective

[11] Ibid, 1

[12] Ibid, 8

[13] Ibid

[14] Moran, Camille "Why a transgendered woman calls for psychiatry's destruction," *Dendron*, Fall 1993 8 The accompanying report on the protest notes that these electroshocks began "apparently when [Camille] was a young as six or seven " See "Transgender Nation joins protest, of A P A , slams psychiatry!" *Dendron*, Fall 1993 8

[15] "Transgender Nation joins protest, of A P A , slams psychiatry!" *Dendron*, Fall 1993 8

[16] By all indications, this is the same "Lyn" referred to above who stated that people at a Utah hospital were being forcibly drugged for "PMS " See Duff, Lyn "Incarcerated for being queer" [Reprint of article in *Lavender Network*, August 1993], *Dendron*, Fall 1993 14

[17] Ibid

[18] Yet, the diagnosis gives away the underlying pathologization of homosexuality by using the adjective "ego-dystonic" and the noun "homosexuality," If one is unhappy with one's homosexuality, even apart from the consideration of the social reasons why this might be so, the fact that this situation is termed "ego-dystonic homosexuality" rather than "homosexuality-related ego dystonia," implicitly directs the assertion of pathology at homosexuality rather than dystonia

[19] Duff, Lyn "Incarcerated for being queer" [Reprint of article in *Lavender Network*, August 1993], *Dendron*, Fall 1993 14

[20] Ibid

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[21] But see, for example: Mendelsohn, Stephen. [Letter], *Dendron*, August 1988: 6, 7; Nester, Dennis F. [Letter], Ibid: 7, 8.

[22] Foner, Janet B. "The following article was written by an actual person who was once given an *official* psychiatric diagnosis!" *Dendron*, March 15, 1989: 1.

[23] Heilmann, Mario. " 'Normal' people suffer from illusions," Fall 1993: 10. (Adapted for text of dissertation from bullet points in original article.)

[24] Ibid.

[25] Ibid.

[26] Ibid.

[27] Ibid.

[28] Foner, Janet B. "Ten warning signs of 'normality'," *Dendron*, Spring 1995: 8.

[29] One could argue, however, that, as challenging as these efforts are to psychiatric labelling, in effect they paint a picture of "madness" (exclusively) as non-conformity, downplaying the degree to which some people labelled "mentally ill," are not so much "non-conformists" as much as they are people who suffer emotionally and mentally, whether one accepts a biological explanation for this suffering or not.

[30] Oaks, David. "Editor's notes," *Dendron*, Summer 1994: 2. Even here, Oaks places the term "hurt" in scare quotes, seeming to indicate that even the idea of "hurt," itself, is one from which one should maintain critical distance.

[31] Lapon, Lenny. "Co-optation and democracy," *MNN*, Winter 1985, Vol. 7, No. 5: 6.

[32] "Commentary: psychiatry and war," *Dendron*, March 1988: 16.

[33] Ibid.

[34] "human being [sic]," "Imagine no labels!" *Dendron*, March 1989: 15.

[35] Ibid (ellipsis in original).

[36] Batey, Sheila K. [Letter regarding "alternatives"], *Dendron*, March 1988: 5. Batey puts the term "mental illness" in scare quotes, indicating critical distance.

[37] Ibid.

[38] Batey, Sheila K. "Networking," *Dendron*, June 1988: [unpaginated - 10].

[39] Batey, Sheila K. "Ecstatic-rapture energy," *Dendron*, April 26, 1989: 1. A notice regarding movement newsletters nearly a decade later also make reference to Kundalini: "*Shared Transformations* is a newsletter which provides information and networking for individuals experiencing spontaneous Kundalini awakening." See: "Newsletters, etc.," *Dendron*, Winter 1997-98: 45.

[40] Though the author is anonymous, further discussion in his article clearly indicates that he is male; hence, my use of the male pronoun.

[41] Anonymous. "Thorazine therapy," *Dendron*, August 1988: 1.

[42] Ibid.

[43] Ibid.

[44] Ibid, 5.

[45] Peller, Barbara. "Addendum: a more detailed focus on opening to altered states," *Dendron*, October 1988: 4.

[46] Ibid.

[47] Ibid.

[48] Wouk, Nina. "...a very hot sexual and emotional affair with a disembodied spirit.." [Letter? Article? (Unclear format)], *Dendron*, April 26, 1989: 7. It is unclear who provided this title to Wouk's letter. I find troubling the selection of this particular text from her letter as the title. This strikes me both as sensationalistic and as a misleading summary of what is actually, according to her letter, Wouk's profound suffering, as well as her search for help and support.

[49] Ibid.

[50] Ibid.

[51] Ibid, 8.

[52] While *Dendron* at times asserted the right to choose, personally, to use various psychiatric practices – in particular, medication – the picture of psychiatric practices painted in Dendron is overwhelmingly negative. The discrediting of psychiatric practices, in combination with the presence of virtually no statements or articles indicating positive experiences with psychiatric drugs, electroshock, etc., supports the argument that *Dendron* maintained antipsychiatric discourses whose implications, in intent and practice, were either to limit or to abolish at least some psychiatric practices; the power of psychiatry, in general; and

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medicalized responses to madness.

[53] "Snowball!" *Dendron*, January, 1988: 2. This expression refers to the practice of the German anti-Nazi resistance of producing and distributing anonymous letters in Nazi Germany.

[54] "Psychiatric drugs: forcible drugging widespread, street people now targeted. The drugs used can kill!" *Dendron*, January 1988: [unpaginated – 8].

[55] "Psychiatric drugs: drug industry profits are astronomical!" *Dendron*, January 1988: [unpaginated – 9].

[56] "Psychiatric drugs: neuroleptics can cause death!" *Dendron*, January 1988: [unpaginated – 11].

[57] Ibid.

[58] "Working to prevent brain damage!" *Dendron*, March 1988: 1.

[59] Ibid.

[60] "Psychiatric drugs can cause brain damage – but survivors fight back," *Dendron*, June 1988: 4; Anonymous. "Thorazine therapy," *Dendron*, August 1988: 1, 5; "Common drugs create epidemic of brain damage!" *Dendron*, March 15, 1989: [confusing pagination]; "Common drugs create epidemic of brain damage" *Dendron*, March 15, 1989: [confusing pagination]. (Note that there are, in fact, two separate articles with the same title in this issue, but different text.) Oaks, David. "Let us say NO to psychiatric drugs!" *Dendron*, July 21, 1989: 1; "Warning: Heat waves can kill people taking common types of psychiatric drugs!" *Dendron*, July 21, 1989: 3; "Jury gives psychiatric inmate $600,000," *Dendron*, July 21, 1989: 3; Thalman, James. "Use of drugs on patients protested" [Reprinted from the Eugene, OR *Register Guard* of June 28, 1989], *Dendron*, July 21, 1989: 7; "Clozapine: a kinder & gentler brain damage?" *Dendron*, January 11, 1990: 7; "Haldol, Thorazine & Navane suspected of causing Parkinsonism," *Dendron*, August 6, 1991: 5; "Drug-induced madness & lobotomy," *Dendron*, Summer 1996: 9; "Nature bats last: how will the newer psychiatric drugs 'bite back'?" *Dendron*, Winter 1997-1998, 35.

[61] Interestingly, the frequency of articles both on the damaging effects and dangers of neuroleptics, specifically, and of psychiatric drugs, generally, wanes after the first few years of *Dendron*. It appears that as the radical wing of the movement revived, *Dendron* focused more extensively on movement activities in its articles than on this particular issue. On the other hand, discussions *within* other articles about psychiatric drugs continued throughout the period under study.

[62] Anonymous. "Thorazine therapy," *Dendron*, August 1988: 5.

[63] "Jury gives psychiatric inmate $600,000," *Dendron*, July 21, 1989: 3.

[64] See, for example: "Electroshock survivors & their allies might successfully 'mop up' federal skirmishes," *Dendron*, February 1988: 1, 3; "Electroshocker!" *Dendron*, October 1988: 8; "Zap their lies about electroshock!" *Dendron*, October 24, 1990: 4; [Title uncertain: "San Francisco officially [?] shock back!" *Dendron*, March 11, 1991: 5; "Electroshock in brief..." *Dendron*, March 11, 1991: 6; "Shock resources," *Dendron*, March 11, 1991: 6; "Zap back!" *Dendron*, March 11, 1991: 16; "Electroshock: the issue is freedom," *Dendron*, August 6, 1991: 13; "Masson on shock," *Dendron*, December 15, 1991: 2; "Shock watch: zapping back," *Dendron*, May 1, 1992: 5; "Shock watch: shock survivors listen in on shock doctors," *Dendron*, October 7, 1992: 9; "Shocking future?" *Dendron*, Summer 1996: 18. (The preceding article discusses the new technique called "Transcranial Magnetic Stimulation".) Wright, Lynda. "SCI Responds to Federal Shock Report," *Dendron*, Winter 1998-1999: 35.

[65] See, for example: "Survivors to protest shock doctor meeting!" *Dendron*, September 1988: [3, unpaginated]; Foner, Janet. "Protest against electroshock *sparks* friendship & publicity," *Dendron*, December 1988: 1, 6; "Conference highs & lows: shock protest group meets," *Dendron*, September 15, 1989: 8, 9; "New York Shock Protest," *Dendron*, January 11, 1990: 3; "April NYC Shock Protest," *Dendron*, March 11, 1991: 7; "Electroshock survivors & allies *revolt against the jolt* in U.S. & Canada," *Dendron*, August 6, 1991: 1, 3; "New Yorkers invade shock doctor event," *Dendron*, August 6, 1991: 3; Kramer, Theo. [sic], "Shock Protest in Madison," *Dendron*, Spring 1995: 5; "National shock protest in Shalala's home town," *Dendron*, Summer 1996: 15.

[66] "Zap their lies about electroshock!" *Dendron*, October 24, 1990: 4.

[67] Ibid.

[68] Ibid.

[69] "Shock survivors listen in on shock doctors," *Dendron*, October 7, 1992: 9.

[70] Ibid.

[71] Stefan, Susan. "'More and more' forced psychiatric interventions," *Dendron*, Summer 1994: 7.

[72] "MadNation separated from The Madness Group and opened officially on November 1, 1997," Section:

"Mad Nation," retrieved from http://www.peoplewho.org/madness/year5.listreports.htm This assertion seems to be confirmed by the fact that the first mention of MadNation is found in the Winter 1997-1998 issue of *Dendron*. See: "Resourcery: web sites," *Dendron*, Winter 1997-1998: 40.

[73] Wieselthier, Vicki Fox. "No force!" *Dendron*, Winter 1998-1999: 3.

[74] Howie the Harp, who in many ways was committed to a particularly radical vision of alternativism/reformism, for example, as we saw in Chapter 4, was adamant about the need of the movement to confront the issue of homelessness and to provide services directly targeted at this particularly oppressed stratum of mad people.

[75] "Psychiatric drugs: forcible drugging widespread, street people now targeted," *Dendron*, January 1988: [unpaginated – 8].

[76] See: Oaks, David. "A new proposal to Congress may mean daily psychiatric drug deliveries to *your* doorstep," *Dendron*, Winter 1998-1999: 4, 5, 6, 7.

[77] "Pushing back the pushers: stopping forced outpatient psychiatric drugging," *Dendron*, Winter 1997-1998, 4.

[78] Oaks, David. "A new proposal to Congress may mean daily psychiatric drug deliveries to *your* doorstep," *Dendron*, Winter 1998-1999: 6. Much of the impetus for this campaign was attributed to the National Alliance for the Mentally Ill (NAMI). Associated with the campaign, and with NAMI, was psychiatrist E. Fuller Torrey. A comment in the Summer 1996 issue reads: "According to the *Washington Post*, 'Torrey defended forced treatment for those who he said "do not realize they are sick." He estimates that about 100,000 of the mentally ill homeless fall into that category'." See: "National organization escalates chemical crusade, angering human rights advocates," *Dendron*, Summer 1996: 8.

[79] "National organization escalates chemical crusade, angering human rights advocates," *Dendron*, Summer 1996: 8, 9.

[80] "Racist 'Violence Initiative'," *Dendron*, May 1, 1992: 1.

[81] Breggin, Peter. "Exposing the racist 'Violence Initiative' pushed by new NIMH head, psychiatrist Fred Goodwin," *Dendron*, May 1, 1992: 15.

[82] "'Violence Initiative' gets swift kicks in teeth!" *Dendron*, October 7, 1992: 13.

[83] George Buntin, quoted in Ibid.

[84] See also: "Behind closed doors of national health care reform," *Dendron*, Fall 1993: 5.

[85] Chicago Coalition Against the Violence Initiative. "Chicago Coalition Against the Violence Initiative with Suport [sic] Coalition to fight racist psychiatry!" *Dendron*, Spring 1995: 3.

[86] sunanda, mycall [sic]. "Hundreds of thousands of kids drugged! – for 'hyperactivity'!" *Dendron*, May 1988: 8.

[87] Ibid: 1, 8.

[88] Oaks, David. "An open notice to Dr. Alan J. Zametkin: 'Stop pushing drugs on America's kids!'" *Dendron*, August 6, 1991: 4.

[89] Ibid.

[90] Schiffman, James R. "Children's wards: teen-agers end up in psychiatric hospitals in alarming numbers," [Reprinted from *The Wall Street Journal*, Friday February 3, 1989], *Dendron*, March 15, 1989: [Confusing pagination].

[91] Ibid.

[92] Ibid.

[93] Ibid.

[94] Chabasinski, Ted. "The Children at Metropolitan State Hospital," *Dendron*, Winter 1997-1998: 11.

[95] Ibid.

[96] Ibid, 12.

[97] "White coats" [Book review of Lenny Lapon's *Mass murderers in white coats*], *Dendron*, January 1988: 3.

[98] Breggin, Peter, quoted in "Ernst Rudin (1874-1952)," *Dendron*, December 15, 1991: 20.

[99] The Clearinghouse on Human Rights & Psychiatry. "Racist psychiatry is fascism in '90's," *Dendron*, December 15, 1991: 1.

[100] Dissident professionals, as noted in the section of this chapter (below) entitled "Coalitionism: welcoming (certain) allies" were however welcomed in the pages of *Dendron* far more than in the pages of *MNN*, once increasing autonomism developed in the early movement (see Chapters 2 and 3). There are both articles by and reference to dissident mental health workers with varied credentialed statuses. See, for

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example: "Conference planned on 'legal, medical and ethical impacts of anti-psychotic drugs," *Dendron*, March 1988: 13; Sullivan, Kate. "Soul searching of a 'mental health' worker," *Dendron*, August 6, 1991: 10; Areford, Chuck. "To: all mental health employees: 'Speak for ethnic treatment!'," *Dendron*, Spring 1995: 7.

[101] The quotation to follow makes it unclear whether or not Frazier was fired or whether he resigned.

[102] "News flash: top Harvard psychiatrist fired in disgrace!" *Dendron*, December 1988: 6.

[103] "Psychiatrist loses license" [Reprinted from Eugene Register-Guard, April 20, 1989, page 3C], *Dendron*, April 26, 1989: 3. See also: "Psychiatrist loses license," Dendron, October 24, 1990: 3. This is a similar article with the same title about another psychiatrist. It is arguably unclear whether or not the presentation of psychiatrists who in fact consider spiritual possibilities (specifically in a Christian context) in relation to unconventional mental states is used by *Dendron* to discredit such psychiatrists or to support those psychiatrists' unconventional views.

[104] Ibid. What is intriguing about this article is the question of whether or not it is, in fact, actually meant to discredit this psychiatrist. One could argue that this is the case in the sense that *Dendron* is presenting the "fall" of yet another psychiatrist. On the other hand, one could argue that, in presenting the case of a psychiatrist who is open to a spiritual explanation of emotional distress, and, in addition, willingly refers such patients to other "specialists," *Dendron* wittingly or unwittingly made the case that an unconventional psychiatrist was in this case persecuted for not adhering to psychiatric orthodoxy.

[105] "Shock doctor uses branding iron," *Dendron*, December 15, 1991: 6. (All-capitals in first word in original text).

[106] Quotation from the *Vancouver Sun* (no detailed attribution) in "Another shock doctor into sexual slavery..." *Dendron*, December 15, 1991: 6.

[107] I wish to emphasize that my intention here is not to condemn *MNN* for these elisions; rather, I point out the elisions as themselves examples of discourse. Discourse, after all, is about not only what is said, but what is not permissible to say or what, because of its fundamental assumptions, is not even (at that time, in that discourse) considered possible (and thus is not spoken about).

[108] This figure does not include the many brief articles found in *Dendron* about a wide variety of topics. The layout of *Dendron*, particularly as it shifted to tabloid format, included many small pieces of only a paragraph or two which vary from brief reviews, to brief event reports, to culturally-related notices.

[109] See: "U.S. Supreme Court to hear oral arguments on *forced* psychiatric drugs," *Dendron*, Sept. 15, 1989: 1, 11; "U.S. government approves physically-forced dosing of prisoners with deadly mind-control drugs," *Dendron*, May 7, 1990: 4, 5, 6; Oaks, David. "What effect did the ruling actually have?" *Dendron*, May 7, 1990: 6; Farber, Seth. "US Food & Drug Administration proposes giving electroshock the rubber stamp!" *Dendron*, October 24, 1990: 1, 4; "A 'win' in California," *Dendron*, October 24, 1990: 2; "SCORE zaps shock doctors" [sic] plan in Colorado," *Dendron*, March 11, 1991: 7; "State shock bills," *Dendron*, August 6, 1991: 5; "Shock manufacture shocked in lawsuit," *Dendron*, Ibid: 9; "Texas shock hearing & legislation planned," Ibid; "Texas Shock Victory," *Dendron*, December 15, 1991: 6; "Berkeley passes resolution against shock," *Dendron*, May 1, 1992: 5; "Vermont shock ban proposed," Ibid; "Clinton Administration juggles 'review' of federally-funded forced electroshock," *Dendron*, Summer 1996: 1, 15, 16; "Some other Support Coalition national actions against force and fraud in shock," Ibid, 16.

[110] "Raphael just says 'No'," *Dendron*, September 15, 1989: 3.

[111] "Is State of Alabama *anti-dignity*?" *Dendron*, August 6, 1991: 5; Everett, Sandra. "Legal update: Court battle in Alabama could effect [sic] nation," *Dendron*, May 1, 1992: 8.

[112] "Minnesota first state to gain psychiatric living wills," *Dendron*, October 7, 1992: 6.

[113] "Federal law may help psych. survivors," *Dendron*, December 15, 1991: 18.

[114] Stefan, Susan. "Black Robe/White Coat: Law Update," *Dendron*, Fall 1993: 18; Stefan, Susan. "Black robes & white coats: 'more and more' forced psychiatric interventions," *Dendron*, Summer 1994: 6, 7.

[115] Trachtman, Howard. "Bill of Rights Passes," *Dendron*, Winter 1998-1999: 37.

[116] I have already discussed above the testimony-letters of Anonymous ("Thorazine Therapy" – See p. 179 above). See also: XX, Sharon [sic]. "I became a victim of my own desire to please others," *Dendron*, April 26, 1989: 8. There is also the testimony of Shirley Burghard, a longtime activist who published Constructive Action Newsletter, a unique paper, critical of psychiatry and self-published by Burghard since 1960, predating the appearance of the MNN by 12 years. In *Dendron*, Burghard describes the two years she was hospitalized at Syracuse Psychiatric Hospital: "I was drugged to a vegetable zombie on Thorazine, was subjected to 'Brutality Therapy' which was scrubbing one toiled for eight to ten hours straight. Or

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scrubbing the long hall with a toothbrush. I knew many others had been tortured and tormented as I had been," Burghard, Shirley. "The Shirley Burghard story! (told in her own words)," *Dendron,* September 1988: 1, 10, 11. Dendron also published an extensive testimony by Kate Millett, the well-known feminist, which she gave at the National Association of Psychiatric Survivors' (NAPS) organizing day at the Alternatives '89 Conference. See: Millett, Kate. "Kate Millett tells her story: from famous feminist...to 'diagnosed psychotic'... to psychiatric survivor" [Excerpts of speech at the National Association of Psychiatric Survivors organizing day at the Alternatives '89 Conference], *Dendron*, January 11, 1990: 1, 13-16.

[117] There were, however, some important discussions of hospitals and hospital abuses in *Dendron*, as well. The point is, however, that they were relatively rare compared to the intense focus in *MNN* on hospital psychiatry. I have already discussed the three following: Chabasinski, Ted. "The children at Metropolitan State Hospital," *Dendron*, Winter 1997-1998: 11, 12, 13; Chabasinski, Ted. "National protest and lawsuit challenge abuse of children at Metropolitan State Hospital," *Dendron*, Winter 1998-1999: 18, 19; Schiffman, James R. "Children's wards: teen-agers end up in psychiatric hospitals in alarming numbers," [Reprinted from *The Wall Street Journal*, Friday, February 3, 1989], *Dendron*, March 15, 1989: [Confusing pagination]. See also: "Death reports available," *Dendron*, January 11, 1990: 18; "Clearinghouse vigil breaks silence about Korean student's death," *Dendron*, December 15, 1991: 3; "Oregon activated: psychiatric deaths protested," *Dendron*, Spring 1995: 4; "Mad member news: restraint & solitary confinement info," *Dendron*, Spring 1995: 14.

[118] It is true that some writers in *MNN* addressed the issue of "crisis." Certainly, as we have seen, Judi Chamberlin did so. *MNN* is not devoid of such discussions. But in *Dendron* we see a dramatic increase in writing which acknowledges individual suffering without suggesting that it is caused by social factors or by psychiatry. As we shall see in the next chapter, *Dendron* was willing to entertain and report on the efforts of individuals to engage in individual practices to attend to their distress.

[119] Nordahl, Bill. [Letter], *Dendron*, August 1988: 3.

[120] Ibid.

[121] Ibid.

[122] XX, Sharon [sic]. "I became a victim of my own desire to please others," *Dendron*, April 26, 1989: 8.

[123] Ibid.

[124] Ibid.

[125] Ibid, 9.

[126] "Support-In fact sheet," *Dendron*, January 11, 1990: [Insert, unpaginated].

[127] Foner, Janet B. "Co-counseling simply is not therapy," *Dendron*, April 26, 1989: 6.

[128] Ibid.

[129] Foner, Janet. "The Exchange Listening Process: the true nature of humans and why we don't usually act that way," *Dendron*, Fall 1993: 7.

[130] Ibid.

[131] Ibid.

[132] See also: Swadesh, Daisy. [Letter], *Dendron*, August 1988, 4, 5, 6. On page 4, Swadesh refers to personal experiences of child abuse and "deliberate cruelty and exploitation" by her parents. See also: "*Cry of the Invisible*," [Book review], *Dendron*, August 6, 1991: 14. This review states, "One of the most common themes from these voices are that many have been hurt in their youth...".

[133] Ibid.

[134] Oaks, David. "An open response to Bill Ulhorn," *Dendron*, February 1988: 9.

[135] "Demonstrators bring complaints to APA's 1993 annual meeting," [Reprint from *Psychiatric News*, 6/18/93, p. 13, no author indicated], reprinted in *Dendron*, Fall 1993: 17 (quoting David Oaks). In my view, while emotional crises are one experience of madness, it is inaccurate to portray all experiences of madness as moments of "crisis." I would assert that it is difficult to frame the enduring painful emotional and mental states of those who experience ongoing, long-term difficulties as "crises" (though, of course, some people with long-term difficulties sometimes experience shorter-term disruptions which can properly be called "crises"). Similarly, is the term "crisis" appropriate for those whose madness can perhaps best be understood not as "difficulties," but (as radicals themselves argued) as ways of being, perceiving, and thinking, and behaving which are labelled as problematic by others? If these points of view, orientations, or experiences are not experienced as troubling, disturbing, or problematic by such people, it would seem inaccurate to refer to them as a "crisis" or as "crises."

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[136] "Prozac survivors network U S " [Quoting from an excerpt of Ann Tracy's book, *The Prozac Pandora*], *Dendron*, May 1, 1992 9

[137] Ibid

[138] "Common drugs create epidemic of brain damage!" [article No 2 of this title in this issue], *Dendron*, March 15, 1989 [confusing pagination] (emphasis added)

[139] Ibid (Emphasis added)

[140] "Drug-induced madness & lobotomy," *Dendron*, Summer 1996 9

[141] Ibid (Emphasis added)

[142] Woody, Patricia " I was given three shock treatments " *Dendron*, August 1988 3

[143] Ibid

[144] Hammell's third "The paradigm shift" article generally departs from discussion of orthomolecular medicine specifically as applied to emotional and mental problems Rather, in this article, Hammell notes that he is not the political coordinator of the "Life Extension Foundation," which he calls "a non-profit educational group funding non-mainstream anti-aging research " Hammell, John "The paradigm shift," *Dendron*, Summer 1994 9 On the other hand, Eva Edelman takes up orthomolecular medicine in a quite similar way to Hammell's earlier articles in two separate articles See Edelman, Eva "What is 'schizophrenia'? Now you see it now you don't," *Dendron*, Summer 1994 9 See also Edelman, Eva "Nutritional treatments for tardive dyskinesia," *Dendron*, Summer 1996 19

[145] Hammell presents orthomolecular medicine in the following way "Nobel Laureate Linus Pauling coined the term 'orthomolecular' in an article in Science magazine in 1968 in which he described the work of himself and other pioneers in this exciting new field of nutritional medicine " He further states, "'Ortho' is Greek for 'Right ' Literally, 'Orthomolecular' means 'Right Molecule,' and refers to achieving a state of health by creating balance between the natural substances already present in the body vitamins, minerals, amino acids, and trace elements " Hammell, John "The paradigm shift," *Dendron*, May 1, 1992 10

[146] Hammell, John "The Shift," *Dendron*, December 15, 1991 19

[147] Hammell, John "The Paradigm Shift," *Dendron*, May 1, 1992 10

[148] For example, "biofeedback, meditation, yoga, mutual support, etc " Hammell, John "The shift," *Dendron*, December 15, 1991 19

[149] Hammell, John "The paradigm shift," *Dendron*, August 6, 1992 4

[150] Ibid

[151] Hammell, John "The Shift," *Dendron*, December 15, 1991 19

[152] Ibid

[153] Hammell, John "The Paradigm Shift," *Dendron*, August 6, 1992 4

[154] Hammell, John "The Paradigm Shift," *Dendron*, May 1, 1992 10

[155] Ibid

[156] See also a brief discussion of the alleged effects of sugar and "mental problems" in the following Grundy, Andrew January "Berserk in the Bluegrass," *Dendron*, May 1988 7

[157] "Resources/services environmental illness guide," *Dendron*, January 11, 1990 17

[158] A later article reaffirms the labelling discourse strand, but does not resort to biological explanations of emotional and mental difficulties "Protesters disrupt allergy conference," *Dendron*, August 6, 1991 6

[159] 'Organizing movements," [Book review of *Let the trumpet sound, the life of Martin Luther King, Jr*], *Dendron*, January 1988 1, 6, "Organizing movements," [Book review of *The origins of the civil rights movement black communities organizing for change*], Ibid 1, 7, "Psychiatry and women a call by women – for women – to create alternatives to psychiatry," *Dendron*, February 1988 [unpaginated – 11], "Psychiatry & pesticides learning from Cesar Chavez and the grape boycott," *Dendron*, March 1988 1, 10, Oaks, David "Gays & lesbians invent new ways to fight stigma," *Dendron*, June 1988 1, 4, 5

[160] "Exclusive *Dendron* interview R D Laing," *Dendron*, February 1988 1, 6, 7

[161] "Memorial held for R D Laing," *Dendron*, January 11, 1990 4

[162] Farber, Seth "US Food & Drug Administration proposes giving electroshock the rubber stamp!" *Dendron*, October 24, 1990 1, 4

[163] Oaks, David "*Madness, heresy, and the rumours of angels the revolt against the mental health system*," [Book review], *Dendron*, Fall 1993 22

[164] See, for example "National rights conference plans finalized," *Dendron*, June 1988 3, "Rights conference packed!" *Dendron*, December 1988 3, Nester, Dennis F [Letter], *Dendron*, August 1988 7-8

[165] "Has the dust really settled in The Peter Breggin controversy?" *Dendron*, February 1988 1, 8, Uhlhorn,

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Bill. [Letter], Ibid: 8; Oaks, David. "An open response to Bill Ulhorn [sic]," Ibid, 8, 9; "Dust still (cough) swirling in: the Peter Breggin controversy!" *Dendron*, March 1988: 1, 11.

[166] Photograph of Peter Breggin in article, "Physicians attend Support-In, call for rights!" *Dendron*, October 7, 1992: 5.

[167] Breggin, Peter, R. "Exposing the racist 'Violence Initiative' pushed by new NIMH head, psychiatrist Fred Goodwin, *Dendron*, May 1, 1992: 15-16.

[168] Oaks, David. "Historic new book by psychiatrist Peter Breggin *Toxic Psychiatry* exposes psychiatric assault on multiple fronts," *Dendron*, December 15, 1991: 4.

[169] Areford, Chuck. "To: all mental health employees: 'speak for ethical treatment!'" *Dendron*, Spring 1995: 7; Areford, Chuck. "Resistors in the machine," *Dendron*, Summer 1996: 6.

[170] "Networking: Relatives and Allies of Psychiatric Survivors," *Dendron*, Winter 1997-1998: 39; Valentine, Linda. "Look out, NAMI! Here comes RAPS!" *Dendron*, Winter 1998-1999: 29.

[171] Scare quotes in original. See: "Winning allies," *Dendron*, March 11, 1991: 10.

[172] Ibid. It is highly likely, based on the masthead introductory note to this article, that Janet Foner was the author of this article. However, it is not directly attributed to her.

[173] Oaks, David. "Editor's note: it's happening," *Dendron*, May 1, 1992: 2.

[174] See Chapters 2, 3, and 4.

[175] The following sentence of the full article reads, "Just as activists have always gotten 'on the wards' to organize, so you are 'on the *new* wards' of 'community mental health.'" Here, Oaks indicates that the members and attendees of these various contexts, some of which exist to offer or build other contexts for offering, emotional support, are (or should be) engaged in political activism. One can imagine that the actual lived and experienced concerns of many of the attendees of such groups and centers were *not* about taking a political stance, but about attempting to find sometimes urgently-needed help in regards to emotional difficulties, poverty, homelessness or impending homelessness, rights violations in hospitals, etc. Oaks, David. "Free space," *Dendron*, October 7, 1992: 2.

[176] Ibid.

[177] Oaks, David. "Editor's notes..." *Dendron*, October 24, 1990: 2. Arguably, Oaks here seems to consider "consumer" a legitimate term: he puts scare quotes around the words "mental health," but he does not do so around the word "consumer."

[178] "Mental freedom means...the right to *choose*!" *Dendron*, July 14, 1990: [unpaginated – 2]. (Bullets in original, adapted in list format for dissertation text).

[179] See, for example: "Alternatives" [Oakland Independence Support Center listing], *Dendron*, October 14, 1990: 7. This is a one-paragraph, eight line notice regarding this A/R agency in Oakland, CA. On the same page, there is a somewhat longer, two-paragraph article about the Community for Interdependent Living of San Jose California, a "housing alternative." See: "Alternatives" [Community for Interdependent Living listing], *Dendron*, October 14, 1990: 7. See also other very brief notices such as: "Ruby Rogers [drop-in center] news," *Dendron*, Summer 1996: 5; "Peer-run residences," Ibid, 6; and "Drop-in center builds," Ibid, 6.

[180] Clay, Sally S. and Jeffrey M. Fortuna. "The Windhorse approach: a healing community," *Dendron*, Summer 1994: 8.

[181] According to *Dendron*, by the Winter 1998-1999 edition, the circulation of the paper was 8,000, while the estimated readership was more than 20,000. [Masthead], *Dendron*, Winter 1998-1999: 2.

[182] I wish to emphasize the word "relative" in this sentence. *Dendron*, despite the discursive shift just described, remained a highly politically-oriented newspaper, antipsychiatric in the sense of this word discussed at the beginning of Chapter 2. See pages 71-72 in Chapter 2.

Notes to Chapter 6

[1] Despite the fact that *Dendron*, as we saw in Chapter 5, discussed the issue of homelessness, I found only one report in *Dendron* regarding a demonstration where a radical organization, the National Alliance of Mental Patients (NAMP), in this case, was involved in organizing such a demonstration. According to this article, NAMP was co-sponsoring a "national demonstration against homelessness and in favor of appropriate low-income housing alterantives [sic]." (The other sponsors are not mentioned.) Nevertheless,

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this article was actually only an announcement of an upcoming demonstration to occur on October 7, 1989. "Big homeless protest set for October in D.C.," *Dendron*, July 21, 1989: 4. In the issue of *Dendron* which followed this planned demonstration, despite careful scrutiny, I found no mention of this demonstration. Yet, in that same issue (January 11, 1990), approximately four out of twenty pages were the transcription of Kate Millett's speech at the NAPS organizing day at the Alternatives '89 Conference (Millett, Kate. "Kate Millett tells her story," *Dendron,* January 11, 1990: 1, 13-16); two articles reported on two different anti-shock demonstrations ("New York Shock protest," *Dendron*, January 11, 1990: 1; "Protest shock," Ibid: 18); one article decried "outpatient commitment" laws ("Warning! court-ordered forcible psychiatric drugging is killing people living out in their own communities!" Ibid, [unclear pagination – 6?]); and in a section asking what actions readers had taken lately "for human rights in –and alternatives to – psychiatry," there was no mention of a homelessness demonstration ("*Dendron* readers act out!" Ibid, 11, [11, 12]).

[2] See also: Chapter 5, endnote 52 and, in *Dendron*, "Mental freedom means...the right to *choose!*" *Dendron*, July 14, 1990: [unpaginated – 2].

[3] I discuss the development of SCI below.

[4] "Protest Shock," *Dendron*, January 11, 1990: 18.

[5] Ibid. Note that the Clearinghouse on Human Rights and Psychiatry and *Dendron*, too, were located in Eugene, OR.

[6] "Electroshock survivors & allies *revolt against the jolt* in U.S. & Canada," *Dendron*, August 6, 1991: 1. This set of demonstrations is noteworthy, as well, for the fact that it occurred on July 14, as this is Bastille Day, a day which the mad movement had increasingly appropriated, in consideration of the fact that the historical Bastille prison liberation in France had included not only people incarcerated for crimes, but those also those incarcerated in the Bastille on the basis of (accusations of) madness. Myra Kovary, in an article dated July 1, 2008, as published on the MindFreedom.org website, indicates that she originally suggested the use of Bastille Day to the Mental Patients Alliance of Central New York in Ithaca in the early 1980's. She writes, "... I was involved in organizing a demonstration with a group of comrades from the Mental Patients Alliance of Central New York in Ithaca...I suggested we hold our demonstration on Bastille Day." She further states that "[t]he first Bastille Day demonstration was organized by the Mental Patients Alliance of Central New York (in Ithaca) on July 14, 1981." Kovary asserts that the storming of the Bastille included the freeing of "[s]ome psychiatric inmates," along with other prisoners. Kovary, Myra. "The origins of Bastille Day as a celebration of mental patients liberation," as published on the MindFreedom International website. Retrieved from http://www.mindfreedom.org/kb/history/bastille-day-and-mh-liberation on April 9, 2011

The claiming of Bastille Day is an example of the founding of an indigenous collective-identity ritual, in contrast to events more closely tied to psychiatric events such as demonstrations at APA conventions. The power of such rituals is exemplified by the fact that this celebration "caught on" (at least from 2000 forward) despite the fact that historians state that at the time of the storming of the Bastille, that prison contained only some six or seven prisoners. Prendergast writes, for example, of a prisoner census at the Bastille of "seven in all, including two madmen and four forgers." Prendergast, Christopher. 2008. *The fourteenth of July*. London, UK: Profile Books, 26. Cobb and Jones state, "...when the Bastille was stormed, there were only a half dozen prisoners, two of whom were manifestly insane." Cobb, Richard and Colin Jones (eds). 1988. *The French Revolution: voices from a momentous epoch, 1789-1795.* Markham, ON: Penguin, 69. As both Prendergast, on the one hand, and Lüsebrink and Reichardt, on the other, note, the power of the Bastille for French revolutionaries was not so much in the liberation of several prisoners (whatever their personal situations, attributes, or "crimes"), but in the emotional resonance of a highly dramatic event in a time of great upheaval and revolutionary possibility. The storming of the Bastille stood, and still stands for many, as an inspiration regarding radical social and political rupture in favour of popular power and against autocracy and oppression. See: Prendergast, 27. See also Lüsebrink, Hans-Jürgen and Rolf Reichardt. (Norbert Schürer, translator). 1997: *The Bastille: a history of a symbol of despotism and freedom.* Durham, NC: Duke University Press: 79-181; 241-246. Perhaps the "mad" nature of the storming of the Bastille has been exaggerated. Nevertheless, in one sense this does not matter, for the storming of the Bastille stands as a highly emotionally resonant symbol of liberation for a wide range of people, and there is no reason that it should not also do so for those mad people who embrace the occasion.

[7] See also: "Protest Shock," *Dendron*, January 11, 1990: 18; "Electroshock: national human rights campaign fights back," *Dendron*, December 15, 1991: 1, 19; "Lucille Austwick Sparks National Campaign," *Dendron*, Summer 1994: 1, 3, 12; "Lily Tomlin endorses S.C.I.'s 'Save Lucille Campaign',"

Ibid, 1; "Clinton administration finally responds to Support Coalition campaign against forced electroshock: to say, 'Wait...'" *Dendron*, Spring 1995: 1, 5 (This article blends into the campaign for a U.S. Center for Mental Health Services Review, discussed below); "Zapback rapids" Ibid, 5; Morrison, Linda. "Reversing the Current in Pittsburgh," *Dendron*, Winter 1998-1999: 34.

[8] "Electroshock: national human rights campaign fights back," *Dendron*, December 15, 1991: 1.

[9] "Lucille Austwick sparks national campaign," *Dendron*, Summer 1994: 1.

[10] Ibid, 3.

[11] Ibid.

[12] "Lily Tomlin endorses S.C.I.'s 'Save Lucille Campaign'," *Dendron*, Summer 1994: 1.

[13] "ZAP BACK against forced shock," *Dendron*, Spring 1995: 1.

[14] Ibid: 1, 5.

[15] Ibid, 5.

[16] "Clinton administration finally responds to Support Coalition campaign against forced electroshock: To say, 'Wait...'" *Dendron*, Spring 1995: 1.

[17] "Lucille Austwick sparks national campaign," *Dendron*, Summer 1994: 3.

[18] "Clinton Administration finally responds to Support Coalition campaign against forced electroshock: To say, 'Wait...'" *Dendron*, Spring 1995: 1.

[19] "Clinton Administration juggles 'review' of federally-funded forced electroshock," *Dendron*, Summer 1996: 15.

[20] "Clinton Administration juggles electroshock Issue for 1,000 days," *Dendron*, Winter 1997-1998: 14.

[21] Wright, Lynda. "SCI Responds to federal shock report," *Dendron*, Winter 1998-1999: 35.

[22] Wright, Lynda. "SCI Responds to Federal Shock Report" [Editorial introduction], *Dendron*, Winter 1998-1999: 35.

[23] Ibid.

[24] "Protest against electroshock *sparks* friendship & publicity!" *Dendron*, December 1988: 1, 6.

[25] "April NYC Shock Protest," *Dendron*, March 11, 1991: 7; Andre, Linda. "New Yorkers invade shock doctor event," *Dendron*, August 6, 1991: 3.

[26] "New York Shock protest," *Dendron*, January 11, 1990: 3; "Shock protest held," *Dendron*, March 11, 1991: 7.

[27] "Electroshock survivors and allies push through human rights law in Texas!" *Dendron*, Fall 1993: 12. It is important to note, as well, that while this legislation did not abolish shock, it does report on the underlying abolitionist intentions of some activists. Dianna and Doug Loper, the founders of NAES, the articles states, were "dedicated to a 100% ban of shock. 'I want this treatment gone in my lifetime' vows Dianna." Ibid, 1.

[28] Jamieson, Stewart. "Yukon Group vows to create *shock free zone*," *Dendron*, Summer 1996: 1, 17.

[29] "UK activists say 'Pull the Plug!' *Dendron*, Winter 1998-1999: 34.

[30] Kramer, Theo. "Shock protest in Madison," *Dendron*, Spring 1995: 5.

[31] Ibid.

[32] Ibid.

[33] "Behind the scenes at Alternatives '91," *Dendron*, December 15, 1991: 3.

[34] "Lucille Austwick Sparks National Campaign," *Dendron*, Summer 1994: 3.

[35] Stuart, John. "Tabling about shock" [Letter], *Dendron*, May 1, 1992: 2; "One person anti-shock campaigns," *Dendron*, May 1, 1992: 5.

[36] "$50 grand prize!: Anti-Normality Contest," *Dendron*, Summer 1994: [back cover].

[37] Oaks, David. "Heal Normality, Naturally!" *Dendron*, Spring 1995: 1.

[38] "Healing Normality, Naturally Campaign update," *Dendron*, Summer 1996: 6.

[39] Ibid.

[40] See my discussion of the "Ten warning signs of normality" document in Chapter 5.

[41] Ibid.

[42] Vani, Shanti. "Florida heals normality," *Dendron*, Summer 1996: 6.

[43] On a trip to London, England, Janet Foner writes that, at the drop-in center at Maudsley hospital in London, she delivered a workshop on "our USA movement and Support Coalition," She notes that the drop-in centre "had set up this workshop because of the Support Coalition 'Heal Normality' poster hanging on the door or their center..." Foner, Janet. "Reclaiming power," *Dendron*, Winter 1998-1999: 33.

[44] The conflicts around these two conferences in 1985 are discussed at length in Chapter 4.

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[45] This radical mad activist and psychiatric dissident organization should not be confused with the Protection and Advocacy agencies set up by federal law in each state

[46] See endnote 6 for this chapter above, regarding the origins of the meaning attributed to Bastille Day in the mad movement

[47] See Chapter 10 for further discussion of Alternatives Conferences and their workshops

[48] Foner, Janet "Alternatives '88 conference a success!" *Dendron*, September 1988 5

[49] The National Alliance of Mental Patients, later renamed the National Alliance of Psychiatric Survivors

[50] The National Mental Health Consumers' Association, an organization which I discussed in Chapter 4 This organization was alternativist-reformist in character

[51] Foner, Janet "Alternatives '88 conference a success!" *Dendron*, September 1988 6 (emphasis added)

[52] Ibid

[53] Ibid

[54] Grundy, Andrew January "Two psychiatric survivors talk," *Dendron*, September 1988 7

[55] Emerick, 1991 1125 It should be noted, however, based on the equal size of sample in Emerick's 1989 and 1991 articles, "the past several years" may have referred to 1989 and prior In any case, in late 1989, Rae Unzicker of NAPS (previously NAMP) informed the Board of Directors by letter of the following "I'm sorry to be the bearer of bad news, but here it is NAPS is broke We have less than $200 in our account, with accounts payable of $300 " Unzicker, Rae [Letter to NAPS Board of Directors], December 7, 1989 Psychiatric Survivor Archives, Toronto, Allen Markman Collection On the other hand, by Winter 1990 (which, by evidence in the publication, indicated the winter of 1989-1990), Joseph Rogers, who had resigned from the NMHCA presidency as of April, 1989, was questioning whether the NMHCA was "viable as an organization" due to "internal squabbling and power struggles " Rogers, Joseph "Ex-NMHCA president reflects on leadership, squabbles and unity," *Brainstorm*, Winter 1990, Vol 1, No 1 17 Was the rivalry between NAMP/NAPS and the NMHCA the cause of the troubles with these organizations? Was it a question of "personalities"? Whatever the cause, ultimately, as we shall see, it appears that both the radical and the A/R wings of the movement found other organizational formats in which to invest their energies This and all further references in this dissertation to the publication, *Brainstorm*, indicate issues of this publication provided courtesy of the National Mental Health Consumers' Self-Help Clearinghouse

[56] "Struggle over sponsorship," *Dendron*, March 15, 1989 3

[57] "Alternatives '89" [Subsection "Meet some of the people "], *Dendron*, September 15, 1989 7

[58] "Alternatives '89" [Subsection "Snapshots"] *Dendron*, September 15, 1989 9 I unfortunately did not have access to this insert, but I did have access to *Dendron* of July 21, 1989 However, it is possible that the mention of "federal censorship of dissidents" may have also been a reference to accusations by *Dendron* in an editorial that Rogers had written a letter addressed to "Protection & Advocacy agencies and other interested parties" which, the *Dendron* editorial stated, "denounces the National Association for Rights Protection & Advocacy " See "Unity editorial," *Dendron*, October 1988 6

[59] "Alternatives '89" [Subsection "Snapshots"], *Dendron*, September 15, 1989 9

[60] See Chapter 4, endnote 95

[61] Though the first person singular is sometimes used, it is unclear who the author of this article was It may have been David Oaks, but there is no byline to the article, it contains statements from a number of people, and it is loosely formatted

[62] Ibid

[63] Ibid

[64] "Alternatives '90 scheduled," *Dendron*, January 11, 1990 4 It is worth noting that the report in *Dendron* on Alternatives '89 did *not* discuss these "controversial group meetings," but, as I noted, placed in the foreground interviews with and short articles about several conference attendees

[65] Foner, Janet "Alternatives '90," *Dendron*, October 24, 1990 5 I consider this statement to support my belief that the personalistic reporting on Alternatives '89 in the September 15, 1989 issue of *Dendron* was a technique used to avoid discussion of tensions between radicals and alternativist-reformists at that year's conference

[66] Ibid

[67] Formerly, the National Association of Mental Patients (NAPS)

[68] Clearly, Foner saw the National Mental Health Leadership Forum as a coopting organization, writing, " [The National Mental Health Leadership Forum] excludes our issues requires [sic] a loyalty oath to their

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campaigns for brain new [sic] research, psychotropic drugs, etc." Ibid. A movement history article written, written by Judi Chamberlin and Sally Zinman in March 1991 states, regarding NAPS and NMHCA, that the "split was apparently bridged at a combined meeting between the two groups' boards at Alternatives '90," Chamberlin, Judi and Sally Zinman. "Judi Chamberlin & Sally Zinman...tell it like it is!: a brief history of the movement," *Dendron*, March 11, 1991: 9.

[69] "National consumer group joins 'leadership forum'," *Dendron*, August 6, 1991: 6.

[70] "Behind the scenes at Alternatives '91," *Dendron*, December 15, 1991: 3. An interesting contrast is evident between *Dendron*'s criticism of this event at the Alternatives Conference and a similar event that occurred at the 1988 conference of the National Association for Rights Protection and Advocacy (NARPA), an organization whose membership included psychiatric dissidents and mad movement radicals. Oaks' report regarding the NARPA conference incident in the December 1988 issue states that a disruptive participant went to the hospital "voluntarily." However, in the subsequent issue of *Dendron*, a short update on this situation stated that, to the contrary, the woman was given no choice but to go to the hospital and, in fact, had refused to sign in on a voluntary basis. Regarding the Alternatives conference, blame is laid upon the conference coordinator, and the article uses the term, as noted, "hauled away." As stated in the text above, the (extended) subtitle of the article about Alternatives '91 was, in part, "Conference co-ordinator blows it. [sic]," likely referring to Nancy Donigan's decision to use force to have an attendee, about whose behaviour no description is given, ejected from the conference. By contrast, the title of the original article regarding the NARPA conference event which led to an incarceration is, "Conference incident shows tragic need for alternatives." No one individual is blamed, and the article goes on at length about the disruptive behaviours of the participant. See: "Conference incident shows tragic need for alternatives," *Dendron*, December 1988: 5; See: "Update on woman locked-up [sic] at conference," *Dendron*, April 16, 1989: 4.

[71] "Behind the scenes at Alternatives '91," *Dendron*, December 15, 1991: 3.

[72] Ibid.

[73] Ibid.

[74] Foner, Janet. "Reclaiming power," *Dendron*, Summer 1996: 5.

[75] Favreau, 31. However, later in her dissertation, Favreau states in a somewhat contradictory manner that NARPA was formed by a "coalition of parents and mental health professionals" (Ibid, 261). Nevertheless, she then indicates that the "board and membership [of NARPA] were composed of the 'psychiatrized,' attorneys, professional advocates and services providers" (Ibid). Despite these distinctions in emphasis, Favreau importantly notes that in bringing together activists and psychiatric and other professional dissidents and allies, NARPA "reflect[ed] the coalition thinking that activists had started to adopt..." (Ibid, 261-262).

[76] "Calendar" [announcement of Alternatives '91 Conference], *Dendron*, March 11, 1991: 14.

[77] "Calendar" [announcement of NARPA '91 Conference]. *Dendron*, March 11, 1991: 14.

[78] These were federally-funded agencies whose mission was extended by federal law in 1986 to include institutions for people deemed "mentally ill." I discuss "P&A" agencies further in Chapters 9 and 10.

[79] See endnote 70 for this chapter, above, for a discussion of this event.

[80] Cain, Rick. "An advocate's-eye view of the NARPA conference," *Dendron*, December 1998: 4.

[81] Ottenstein, Paul. "Overall impressions: NARPA directs anger at psych. [sic] institutions," *Dendron*, January 11, 1990: 9. Ottentstein's positive assessment of the merging of the political and the personal is contextualized in preceding words which are highly reminiscent, ironically, of the very issue which dogged the Annual Conference on Human Rights and Psychiatric Oppression, discussed in Chapters 3 and 4. He writes, "At the conference I attended about an equal amount of workshops related to both advocacy and self help. This might sound incongruous to people who have never attended before. It is not!" Here we see the longstanding issue which I have argued was at the heart of the split in the movement: Is the movement about political activism or is it about alternative ways of coping with emotional crises and difficulties – and can it be about both? Here, "advocacy" and "self help" seem to stand as the equivalents of "politics" and "support" discussed in *MNN*.

[82] "Dendron editor given advocacy award," *Dendron*, Spring 1995: 4.

[83] As we shall see in the following chapters, Ahern and Chamberlin were involved in the National Empowerment Center (NEC), one of the original two consumer-run "Clearinghouses" funded by the federal government. I believe that Ahern and Chamberlin both walked a fine line, discursively and in practice, between radicalism and reformism as they attempted to shape alternative visions of madness and alternative practices with which to address madness and the issues surrounding madness.

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[84] Prior to 1991, this was not the case. The Support-In was created in 1990, but that year Support-In events were tied to the APA convention in Washington, D.C. between May 11 and May 15, events which were announced both in the January 11, 1990 issue and in the directly subsequent May 7, 1990 issue. It may be that the shorter July 14, 1990 issue was, itself, published on that date because of its significance as Bastille Day.

[85] "Join in Bastille Day – Support-In Sunday 1991" [Announcement], *Dendron*, March 11, 1991: 4.

[86] See above section regarding anti-electroshock protests and campaigns for elaboration of this set of protests.

[87] Foner, Janet. "Support-In '92," *Dendron*, October 7, 1992: 4; "Patch Adams survives psychiatry *AND* medical school" [Testimony and speech by Patch Adams at Support-In '92], Ibid: 5; "Physicians attend Support-In, call for rights!" Ibid, 5.

[88] The article states, regarding an attendee of the Paris, France Bastille Day protest: "Reports Alain Waché: 'I was at the D.C. meeting in May. "Bastille Day" was suggested and adopted as the specific time for remembrance and reminiscences of psychiatry's victims." It is likely, though not certain, that Waché's reference to "the D.C. meeting in May" indicates "Support-in '92," held from May 1-5 of that year, though this is not made clear in the text. See: "Bastille Day '92: three countries hold human rights protests," *Dendron*, October 7, 1992: 10

[89] "Bastille Day protests," *Dendron*, Fall 1993: 3. While limited reporting could be an artefact of reporting resources, I would argue, based on the degree to which *Dendron* was enterprising in reporting on even the smallest protests regarding, for example, electroshock, the relative lack of reporting on Bastille Day reflects a lower priority regarding Bastille Day in comparison to other issues and events. For example, the article cited here was one paragraph long. By contrast, the same issue of *Dendron* includes two articles directly related to electroshock, together totalling 34 paragraphs. See: "Electroshock survivors and allies push through human rights law in Texas! Ibid: 1, 12; "Time again to focus on FDA about shock!" Ibid: 12. A further article discusses the censoring of a poet in Pennsylvania attempting to read a poem about his experience of electroshock at a candlelight memorial sponsored by the "Alliance for the Mentally Ill and the Mental Health Association." See: Leibowitz, Art. "Psychiatric survivor poet censored in Pittsburgh," Ibid: 13. Published on the same page, as well, is the poem which he read. See: Leibowitz, Art. "Riding the Lightning," Ibid. Moreover, in the same issue, a set of articles spanning three pages discusses demonstrations which took place not in relation to Bastille Day, but rather in late May, 1993 in front of the location of the annual conference of the American Psychiatric Association, held that year in San Francisco, CA. See: "Psychiatry votes to label 500,000 more women 'mentally disordered'," Ibid: 1, 8, 9; "Transgender Nation joins protest, of A.P.A., *slams* psychiatry!" Ibid, 8.

[90] But see: "Calendar" [July 14 event notice], *Dendron*, Summer 1994: 18. In this three-line notice, the reader is referred to more information on the following page (p. 19), but there is, in fact, no further information on that page. See also: "Every July 14th..." *Dendron*, Summer 1996: 4. This is a one-paragraph article which indicates that The Alliance (of Syracuse, NY) was one organization which attempted to maintain consciousness of Bastille Day. Bastille Day is also noted in this issue's Calendar section. See: "Calendar," Ibid: 22.

[91] This is noteworthy in view of the fact that the original "Bastille Day," of course, took place in France. See: "French Resistance," *Dendron*, Winter 1998-1999: 39.

[92] However, see Conclusion to Dissertation, endnote 5. A significant and enduring tie was made between growing numbers of Mad Pride events and Bastille Day from 2000 forward in the U.S. and elsewhere.

[93] See my discussion of reporting on the Alternatives Conferences and the NARPA annual conferences above.

[94] See, for example: "Psychosocial conference draws ex-inmates," *Dendron*, April 26, 1989: 4; "Mystic meets mainstream," *Dendron*, September 15, 1989: 3; "Conferences" ["1991 conference on Psychiatric Rehabilitation" listing], *Dendron*, October 24, 1990: 7; "Conferences" ["International Association of PsychoSocial [sic] Rehabilitation Services" listing], *Dendron*, October 24, 1990: 7; "Calendar" ["International Association of Psychosocial Rehabilitation Services" listing], *Dendron*, Spring 1995: 15. Janet Foner also briefly discusses David Oaks' and her presence and presentation at either the 1994 or 1995 IASPRS Conference. See: Foner, Janet: "Reclaiming Power: Success Stories," *Dendron*, Spring 1995: 12.

[95] Though see my discussion of the framing of "consumer-run" alternatives by such professionals in Chapter 10.

[96] See, for example: Foner, Janet. "Pennsylvania's psychiatric survivors gather for state-wide meeting,"

Dendron, July 21, 1989: 12; "Controversial Michigan conference held," *Dendron*, January 11, 1990: 5; "Texan survivors," *Dendron*, March 11, 1991: 3; "Calendar" [State consumer conference listing, July 5 and 6], *Dendron* March 11, 1991: 14; Foner, Janet. "Reclaiming power: success stories!" *Dendron*, October 7, 1992: 11; "Calendar" [Pennsylvania annual statewide consumer/survivor conference listing], Summer 1994: 18; Foner, Janet: "Reclaiming power: success stories," *Dendron*, Spring 1995: 12.

[97] Millett, Kate. "Kate Millett tells her story," *Dendron*, January 11, 1990: 1, 13-16.

[98] "Calendar" ["**June 21-24. Cleveland, OH.** people of color conference for psychiatric survivors"], *Dendron*, Summer 1994: 18. I have put "people of color" in quotation marks due to the fact that this terminology is less common in Canada than in the United States. Moreover, it is my impression that the use of this expression has decreased in the United States, as well, since the mid-1990's.

[99] Oaks, David. "Editor's note: it's happening," *Dendron*, May 1, 1992: 2.

[100] As the description of Support Coalition International in the October 7, 1992 issue reads:

> During The Support-In in Washington, D.C. caucuses brainstormed actions that would be helpful for psychiatric liberation...
>
> After reports from caucuses and discussion in the general membership meeting, a new campaign was selected: ***A PUBLIC RELATIONS CAMPAIGN*** to warn oppressed groups (African Americans, disabled, homeless, elders, prisoners, etc.) who are especially targeted by forced psychiatric drugs.
>
> The coalition is continuing its two year campaign to break the silence about electroshock human rights violations...
>
> We will still 'do' *Support-Ins* at events. What's a Support-In? It's public mutual support, like forming a circle and holding hands to BREAK THE SILENCE about what some people don't want to hear, to remember our sisters and brothers who have been killed and damaged by psychiatric oppression. It's taking support groups to the streets! (YOU can do a *Support-In* anytime, don't need anyone's okay!)
>
> (See: "Support Coalition International," *Dendron*, October 7, 1992: 23.)

[101] "Support-In fact sheet," *Dendron*, January 11, 1990: [unpaginated insert]. This statement, I believe, is indicative of ambivalence in the later radical wing of the movement as portrayed in *Dendron*: It acknowledges, in a subordinate clause, the need for government funding of alternatives, yet this assertion is then, if not rejected, at least deprioritized by the topic of the main clause of the sentence: political action about oppression. (It is clear from further discussion that the word "oppression" refers to *psychiatric* oppression.)

[102] Ibid.

[103] Ibid.

[104] Ibid.

[105] Ibid. (The quoted sentence, while somewhat grammatically awkward, is reproduced as it was written, though the ellipsis is mine.)

[106] "New human rights coalition to be launched!" *Dendron*, May 7, 1990: 1.

[107] Ibid.

[108] Ibid.

[109] Foner, Janet. "The Support-In: a new coalition starts to fight forcible psychiatric procedures," *Dendron*, July 14, 1990: [unpaginated – 4].

[110] Ibid. However, the numbers are debatable. The text of an insert on the same page states that at the Support-In in New York City, "...22 [not 50] psychiatric survivors (and two professionals) put their arms around each other, and talked about people who psychiatry had killed." See: "A new word: Support-In," *Dendron*, July 14, 1990: [unpaginated –4].

[111] Ibid.

[112] Ibid.

[113] Ibid.

[114] Ibid.

[115] "[The?] Support-In [inter?]national coalition [open?] to the public to break the silence about psychiatric oppression!"], [Title illegible due to fold in available copy], *Dendron*, March 11, 1991: 15.

[116] "Support Coalition International: an international independent action-based coalition open to the public!" *Dendron*, October 1992: 23.

[117] "[The?] Support-In [inter?]national coalition [open?] to the public to break the silence about psychiatric

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oppression!"], [Title illegible due to fold in available copy], *Dendron*, March 11, 1991: 15.

[118] Affiliated organizations (later called "sponsoring groups") at that time included The Alliance (Syracuse, NY); Clearinghouse on Human Rights & Psychiatry (Eugene, OR); Coalition for Alternatives in Mental Health (Berkeley, CA); National Association for Rights Protection & Advocacy (Minneapolis, MN); National Association of Psychiatric Survivors (Sioux Falls, SD); PEOPLe [sic]: Projects to Empower and Organize the Psychiatrically Labeled (Poughkeepsie, NY); Southwest Consumers (Pittsburgh, PA); and Welcome World, Inc. (Denver, CO).

[119] Foner, Janet. "Support-In '92," *Dendron*, October 7, 1992: 4.

[120] Those mentioned were the recently revived Network Against Psychiatric Assault (NAPA), the National Organization of Women, and Transgender Nation. "Mission accomplished: national protest of American Psychiatric Assn. in San Francisco wins S.C. I. & allies' basic goals!" *Dendron*, Fall 1993: 16.

[121] Ibid.

[122] Ibid.

[123] de L'Esprit, Ava Chante. "Yeah!! Whoopie!!" *Dendron*, Winter 1997-1998: 6. fast It is worth noting both that this article is shorter and that the article itself states that the number of protesters was "small,"

[124] Weitz, Don. "Survivors protest 'convention from hell': unity with poverty activists proves important," *Dendron*, Winter 1998-1999: 9.

[125] See, for example: [Masthead]. *Dendron*, July 21, 1989: [unpaginated – 2].

[126] See: [Masthead]. *Dendron*, September 15, 1989: [unpaginated –2].

[127] [Masthead]. *Dendron*, March 11, 1991: 2.

[128] Oaks, David. "Open letter to the movement" (Editorial), *Dendron*, Summer 1996: 2.

[129] To be precise, the masthead of the Summer 1996 edition read "*Dendron* is published by Support Coalition International." See: [Masthead], *Dendron*, Summer 1996: 2.

[130] "Some highlights of six years of Support Coalition victories," *Dendron*, Summer 1996: 22.

[131] Ibid.

[132] In the Summer 1996 issue, the conditions read as follows: "...Support Coalition International is an alliance of more than 40 sponsoring groups who oppose forced psychiatric oppression and who promote humane empowering alternatives." See: "About group sponsorship of Support Coalition," *Dendron*, Summer 1996: 23.

[133] This includes one group, GROW, which Oaks himself critiqued for its possible homophobia.

[134] Oaks, David. "The mind trip," *Dendron*, July 21, 1989: 8.

[135] Ibid, 9.

[136] Oaks, David. "Stunted GROWTH?" *Dendron*, July 21, 1989: 8. There is no indication in this article that "GROW" is an acronym. The website of the Australian branch of the organization states that the original name of the organization was "Recovery" (not to be confused with Recovery, Inc., a mutual support organization founded by psychiatrist Abraham Low). However, the website states, "As Recovery became better known it started to attract people who whilst not identifying with a mental illness, nevertheless, were struggling with serious life problems and who recognized in themselves a need for personal growth and connection with others facing similar issues. Recovery therefore changed its name to GROW in 1975 to reflect this need for prevention and personal growth." See: "Our origins," GROW website http://www.grow.net.au/index.php/who-we-are/our-origins (Accessed on December 22, 2010).

[137] Ibid.

[138] Ibid, 9. As we shall see in Chapter 7, GROW, while originally inspired by the 12-step method, in fact did not have twelve steps, but six. See also: Chapter 7, endnote 69.

[139] Wouk, Nina G. "...A very hot sexual and emotional affair with a disembodied spirit..." [Letter?], *Dendron*, April 26, 1989: 7.

[140] Ibid.

[141] Ibid, 8.

[142] "Clover." "An Introduction to Psychiatry," *Dendron*, Winter 1997-98, 43.

[143] Ibid.

[144] Jacobs, Sandra. "Psych. [sic] drug addiction recovery," *Dendron*, Winter 1997-98, 44.

[145] "We are in the grip of a continuing and progressive illness whose ends are always the same; jails, institutions, and death," Anonymous. 2008. *Narcotics Anonymous: Sixth Edition*, Chatsworth, CA: Narcotics Anonymous World Services, Inc.: 3; "To be doomed to an alcoholic death or to live on a spiritual basis are not always easy alternatives to face," Anonymous. 1976. *Alcoholics Anonymous: Third Edition.*

New York, NY: Alcoholics Anonymous World Services: 44.

[146] Jacobs, Sandra. "Psych. [sic] drug addiction recovery," *Dendron*, Winter 1997-98: 44.

[147] Foner, Janet. "Support Coalition International: advocating for human rights and alternatives in the 'mental health' system," *NECN*, Spring 1999: 10.

[148] Ibid.

[149] "Inside a self-help group," *Dendron*, April 1988, [unpaginated – 9].

[150] Ibid.

[151] All quotations in this paragraph from: Foner, Janet. "'Co-counseling simply is not a therapy': an open letter to mycall sunanda [sic]," *Dendron*, April 26, 1989: 6.

[152] Yates, Kris. [Letter], *Dendron*, October 24, 1990: 1, 7.

[153] Oaks, David: "Influential national psychiatric survivors workshop held," *Dendron*, May 1, 1992: 7.

[154] Ibid.

[155] Ibid.

[156] Ibid.

[157] "But what are the alternatives?", *Dendron*, October 1988: 1 [and subsequent pages in this issue of *Dendron*: see endnote 159, below].

[158] Ibid.

[159] The number of articles in this issue of *Dendron* which address this topic are unclear as they are not specifically titled in such a way as to indicate direct relevance to this topic.

[160] Peller, Barbara. "But what are the alternatives" [personal statement or letter], *Dendron*, October 1988: 4.

[161] Ibid.

[162] Peller, Barbara. "Addendum: a more detailed focus on opening to altered states," *Dendron*, October 1988: 5.

[163] Ibid.

[164] It is not my intention to assert that psychiatric treatment always leads to or consists of such experiences. However, it is clear based on the literature that this was the case for many people. As such, Peller's choice to avoid psychiatric interpretations of her experiences and consequent psychiatric interventions is understandable.

[165] Jonas, Erik. "Next month will be ten years since my first hospitalization" [Personal statement or letter], *Dendron*, October 1988: [unpaginated – 2] (emphasis added).

[166] Ibid. Again we see the influence of 12-step programs in this article.

[167] Some of the titles, as represented in the article, include: *Caring Enough to Confront*, Regal Books, Ventura, CA; *How to find Your Lifes' [sic] Work*, Prentice Hall, 1981; *High Level Wellness*, Bantam Books, 1979. Ibid, 5.

[168] Ibid.

[169] Ibid.

[170] Irick, Patrick J. "My contribution at recycling trash is my middle finger, defiantly raised against the psychiatric treatment system..." [Personal statement or letter], *Dendron*, October 1988: 3.

[171] Ibid.

[172] Ibid.

[173] Yates, Kris. "My self-help program," *Dendron*, Winter 1997-98: 10.

[174] Ibid.

[175] Ibid.

[176] Ibid.

[177] Ibid.

[178] Here, by "institution," I mean geographically-fixed, relatively enduring contexts.

[179] Burch House and Pocket Ranch are also listed in the May 7, 1990 issue, along with Hanbleceya. "Rapid resources: 24-hour care with no force or drugs?" *Dendron*, May 7, 1990: 11.

[180] Clay, Sally S. "The Windhorse approach: a healing community," *Dendron*, Summer 1994: 8-9; Morrissey, Matthew. "Exploring Burch House: an interview with Susan Brown," *Dendron*, Winter 1997-1998: 7, 8, 9. One of these, at least as of October 1990, was quite expensive. *Dendron* stated that the cost of Burch House at that time, was reported to be $85/day. "Alternatives," *Dendron*, October 24, 1990: 7. Regarding the Windhorse Community, Clay also writes that it had precursor programs both in Boulder, CO and Halifax, NS.

[181] However, The Windhorse Community, as noted in Chapter 5, made recourse to psychiatrists some of the

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time.

[182] In the “Resources: Alternatives” section of the October 24, 1990 issue are private and expensive: Pocket Ranch, north of San Francisco, costing “$80/day double occupancy, $95/day single...” and Burch House, a “rural New Hampshire sanctuary” costing “$85/day.” See: “Resources: Alternatives,” *Dendron*, October 24, 1990: 7.

[183] Burch House was located outside of a small town in northern New Hampshire; Pocket Ranch was in a rural area of Sonoma County, California.

[184] Morrissey, Matthew. “Exploring Burch House: an interview with Susan Brown,” *Dendron*, Winter 1997-98: 7, 8, 9.

[185] Ibid, 9.

[186] See the final section of Chapter 10 for my discussion of the Alternatives Conferences.

[187] “Welcome to the psychiatric survivors movement...” *Dendron*, December 15, 1991. [confusing pagination – 17?].

Notes to: “Note regarding the literature of the A/R wing of the mad movement”

[1] This does not mean that *Madness Network News* was the only source – only that, in the United States, it was the primary source. For example, the radical views expressed in *MNN* were similar to those of a publication in Canada, *Phoenix Rising*. Various countries in Europe, as well, had mad movements, and these also produced newspapers and newsletters.

Dendron, as well, was not the only radically-oriented publication of the later mad movement either. However, it had, a relatively wide circulation and geographical distribution. See Chapter 5, endnote 181. Moreover, crucially, it was the only radical paper to which I was able to gain access to an extensive (in fact, if not complete, nearly complete) run from the years of 1988-1999. It is noteworthy that Morrison evaluated *Dendron* as “the successor to *MNN*...” Morrison, 83. Morrison, in my view, is indicating in this statement the significant degree of alignment between the views of these two publications, as well as their shared high standing among mad movement radicals.

[2] These include: *The Key* (the newsletter of the National Mental Health Consumers’ Self-Help Clearinghouse); *Vision* (the newsletter of the Pennsylvania Mental Health Consumers’ Association); *Your Choice* (*“YC”*), the newsletter of the National Mental Health Consumers’ Association (NMHCA); and *Brainstorm* (a newsletter of Project SHARE of Philadelphia).

While “SEPA” is a geographical designation, it does not mean that the emphasis of these organizations was exclusively on Southeastern Pennsylvania. NMHCA and the National Mental Health Consumers’ Self-Help Clearinghouse emphasized national issues; the other organizations emphasized, but were not limited to, Philadelphia-area and Pennsylvania-wide issues. The close relationships among the SEPA organizations is indicated in the Spring, 1993 issue of *The Key*, one of the serial publications of the National Consumers’ Mental Health Self-Help Clearinghouse, in which the following is stated: “The National Mental Health Consumers’ Self-Help Clearinghouse began in 1984 as a division of Project SHARE, an advocacy organization based the Mental Health Association of Southeastern Pennsylvania in Philadelphia.” See: “A little history.” *The Key: Newsletter of the National Mental Health Consumers’ Self-Help Clearinghouse.* Spring, 1993: 3. Other “SEPA” organizations and projects include the Pennsylvania Mental Health Consumers’ Association, and “I CAN.” This and all further references in this dissertation to the publications, *The Key, Vision, Your Choice, and Brainstorm* , indicate issues of these publications provided courtesy of the National Mental Health Consumers’ Self-Help Clearinghouse.

[3] *Network News*, published by the CNMHC, should not be confused with *Madness Network News* (*MNN*).

Notes to Chapter 7

[1] An exception, and I would argue the only exception, to these two overall major statements among radicals are those few articles in *Dendron* which focus on “orthomolecular medicine,” articles which assert that there is, in fact, something biologically pathological occurring in at least some mad people. However, these articles remain antipsychiatric even though they accept and assert a medical model of madness because

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they insist that psychiatry uses medications which are harmful In contrast, orthomolecular medications (herbs, dietary supplements, etc) are, it is alleged, both helpful and non-harmful I call this a "minor" statement in the radical wing of the movement because it appears rarely and is also not consistent with the major statements made by the radical movement regarding madness

[2] The expression "*healing* normality," implies that normality is itself pathological

[3] As I noted in Chapter 3, there are indications that emotional suffering resulting from experiences of abuse, as well as the issue of alcoholism, may have been more common in the latter years of the early movement, as well See, for example Wish, Barbara "Speak-out Twelfth Annual Conference Barbara Wish a celebration," *MNN*, Winter 1985, Vol 7, No 5 3

[4] I emphasize that I am not making a claim to the "reality" of "mental illness," here I am only asserting that for some people, emotional and mental pain and suffering of brief, recurring, or long duration cannot adequately be explained by the major discourses of the radical wing of the movement

[5] Etymologically speaking, psychiatry = psyche (mind, spirit) + "iatros" (healer)

[6] "**patho-**, a learned borrowing from the Greek meaning 'suffering,' 'disease,' 'feeling,' used in the formation of compound words *pathology* " Webster's Encyclopedic Unabridged Dictionary of the English Language 1994 "patho-" p 1057 New York Gramercy Books

[7] I emphasize that I am focusing here on discourse, not practice

[8] Disher, Christy and Brian Disher "Yes, Virginia, there *is* such a thing as mental illness," *Your Choice NMHCA Newsletter*, Vol 1, No 2, Fall/Winter 1987 2

[9] See Moxley, David P and Carol T Mowbray 1997 "A framework for organizing consumer roles as providers of psychiatric rehabilitation," in Mowbray, Carol T , Moxley, David P , Jasper, Colleen A , and Lisa L Howell (eds) 1997 *Consumers as providers in psychiatric rehabilitation*, Columbia, MD, International Association of Psychosocial Rehabilitation, 35-44 Mowbray and Moxley correctly assert, "The published literature contains some terms which might appear to represent various typologies e g , 'consumer-run service,' 'self-help programs,' 'consumer-governed,' etc However these terms have not been derived from a framework, and their use is idiosyncratic and without consistent definitions" (p 36) These authors therefore distinguish between "consumer-run services" and "self-help" on the basis of the *aim* of the alternative For Mowbray and Moxley, the key difference is that consumer-run services focus on "service provision," while self-help focuses on "mutual support" (see pp 36-42) These distinctions are to some extent artificial "self-help" groups sometimes offer services, and consumer-run services certainly offer mutual support Nevertheless, I think it is important to distinguish between those practices and contexts which were *chiefly* concerned with talking in a group in order to gain information, solace, and the benefits of common experiences, on the one hand, and those practices and contexts which were more elaborate in terms of the range of activities and the dedication to standing as *alternative services and other activities*, and not merely as a place, or recurring meeting, in which to talk to people with similar problems

[10] Admittedly, it is unlikely that such people referred to themselves as "mad " I am using this term to refer to people whom psychiatrists likely would have called "mentally ill " Even at least some of these people would likely have used the term "mentally ill" to refer to themselves, while others may have preferred the term "consumer" or "client " Here, we confront the problem of terminology In general, in this and the following three chapters, I will, as much as possible, use the terms by which such people referred to themselves, despite the fact that this becomes difficult at time, in that a number of terms were used by the people referred to in these chapters

[11] D'Asaro, Andrea "Here's how some successful groups have used grassroots methods to attract members," *The Key*, Vol 1, No 2, Summer 1993 1

[12] Ibid, 4

[13] Ibid

[14] See P , John 1997 "Schizophrenics Anonymous and psychiatric rehabilitation," in Mowbray, Carol T , Moxley, David P , Jasper, Colleen A , and Lisa L Howell (eds) 1997 *Consumers as providers in psychiatric rehabilitation*, Columbia, MD, International Association of Psychosocial Rehabilitation, 95-105 Schizophrenics Anonymous, by John P 's description, has some aspects in common with 12-step programs such as Alcoholics Anonymous However, it is not a 12-step program S A has six steps and also, according to John P 's description has dedicated, rather than rotating, group leaders Importantly, John P states that the organization "is administered through the Mental Health Association in Michigan," (p 96) making it consumer-run only in terms of actual group meetings, not in term of administration

[15] Ibid, 95

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[16] Ibid (uncited quotation)

[17] Ackerman, Lawrence P 1997 "A Recovery, Inc group leader's story," in Mowbray et al , *Consumers as providers*, 107

[18] Ibid, 106

[19] Ibid

[20] Ibid

[21] Ibid

[22] It is interesting to compare these efforts to those of 12-step groups The book, *Alcoholics Anonymous*, for example, on the one hand affirms that alcoholism is a "medical condition " Yet, on the other hand, the overall thrust of the book is to assert, arguably in a contradictory manner, that the fundamental cause of alcoholism is "spiritual " Moreover, the practices suggested in A A , and the groups themselves, are firmly grounded in "spiritual" claims and in non-professionalized mutual support

[23] See Elbinger, Bernie "About the 'mental illness' thing," *Your Choice*, Vol 1, No 3, Spring/Summer 1988 13, Mendelsohn, Stephen "Why mental illness is a myth," Ibid

[24] However, I will discuss a perceptible discursive turn towards the use of the concept of "psychiatric disability" in these and other publications below

[25] Duchnowski, Maria "Self-help – and hard work – were key in consumer's journey from patient to advocate," *Vision*, Spring, 1991, Vol 3, No 1 11

[26] "PMHCA, other groups sue for access to psychiatric drug," *Vision*, Vol 2, No 2, Fall 1990 1

[27] Ibid

[28] Ibid

[29] Ibid

[30] "Frequently asked questions," *The Key*, Summer, 1993, Vol 1, No 2 2

[31] Ibid

[32] Ibid, 7

[33] Interestingly, this column does discuss the problem of cross-cultural differences in psychiatric diagnosis, stating, " [C]onsumers from cultural groups other than the dominant culture can be misdiagnosed and mistreated if those treatments are not sensitive to their cultural norms " Ibid, 7 An example is offered by Cheri Owen, coordinator of the Multicultural Training and Research Institute at Temple University in Philadelphia who states, as quoted in the article, "Typically, if a consumer says he or she is speaking with God, there is an assumption of pathology which may not be accurate Some African Americans and Hispanics tend to be spiritually based and may say they are talking to Jesus, which is not unusual for their culture " Ibid However, one might ask why people who are neither African American nor Hispanic but who "talk to God" should be considered mentally ill Clearly, many people in virtually all social groups talk to God (i e , pray) Owen implies that if there is *social consensus* (or psychiatric consensus) that something is "normal," then it is normal, but if an "eccentric" individual engages in a behaviour outside of social or psychiatric consensus, s/he is "diagnosable " This kind of uncritical acceptance of status quo social-consensus reality is precisely one of the problems raised in *MNN* regarding psychiatric diagnosis

[34] I have noted a number of articles from this book already The full citation, again, is Mowbray, Carol T , Moseley, David P , Jasper, Colleen A , and Lisa L Howell (eds) 1997 *Consumers as providers in psychiatric rehabilitation* Columbia, MD International Association of Psychosocial Rehabilitation

[35] In this and subsequent chapters, I will use the terms "psychiatric consumers," "mental health consumers," "consumers," and "clients" with greater frequency I do this in respect for the terms generally – but never exclusively – used by the alternativist-reformist wing of the movement to refer to mad people At times, other terms were used, as well, including "consumer(s)/survivors," "ex-patients," "mad," and "people with mental illness " However, the predominant term in most publications was "consumers," while in the CNMHC newsletter, *Network News*, the term "clients" was most often used

[36] The lack of capitalization in the name of the organization seems to have been the official title of the organization Silverman, Shela 1997 "Recovery through partnership 'on our own, charlottesville, virginia' [sic]," in Mowbray, et al , *Consumers as providers in psychiatric rehabilitation* 126-141

[37] Ibid, 126

[38] Ibid, 127

[39] Prout, Nancy 1997 "Offering sanctuary and safety Rainbow House, a peer support facility," in Mowbray, et al , *Consumers as providers in psychiatric rehabilitation*, 149 (148-154)

[40] Ibid, 148

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[41] Paynter, Nila 1997 "Shining Reflections alive, growing, and building recovery – who we are," in Mowbray, et al , *Consumers as providers in psychiatric rehabilitation,* 155 The discovery of this article in what appears to be a difficult-to-find, yet highly important, book regarding the A/R wing of the mad movement was striking to me Rarely is any mention made in the literature of the mad movement in the United States about consumer/survivor businesses which lasted a significant amount of time, still rarer is a relatively elaborate discussion of their services and their successes and struggles It is, in fact, astonishing to me that nowhere else in the literature I studied did I find a single mention of Shining Reflections This is in contrast to the situation in Ontario, Canada, where a significant number of articles were written about the psychiatric survivor businesses which were developed – and some of which have endured for many years – in that province See, for example Brown, Joyce 2002 *Working for a change a handbook of alternative business development how to start the process in your community* Toronto Ontario Council of Alternative Businesses, Church, Kathryn 1997 *Using the economy to develop the community psychiatric survivors in Ontario* Ottawa Caledon Institute of Social Policy http //www caledoninst org/Publications/PDF/240ENG%2Epdf (accessed May 19, 2005), Trainor, John and Jacques Tremblay "Consumer/survivor businesses in Ontario challenging the rehabilitation model " *Canadian Journal of Community Mental Health,* Vol 11, No 2, 1992 65-72

Paynter's statement that Shining Reflections was begun "nearly ten years ago," and her dating of its founding as 1985 seems to indicate that this article was possibly written two or so years before *Consumers as Providers* was published, this may indicate that the book was compiled over several years No indication is given in the book, however, that Shining Reflections had closed by the time the book was published

[42] See my discussion of this issue particularly in the sections of Chapter 3 entitled "The 'Annual Conference'" and "The issue of alternatives" as well as my discussion of practice as represented and reported on in *Dendron*

[43] See for example "NARPA '97 conference set for October 15-18," *NECN,* Summer/Fall 1997 2, Foner, Janet "Support Coalition International advocating for human rights and alternatives in the 'mental health' system," *NECN,* Spring 1999 15, Thompson, Ron "Rx Prozac a drug-induced euphoria and a shiny new personality?" [Book review (favourable) of Peter R Breggin and Ginger R Breggin's book, *Talking back to Prozac*], *NECN,* Fall 1994 1, 7

[44] See, for example Chamberlin, Judi "Judi Chamberlin is 1995 Pike Prize recipient" [Address at award's reception], *NECN,* Fall/Winter 1995-1996 6-7, Chamberlin, Judi "Citizenship rights & psychiatric disability," *NECN,* Fall/Winter 1996-1997 8-10 Note in the latter article the use of the term "psychiatric disability " Chamberlin is equivocal in this article regarding biological causes of madness On the one hand, Chamberlin states, " [W]hether or not there is or is not an underlying genetic or biological cause of 'mental illness' is irrelevant" (p 9), leaving room for the possibility that there is such cause, but insisting that the "real" question is one of rights – the right even to do things which are harmful to oneself However, on this account, the question of whether there is a biological illness is in my view *crucial,* not irrelevant If self-destructive behaviour is caused by a "brain disorder" which leads to reduced competency, I cannot see how this can be equated to "free choice" regarding taking up smoking or driving drunk Basing opposition to forced treatment based *solely* on libertarian concerns is, in my view, not an adequate, or sound, method of arguing against forced treatment

[45] A number of advertisements by the NEC itself of some of its training events and products indicate that the newsletter was intended to be read in part by professionals See, for example, an advertisement by one of the frequent writers for *NECN* of here training, "Hearing voices that are distressing" [advertisement], *NECN,* Fall/Winter 1996-1997 11 Testimonials for this event are from mental health workers and scholars associated with mental health professions Even a video entitled, "Consumers working as providers," featuring *NECN* writer Dan Fisher and also Amy Long is billed as "an invaluable tool for health care purchasers, managed care organizations, behavioral health care providers, mental health consumers " See "Consumers working as providers improving quality and reducing costs" [advertisement], *NECN,* Summer/Fall 1997 5

[46] The *NEC Newsletter* presents a range of views, which appear to reflect the personal interests and orientations of its individual authors, whose writings are often quite distinct from each other in emphasis Nevertheless, I would argue that in one sense, all of these views are important as alternativist-reformist views because they express the struggle of a movement attempting to move away from practice which was focused chiefly on radical political challenges to psychiatry towards a movement, or wing of a movement,

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focused on responding to madness, as experienced in individuals, through both individual and collective efforts distinct from the practices of psychiatry and the traditional mental health system.

[47] Ahern, Laurie. "Mental illness is a coping mechanism," *NECN*, Summer 1996: 11.

[48] Ibid.

[49] Ibid.

[50] Ibid.

[51] Here, Ahern refers to alcohol as "they way in which my Irish family coped." Ibid. By comparison, Ahern asserts, a friend of hers grew up in an "Italian Catholic family" where "[f]ood was the drug of choice." Ibid. Her references to ethnic groups thus are grounded in both immigrant and religious histories.

[52] Ibid.

[53] Ibid.

[54] Deegan, Pat. "Dare to Vision: NEC co-sponsors conference on physical and sexual abuse in the lives of women labeled mentally ill" [Introductory remarks to article], *NECN*, Summer, 1994: 1.

[55] Ibid, 9.

[56] Ibid, 8.

[57] Ibid.

[58] Ibid.

[59] Ibid, quoting unnamed psychiatrist.

[60] Ibid.

[61] Ibid.

[62] Jennings, Ann. "Anna's story: the effects of sexual abuse, the system's failure to respond and the emergence of a new, trauma-based paradigm," *NECN*, Winter 1994-95, 8.

[63] Ibid.

[64] Ibid, 10.

[65] Ibid.

[66] Jennings quotes psychiatrist Roland Smith (without citation) as defining "nescience" as "deliberate, beatific ignorance." Ibid.

[67] Ibid.

[68] Ibid.

[69] GROW seems to have been inspired by the 12-step approach, despite the fact that the organization asserted only six steps in its own practice. See, for example: Keck, Lorraine and Carol Mussey. 2005. "GROW in Illinois," in Clay, Sally (ed), 159-176; *On Our Own, Together: Peer Programs for People with Mental Illness*, Nashville, TN: Vanderbilt University Press. See also: P. John. 1997. "Schizophrenics Anonymous and Psychiatric Rehabilitation," in Mowbray et al., *Consumers as Providers in Psychiatric Rehabilitation*, 95-105. In *Dendron*, several 12-step groups are mentioned in an article about activist Barbara Peller and various travels of David Oaks, Oaks mentions a number of support groups, including GROW and Adult Children of Alcoholics. Oaks, David. "The mind trip," *Dendron*, July 21, 1989: 8, 9.

[70] For example: Fisher, Daniel. "Health care reform: a consumer/survivor's view," *NECN*, Spring 1994: 1, 3, 5.

[71] Fisher, Daniel. "Healing and recovery are real." *NECN*, Fall/Winter, 1996-97: 1.

[72] See: Ibid and also "Believing you can recover is vital to recovery from mental illness," *NECN*, Spring/Summer 1998: 15.

[73] For example: "...people are labeled with mental illness..." Fisher, Daniel. "A New Vision of Recovery: people can fully recover from mental illness, it is not a life-long process," *NECN*, Spring/Summer 1998: 13.

[74] Fisher, Daniel. "Believing you can recover is vital to recovery from mental illness." *NECN*, Spring/Summer, 1998: 15. It is worth noting that strongly implied in this statement is the notion that people who are "still sick" – that is, who still have emotional trouble – apparently are considered by Fisher not to have meaningful roles in society. I find such an assertion troubling.

[75] Fisher, Daniel. "A New Vision of Recovery: people can fully recover from mental illness, it is not a life-long process," *NECN*, Spring/Summer 1998: 12-13.

[76] Ibid, 12 (emphasis added).

[77] Ibid, 13.

[78] Ibid. Fisher uses an odd construction when he states that people are labelled with mental illness "through" the combination of severe emotional distress and insufficient social supports and coping skills.

Rather, it seems more likely that people are labelled, as suggested in the critique the medical model, *through the verbal statements and written documents* of mental health workers who interpret various emotional and mental states (and life situations) as illnesses. The agent of labelling would not be the combination distress or lack of social supports; rather, the agent of labelling would be the psychiatrist, social worker, etc.

[79] Ibid.

[80] Ibid.

[81] Ibid.

[82] Ibid.

[83] Moreover, does it matter? One gets the impression that "full recovery" exists in that it has so been declared. The danger here is that if one feels that one needs medication (not intermittently, but constantly), has repeated severe emotional crises, or continues to hear terrifying voices, etc., that this is somehow one's own fault. If "everyone can recover fully," a person who continues to have severe problems may feel that much worse for having "failed" at achieving something that supposedly everyone can achieve. My criticism here is not meant to minimize the efforts of those who do feel much less pain and do function better, nor is it meant to minimize or deny the actual fact that they do feel and function better. But doesn't the allegation that "everyone can fully recovery" put unfair pressure on those who continue to have severe problems and/or who rely on medication?

[84] This article uses the term "consumer-survivor," therefore I have used this term on the basis of the terminology used in the article. Frese, Frederick J. and Wendy Walker Davis. 1997. "The consumer-survivor movement, recovery, and consumer professionals," *Professional Psychology, Research, and Practice*, Vol. 28, No. 3: 243-245.

[85] Ibid, 244.

[86] "We...realize that complete remission is not possible for every client." Ibid, 245.

[87] Ibid, 244. Here again, we see that "recovery" is not defined so much by the complete absence of emotional and mental suffering grounded in what the authors call "mental illness," but rather it the maximization of functioning and the recognition of individual-specific capacities that are not of necessity thwarted by emotional difficulties.

[88] *Network News* is not to be confused, of course, with the early radical publication, *Madness Network News*. This and all further references in this dissertation to the publication, *Network News*, published by California Network of Mental Health Clients, indicate documents found in the Psychiatric Survivor Archives, Toronto, Allen Markman Collection.

[89] King, Cathy H. "Hanging in the Balance," *Network News*, Vol. 2, No. 5: Summer 1989: 7.

[90] Bosworth, Jim. "In the midst of turmoil," *Network News*, March 1995: 13.

[91] Silverman, Shela, 1997. "Recovery through partnership: 'on our own, charlottesville, virginia' [sic]," in Mowbray, et al., *Consumers as Providers*, 135. The subsequent sentence is telling, as well. Silverman writes, "Interestingly, one of the consumers spoke of his psychiatrist's concern that the ideas [regarding the drop-in center] he was espousing were symptoms of his grandiosity." Ibid.

[92] Zinman, Sally. "The legacy of Howie the Harp lives on." *NECN*, Spring/Summer, 1995: 1.

[93] Ibid.

[94] Harp, Howie the. 1987. "Philosophical models," in Su Budd, Howie the Harp, and Sally Zinman (eds). *Reaching across: mental health clients helping each other*. Sacramento, CA: California Network of Mental Health Clients: 21-22.

[95] Ibid, 21.

[96] Harp, Howie the. 1994."A crazy folks' guide to reasonable accommodation" in Howie T. Harp & Sally Zinman (eds), *Reaching across II: maintaining our roots: The challenge of growth*. Sacramento, CA: California Network of Mental Health Clients, 49.

[97] Ibid.

[98] Ibid.

[99] Ibid, 22. Also: "With the disability model, as defined by the disabled, most disabilities are *not* an illness nor, in any way, a negative condition." Ibid, 21.

[100] Ibid. I wish to note that some of the practices which Harp asserts to be "accommodations" (herbal teas, running) might be considered by others as "alternative treatments." See, in comparison, my discussion of discourses in *Dendron* regarding "orthomolecular medicine" in Chapter 5.

[101] Ruth O'Brien, in her incisive study of rehabilitation policy in the United States, discusses the U.S.

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government's funding of rehabilitation research and education, "What was most important was how [such funding] shaped cultural attitudes about the first employees who reentered the workforce Employers came to expect disabled workers to bend over backward to fit into their workplaces" (p 87) Regarding the attitudes and practices of rehabilitation workers themselves, she writes, "If candidates had the 'wrong' attitude, they would be turned away Similarly, candidates needed to exhibit a 'certain type of temperament', otherwise they would be labeled 'infeasible' or a 'low promise case'" (p 85) See O'Brien, Ruth 2001 *Crippled justice the history of modern disability policy in the workplace* Chicago University of Chicago Press

[102] Harp, Howie the 1994 "A crazy folks' guide to reasonable accommodation," in Howie T Harp & Sally Zinman (eds), *Reaching across II*, 49-58

[103] Harp, Howie the "Membership outreach," in Su Budd, Howie the Harp, and Sally Zinman (eds) *Reaching across*, 75

[104] Harp, Howie the "Ongoing relations and coalitions outside of mental health," in Howie T Harp & Sally Zinman (eds) *Reaching across II*, 93-94 See also Hutchison, Peggy and Alison Pedlar 1999 "Independent Living Centres An innovation with mental health implications?" *Canadian Journal of Community Mental Health*, Vol 18, No 2 21-32 for a Canadian exploration of the possibility of independent living centres acting as mental health service alternatives

[105] Harp, Howie the 1989 "Philosophical models," in Su Budd, Howie the Harp, and Sally Zinman (eds) *Reaching Across*, 22

[106] Chamberlin, Judi "Community relations," in Su Budd, Howie the Harp, and Sally Zinman (eds) *Reaching across*, 80

[107] Ibid (*passim*) It should, of course, be noted that there are certainly people with various physical disabilities who also have been labelled, can be considered, or do consider themselves, "mad," "psychiatric survivors," "psychiatric consumers," "mentally ill," and so forth For a discussion of the relationship between the "madness" and "disability" from a critical perspective, see, for example Beresford, Peter 2000 "What have madness and psychiatric system survivors got to do with disability and disability studies?" *Disability & Society*, Vol 15, No 1 167-172

Further, some disability activists and scholars have problematized the issue of whether or not certain physical and sensory variations are themselves socially constructed as "disabilities " See, for example Barnes, Colin 1999 "A working social model? disability and work in the 21st century " Paper presented at the Disability Studies Conference and Seminar, Edinburgh, 1999, Linton, Simi 1998 *Claiming disability knowledge and identity* New York New York University Press, Longmore, Paul, K 2003 *Why I burned my book and other essays on disability* Philadelphia, PA Temple University Press, Oliver, Michael 1993 *The politics of disablement* London The MacMillan Press

[108] Chamberlin, Judi 1994 "Forming effective coalitions," in Howie T Harp & Sally Zinman (eds), *Reaching across II*, 88 ff

[109] Ibid

[110] Caras, Sylvia "Another label disabled," *Network News*, Summer 1993 4, 6

[111] See endnote 35, above

[112] Ibid, 6

[113] Ibid

[114] In one case, the term "handicapped" was used, as this was the title of a government agency NMHCA Board Member, David Rajotte, is quoted as reporting, regarding legislation in Rhode Island, "' [W]ith help from the Governor's Commission on the Handicapped, the Governor agreed to sponsor our civil rights, public accommodations and fair housing package The legislation has passed the House and the consumer organization is looking for the likely passage in the Senate and signing by the Governor' " "National notes," *YC*, Spring/Summer 1988 10

[115] Centifanti, Jay and Jan Guidotti "Legislative update," *YC*, Spring/Summer 1988 8, "Show your support for enactment of disabilities law," *Brainstorm*, Winter, 1990 9, "National notes," *Brainstorm*, Winter, 1990 10

[116] Rogers, Susan "Grilled about a Swiss-cheese resume?" *The Key*, Spring/Summer 1994 12, 16

[117] Aiello, Denise "Americans with Disabilities Act protects consumers' access to public accommodations," *The Key*, Spring/Summer 1994 11

[118] "News, notes and more from across the U S U S probes jailing of consumers," *The Key*, Spring/Summer 1994 13

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[119] Aiello, Denise "Consumers/survivors protected in the workplace under ADA," *The Key*, Fall-Winter 1993-1994, 16, Aiello, Denise "Americans with Disabilities Act protects consumers' access to public accommodations," *The Key*, Spring/Summer 1994 11

[120] Among others "PMHCA advocacy agenda offers a blueprint for reform and empowerment," *Vision*, Winter, 1992 4, "Alternatives '93 to celebrate spirit of consumer movement," *Vision*, Summer 1993, 3, "Web sites of interest American Disabilities Association," *Vision*, Spring 1997 9, "Top policy keynoter Ex-U S House leader, now a top Clinton advisor, to address 10th annual Alternatives conference," *The Key*, Spring/Summer 1994 7

[121] Fisher, Dan "Preserve our rights and programs through cross-disability coalitions and education," *NECN*, Winter 1994-95 11

[122] Fisher, Dan "The Empowerment Model of Recovery finding our voice and having our say," *NECN*, Winter 1994-95 5

[123] Ibid

[124] Fisher, Daniel "Housing advances for people with disabilities," *NECN*, Summer/Fall 1997 11

[125] Fisher, Daniel "Making it pay to go back to work," *NECN*, Spring/Summer 1998 14

[126] Deegan, Patricia "Service dogs help people get back out into the community," *NECN*, Fall/Winter 1995-96 1

[127] Ibid

[128] Ibid, 15

[129] Ibid

[130] Ibid

[131] Ibid

[132] Deegan, Patricia "Personal Care Attendant (P C A) services available to people with psychiatric disabilities," *NECN*, Fall/Winter 1996-97 1

[133] Ibid

[134] Paynter, Nila 1997 "Shining Reflections alive, growing, and building recovery – who we are," in Mowbray et al , *Consumers as Providers in Psychiatric Rehabilitation* 155

[135] Ibid

[136] Ibid, 156

[137] See Chapter 11

Notes to Chapter 8

[1] However, as noted previously, in Chapter 11 I also discuss the radical wing's representation in terms of artistic endeavours As we shall see in that chapter, the production of art at times blurred and/or ignored the distinctions between radicalism and alternativism-reformism

[2] Deegan, Patricia "What is psychiatric malpractice?" *NECN*, Summer 1996 1

[3] Ibid I am not arguing, of course, that Deegan's portrayals are unjustified these incidents do occur What is striking, however, is that, in comparison to many other articles in *NECN*, itself, as well as in contrast to publications in the A/R wing of the movement, discussions such as this, while frequent in *MNN* and *Dendron*, are rare in A/R publications

[4] Deegan, Patricia E "Listening to consumer/survivors from the deaf community," *NECN*, Summer/Fall 1997 1, 14, 15

[5] At the beginning of this article, Deegan writes brief narratives of the experiences of four Deaf people receiving mental health treatment from mental health professionals The professionals misinterpret and pathologize the behaviours and thoughts of these Deaf mental health services recipients, whose behaviours are likely understandable on the basis of the social situations and cultural patterns of Deaf people Thus, one man's fear of being talked about by others in a room is interpreted by mental health professionals as "paranoia," though it is also possible that his discomfort comes from an impression which cannot be verified due to his deafness, not because of delusions or "paranoia " Another Deaf man, who stomped his feet and waved his hand, was considered by his social worker to be engaging in "attention-seeking behavior "Yet these behaviours are common and culturally acceptable among Deaf people wanting to initiate conversation and communication Ibid, 1

[6] Chamberlin, Judi "Confessions of a non-compliant patient," *NECN*, Summer/Fall 1997 8, 9, 13

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[7] Chamberlin, Judi. "Second European Conference on 'users' and 'ex-users' held in Denmark," *NECN*, Fall 1994: 10-11. Contrary to the U.S., where "user" in the world of psychiatric and addictions treatment indicates a person who uses (or abuses) illegal drugs, in Europe and the U.K., "user" is a common term equivalent to the terms "consumer" or "consumer/survivor," employed in the U.S. and Canada.

[8] Ibid, 10.

[9] "E.C.T. Lawsuit," *YC*, Vol. 1, No. 2: Fall/Winter 1987: 2. It is unclear whether "New York Hospital" refers to a particular hospital actually called by that name (as the text would indicate), or whether this is a misprint, in which the actual hospital was not identified, though the location of the hospital (i.e., in either New York State generally, or New York City, particularly) was indicated.

[10] Ibid.

[11] Ibid, 4.

[12] Rice, Marilyn. "ECT Struggle Continues," *YC*, Vol. 1, No. 3: Spring/Summer 1988: 4, 7.

[13] "Fight against ECT continues," *The Key*, v.2, No. 2: Spring-Summer 1994: 19.

[14] Ibid (emphasis added).

[15] Deegan, Patricia. "Dare to Vision: NEC co-sponsors conference on physical and sexual abuse in the lives of women labeled mentally ill," *NECN*, Summer 1994: 9.

[16] "Public Policies Committee sets legislative priorities," *Network News*, Vol. 2, No. 1, (undated, 1986): 4.

[17] Deegan, Patricia E. "What is psychiatric malpractice?" *NECN*, Summer 1996: 1.

[18] Chamberlin, Judi. "Citizenship rights & psychiatric disability," *NECN*, Fall/Winter 1996-1997: 8.

[19] Brown, Morgan. "Self-determination and independence versus force and dependency," *NECN*, Spring/Summer 1998: 4.

[20] "The Courant Report: when physical restraints kill," *NECN*, Spring 1999: 1.

[21] Deegan, Patricia. "Deadly restraint: *reform or abolish?*" *NECN*, Spring 1999: 2.

[22] "A chance to speak," *Network News*, Vol. 2, No. 4, Winter 1987: 3.

[23] Miller, Jenny. "Legislation threatens right to 'just say "know"' to psychiatric drugs," *Network News*, Vol. 2, No. 6, Summer 1990: 4.

[24] Caras, Sylvia. "Cross-disability teleconferences held," *Network News*, Summer 1993: 12.

[25] "Support Coalition International: recommendations for national mental health care" [Excerpted reprint of SCI position paper], *Network News*, Spring 1994: 22. This was the only extended discussion of SCI or reprint of an SCI publication which I found in *Network News*. While radical views were occasionally expressed in *Network News*, most views and discussions were clearly alternativist-reformist.

[26] Ratledge, Dick. "Dan Irvin: a few thoughts on a friend's death," *Network News*, Vol. 2, No. 5: Summer 1989: 6. Despite the scare quotes, Ratledge clearly saw his friend as experiencing states of mind which led him to engage in risky behaviour.

[27] Ibid.

[28] "National Notes," *YC*, Vol. 1, No. 1: Spring 1987: 4.

[29] "National Notes," *YC*, Vol. 1, No. 2: Fall/Winter 1987: 3; "National notes," *YC*, Vol. 1, No. 3: 3.

[30] Centifanti, Jay. "Judicial update," *YC*, Vol. 1, No. 3: 2.

[31] Centifanti, Jay. "Behind the headlines: the real 'Billie Boggs' story," *YC*, Vol. 1, No. 3: 2.

[32] Rogers, Joe. "Is PSYCHIATRIC FORCE EVER RIGHT?" [reprint of a letter originally published in *Dendron*, May 1988], *YC*, Vol. 1, No. 3: 16.

[33] Ibid.

[34] Ibid.

[35] Rogers, Joseph A. and J. Benedict Centifanti. 1988. "Madness, myths, and reality: response to Roberta Rose," *Schizophrenia Bulletin*, Vol. 14, No. 1: 8.

[36] Ibid.

[37] Ibid, 11-12.

[38] Ibid, 12-13.

[39] Ibid, 12.

[40] Rogers, Susan. "Senate drops incentive to back forced treatment" [Quotation from Joseph Rogers], *The Key*, Vol. 3, No. 2, Summer-Fall 1995: 10.

[41] Ibid, also quoting Joseph Rogers.

[42] The article is unclear on this point. See: "Report from Consumer Caucus: June 1-2, 1988," *YC*, Vol. 1, No. 3, Spring/Summer 1988: 5, 11.

[43] Ibid.

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[44] Ibid, 11.

[45] Thompson, Ron. "Rx Prozac: a drug-induced euphoria and a shiny new personality?" [Book review (favourable) of Peter R. Breggin and Ginger R. Breggin's book, *Talking Back to Prozac*], *NECN*, Fall 1994: 1, 7.

[46] Snedecor, Scott. "The death of mental illness," *NECN*, Fall 1994: 6. Despite the title of this article, it is actually much more concerned with the issue of medication than with developing a critique of mental illness as a concept.

[47] Ibid, 7.

[48] "Psychiatric drugs did not make my voices 'go away' although there were times when I was so drugged I didn't care about anything including what the voices had to say." Deegan, Patricia. "Hearing voices that are distressing: self-help resources and strategies," *NECN*, Spring/Summer 1995: 1.

[49] Deegan, Patricia. "Reclaiming your power during medication appointments with your psychiatrist," *NECN*, Spring 1999: 4. Deegan appears to have combined the use of psychiatric drugs with efforts to disrupt the notion that hearing voices is necessarily pathological. See: "Hearing voices that are distressing: self-help resources and strategies," *NECN*, Spring/Summer 1995: 1, 10; Deegan, Pat. "Hearing Voices Support Group is up and running in Alaska," *NECN*, Summer 1996: 4.

[50] But see my discussion above, as well, of the issue potential laws allowing for the *forced* use of medication as discussed in *Network News*.

[51] Marushka, Muriel. "Depression: know thine enemy," *Network News*, Summer 1992: 5.

[52] Ibid.

[53] Ibid.

[54] Ibid.

[55] Ibid, 6.

[56] Ibid, 5.

[57] Ibid, 6. One can consider the possibility that this quoted statement was a manoeuvre by which, in associating opposition to Prozac (exclusively) with Scientology, the speaker attempts to discredit opposition from non-Scientology-affiliated opponents of Prozac.

[58] "Inside out," [advice column, from Peter Charney, the questioner], *Network News*, Vol. 2, No. 4, Winter 1987: 5.

[59] Ibid.

[60] Ibid.

[61] Disher, Christy and Brian Disher. " 'Yes, Virginia, There *Is* Such A Thing As Mental Illness," *YC*, Vol. 1, No. 2, Fall/Winter 1987: 2.

[62] "One Ex-Patient's Story," *YC*, Vol. 1, No. 2, Fall/Winter 1987: 4. (Fancy brackets indicate the use of square brackets in the original text.) One could argue that the article is not clear as to whether Dunbar is referring to psychiatric drugs or other drugs. However, based on the context of the article, which, prior to this statement, discusses her use of psychiatric drugs and does not refer to any "street-drug" use by Dunbar, it seems likely that she was referring to psychiatric drugs. It is possible that Dunbar was taking psychiatric drugs, such as benzodiazepenes, which, because they can give the user a "high," are considered to be more likely to lead to physical and/or psychological dependency, in contrast to some other psychiatric drugs which do not provide a high to users. However, the actual psychiatric drugs Dunbar took are not specified.

[63] "TD-TD Group Formed," *YC*: Vol. 1, No. 3: 5. Tardive dyskinesia and tardive dystonia are neurological disorders which sometimes occur as a result of use of neuroleptic drugs. For elaboration, see my discussion of this effort in Chapter 5.

[64] "PMHCA, other groups sue for access to psychiatric drug," *Vision*, Vol. 2, No. 2: 1.

[65] Ibid, 11. The organizations which joined in coalition to file suit were: Alliance for the Mentally Ill of Pennsylvania, the Mental Health Association of Pennsylvania, the Pennsylvania Mental Health Consumers' Association, Pennsylvania Protection & Advocacy, Inc., AMI of Eastern Pennsylvania, Project SHARE, and United Mental Health of Pittsburgh.

[66] *Network News* [Entire issue], Vol. 1, No. 1, [undated, but from context 1985]: 1-2.

[67] See, for example: Zinman, Sally. "Demonstration against the American Psychiatric Association – 1984." *MNN*, Winter 1985: 8, 9. Remarkably, at the same time that she was working on the alternativist-reformist organization CNMHC, Zinman was writing about the CNMHC in *MNN*. See: Zinman, Sally: "Grassroots organizing in California," *MNN*, Winter 1985: 14-15. In *MNN*, the tone of her reporting is radical: her discussion of the open-mike "Speak Out" at the First Annual Public Day of the CNMHC focuses on stories

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of "being drugged and shocked...and lobotomized" and "the conditions of...[Napa State] hospital [which] created violence, not the inmates." Ibid, 15. While CNMHC's Speak-Outs are mentioned in the CNMHC newsletter, no specific discussion of psychiatric abuses are mentioned. See, for example: Stewart, Lynne. "CNMHC Public Day Held in Riverside," *Network News*, Vol. 2, No. 2 [undated, 1986]: 4, 8. See also: Harp, Howie the. "On homelessness: a position paper." *MNN*, Fall 1985: [unpaginated, 2]. Admittedly, this position paper in certain respects critiques the radical wing of the movement for what Harp sees as its classism; nevertheless, while printed as a reproduction of "...a position paper of the Alameda County Network of Mental Health Clients," it is printed in *MNN*.

[68] "Report of the Public Policy Committee," *Network News*, Vol. 1, No. 1 [undated, 1985]: 2 (emphasis added).

[69] "Liaison update," *Network News*, Vol. 2, No. 3 [undated, 1987]: 3.

[70] " 'Tis the season to become a liaison," *Network News*, Vol. 2, No. 4, Winter 1987: 6.

[71] "A chance to speak," *Network News*, Vol. 2, No. 4: Winter 1987: 3. The word "abuse" is mentioned once in this article. On the other hand, another question is asked of readers which almost certainly would not have been asked of potential testifiers in *MNN*: "...[D]id you try to get service [from the mental health system] and were refused?" Ibid.

[72] The issues of *Network News* to which I had access spanned the years 1985-1995.

[73] "NMHCA Bill of Rights: adopted August 5, 1987," *YC*, Vol. 1, No. 2: 8.

[74] "10 visions of a better mental health system," *Vision*, Spring 1997: 4. The actual time at which the "10 visions of a better mental health system" document was itself created is unclear. A brief accompanying article indicates an earlier edition of these ten recommendations. See: "'10 visions' revisited," Ibid. This latter article arguably indicates that the "10 visions of a better mental health system" in this edition constitute a draft of proposed new visions. "'10 visions' revisited" states, "The Public Policy Committee asks that PMHCA members review and make comment on the document by May 30. It will then be taken to the PMHCA Annual Meeting, Tuesday, June 3, in Erie, for overall membership approval." Ibid. Despite these uncertainties, there are nevertheless distinct differences between the "10 Visions" and the NMHCA Bill of Rights. One could argue, as well, that there appears to be a shift from rights discourse to a more general, less rights-based reformist frame of presentation in the titles of these documents.

[75] "NMHCA Bill of Rights: Adopted August 5, 1987," *YC*, Vol. 1, No. 2: 8.

[76] Ibid.

[77] Clear rights claims in this document include such formulations as the call for "appropriate and alternative treatment in the least restrictive environment..." (Vision 1); unspecified guaranteed "human rights" (Vision 3); and the call for the restoration of "human rights and dignity...to all who have need of the mental health system..."(Vision 8). "10 visions of a better mental health system," *Vision*, Spring 1997: 4.

[78] This and all further quotations in this paragraph: Ibid.

[79] However, note should also be taken of the degree to which many "10 Visions" had not been fully funded or implemented. It would be difficult to argue that consumers were "equally represented by trained, qualified consumers on all mental health boards" (Vision 4) or that dependence on diagnosis and labelling had been eliminated, as called for in Vision 6.

[80] "Report raps PA's mental health system," *Vision*, Vol. 2, No. 2: 2; Leibowitz, Art. "Broken Promises: system reform stalled, PMHCA president writes," *Vision*, Vol. 2, No. 2: 3, 10.

[81] The article reads, in part, as follows:

> Several participants spoke in frank terms about their experiences in the mental health system.
>
> 'For example, we talked about why some family members are so grateful when a correct diagnosis is given to their son or daughter,' [David] Dinich [of the Alliance for the Mentally Ill of Pennsylvania] said. 'The consumers told us about how some persons are dehumanized in the psychiatric system in general.'

See: "Breaking new ground: Gardiner: consumer/family retreat 'an eye opener'," *Vision*, Vol. 2, No. 2: 8. It is interesting that the term "psychiatric system" is turned to, even in a quote from an AMI leader, when the issue of "dehumanization" is discussed.

[82] "Capitol Hill update: state funding plan threatens services, and consumers are urged to fight budget cuts," *Vision*, Vol. 3, No. 1: 4.

[83] Duchnowski, Maria. "Self-help – and hard work – were the key in consumer's journey from patient to advocate," Ibid, 11.

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[84] "Frequently asked questions," *The Key*, Vol.1, No. 2, Summer 1993: 2.

[85] "News, note and more from across the U.S.: consensus: peer support effective," *The Key*, Vol. 2, No. 2, Spring-Summer 1994: 15, 17.

[86] Ibid, 15.

[87] Ibid, 17.

[88] Ibid.

[89] D'Asaro, Andrea and Susan Rogers. "Experts: mental health system mistreats African-Americans," *The Key*, Vol. 3, No. 1: Summer-Fall 1995: 6. All quotes to this point in the paragraph on page 6.

[90] Ibid, 7.

[91] Ibid. As we have seen, when discussions of racism occurred in *Dendron*, they were specifically linked to "psychiatry." By contrast, in *The Key*, similar discussions here use not the term "psychiatry," but, as noted, "mental health services."

[92] Clearinghouse on Human Rights & Psychiatry. "Racist psychiatry is fascism in '90's," *Dendron*, December 15, 1991: 1, 20.

[93] "Racist 'Violence Initiative'," *Dendron*, May 1, 1992: 1.

[94] "PMHCA, other groups sue for access to psychiatric drug," *Vision*, Vol. 2, No. 2: 1, 11; "Clozapine access eased in hospitals; community system faces the axe," *Vision,* Vol. 3, No. 1: 3.

[95] Yaskin, Joseph C. "Woodville patients 'neglected'," *Vision*, Vol. 3, No. 2: 1, 6, 7.

[96] "Poorly planned discharges put patients at risk, advocates claim," *Vision*, Vol. 5, No. 1: 1, 7.

[97] It is interesting, in fact, to consider the possibility that the antipsychiatric discourse, as well as other less antipsychiatric references to "psychiatry," have historically been born not so much out of a set of beliefs initially focused on an allegedly monolithic, if diffuse, "system," but in response to the abuses which occurred specifically in psychiatric hospitals.

[98] See: Heidorn, Peggy. "Into the fold: Consumers are working in MCO's, but impact is limited, advocates warn," *The Key*, Vol. 3, No. 3: Fall-Winter 1996: pp. 2, 15, 17; Heidorn, Peggy. "Managed care: the response: stakeholders draw roadmap for advocacy," ["abridged and adapted from the official report of the National Consumer, Family, and Advocate Leadership Conference on State Mental Health Care Reform and Managed Care." This particular reference is also attributed to William Emmet, in reference to a workshop presentation presented by him], Ibid: 26.

[99] Ibid, 26.

[100] This strange construction, which suggests the influence of the psychological school known as behaviorism associated with B.F. Skinner and others, may have been used on the basis of behaviorism's focus on measurement. I speculate that in this way, "efficiency," in terms of outcomes, could be (allegedly) measured, allowing for actuarial assessments and recommendations regarding various services.

[101] See Chapters 9 and 10.

[102] For example: "[I believe I stand before you today]... because I was lucky enough – long after I had left the psychiatric system behind – to find others who agreed with me..." Chamberlin, Judi. "Judi Chamberlin is 1995 Pike Prize recipient," *NECN*, Fall-Winter 1995-1996, 7. Chamberlin also lists five "most interesting presentations" at a European Conference of "users and ex-users" – among them, "(4) alternatives to psychiatry..." Chamberlin, Judi. "Second European Conference of 'users and ex-users' held in Denmark," *NECN* Fall 1994: 10.

[103] Foner, Janet. "Support Coalition International: advocating for the human rights and alternatives in the 'mental health' system," *NECN*, Spring 1999: 10, 11, 15.

[104] "Point of view," [reprinted from document of the Tenth Conference on Human Rights and Psychiatric Oppression], *NECN*, Fall 1994: 5. Curiously, however, the name of the conference is presented in *NECN* as "The 10th International Conference on Human Rights and Oppression," – *minus* the word "psychiatric."

[105] In a discussion of groups being turned into social Others, through being viewed as "dangerous and deviant," and (consequently) being subjected to rights violations, Chamberlin describes a *parens patriae*-like attitude on the part of the mental health system. Chamberlin, Judi. "Citizenship rights & psychiatric disability," *NECN*, Fall-Winter 1996-1997: 8. Deegan, discussing "recovery/healing/empowerment" lists a number of experiences regarding these issues including " [b]arriers to the recovery process, especially in the mental health system." Deegan, Pat. "The Recovery/Healing/Empowerment Project," *NECN*, Spring 1994: 4.

[106] Deegan, Pat. "Dare to Vision: NEC co-sponsors conference on physical and sexual abuse in the lives of women labeled mentally ill," *NECN*, Summer 1994: 9. Jenning's article, discussed in the previous chapter,

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regarding her daughter's life of abuse and torment, also used the term "mental health system" repeatedly, as opposed to "psychiatry." See: Jennings, Ann. "Anna's story: The effects of sexual abuse, the system's failure to respond and the emergence of a new, trauma-based paradigm." *NECN*, Winter, 1994-95, 8.

[107] Ausmann, Bonnie. [Letter: "A Prescription for Thought"], *NECN*, Summer/Fall 1997: 7.

[108] Bureau, Bob. "Empowerment is more than a buzzword, it's a way of life," *NECN*, Summer 1994: 1.

[109] Brown, Morgan. "Self-determination and independence versus force and dependency," *NECN*, Spring-Summer 1998: 4.

[110] For example, protests intended not only to oppose certain practices but also (intentionally or otherwise) to rally support and gain adherents, often took place at psychiatric institutions and conferences. It is true that if such practices and institutions did not exist the protests would not have been necessary; however, I would assert that to the degree one emphasizes opposition to such institutions and practices, one remains ironically and paradoxically dependent upon their existence. (While both the early radical movement and the later radical wing of the movement did engage in discussion of and, to some extent, the implementation of alternatives, I am referring here to the greater emphasis on political opposition and the consequent continuing focus on psychiatry as an object of practice, both in terms of campaigns and also in terms of venues, such as APA conventions. As we have seen, and shall continue to explore in the following chapters, the focus of A/R activists on the creation of alternatives led to a decreasing emphasis on psychiatry, psychiatrists, and their conventions and other activities.)

[111] As pointed out above, though, Patricia Deegan did write an article for *NECN* which indicated an acceptance of what she considered to be the judicious use of medication.

Notes to Chapter 9

[1] Morrison, *Talking back*: 163.

[2] This is, I would argue, particularly ironic since it is this A/R publication with which Judi Chamberlin, who had argued with fervour for the creation of alternatives in her book *On Our Own*, most closely associated herself.

[3] I have discussed this matter already. However, in order to show these arguably confusing relationships, I offer the rather dizzying statement regarding these connections as it appeared in the inaugural issue if *Your Choice*: "The [National Mental Health Consumer Self-Help] Clearinghouse is a program of the National Mental Health Consumers' Association through Project SHARE of Philadelphia, under a contract with Boston University's Center for Psychiatric Rehabilitation, made possible through a grant from the National Institute of Mental Health Community Support Program." As located in: "Help For Self-Help Groups," *YC*, Vol. 1, No. 1, Spring 1987: 13. Moreover, we learn the following in *The Key*: "The National Mental Health Consumers' Self-Help Clearinghouse began in 1984 as a division of Project SHARE, an advocacy organization of the Mental Health Association of Southeastern Pennsylvania." In: "A little history..." *The Key*, Vol. 1, No. 1, Spring 1993: 3.

[4] "National notes," *YC*, Vol. 1, No. 1, Spring 1987: 4.

[5] Rogers, Joseph. [Letter to members and friends of NMHCA], *YC*, Vol. 1, No. 1: 6.

[6] Ibid.

[7] "Legislative update," [reprint, excerpted from the *Legislative Alert* of the National Mental Health Association of April 25, 1987], Ibid: 14.

[8] "E.C.T. lawsuit," *YC*, Vol. 1, No. 2, Fall/Winter 1987: 2.

[9] "National notes," Ibid: 3.

[10] Churchill, A. Lenore. "The plight of the homeless in America," Ibid: 4.

[11] Ibid.

[12] Centifanti, Jay and Jan Guidotti. "Legislative update," *YC*, Vol. 1, No. 3, Spring/Summer 1988: 1, 8.

[13] "National notes," Ibid: 3, 4, 10.

[14] See: "1988-1989 Final Report," *Network News*, Vol. 2, No. 6, Summer, 1990: [unpaginated two-page insert].

[15] See, for example: "Changing Attitudes Committee update," *Network News*, Vol. 2, No. 5, Summer 1989: 4.

[16] Not all of these committees lasted from the founding of *Network News* in 1985 through to 1995; however, many of them did endure across that span of time.

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[17] "Report of the Public Policy Committee," *Network News*, Vol. 1, No. 1, [undated, but 1985]: 2.

[18] This is the case despite the fact that the Public Policy[ies] Committee stated in 1986 that one of its priorities was "[t]o develop legislation that would give involuntary patients the right to refuse electroshock." I found no further mention of this aim in the *Network News*. "Public Policies Committee sets legislative priorities," *Network News*, Vol. 2, No. 1, [undated, but 1986]: 4.

[19] See also my discussion of *Network News* and its positions on forced treatment in Chapter 8, pp. 287-288.

[20] Miller, Jenny. "Legislation threatens right to 'just say "know"' to psychiatric drugs," *Network News*, Vol. 2, No. 6, Summer 1990: 4.

[21] Ibid.

[22] "CNMHC position statement on SB895," *Network News*, Spring 1994: 22-23. Unfortunately, this article assumes knowledge of the details of the bill, which, in my view, should have been clearly presented in the article. In general, it appears that this bill addressed the issue of seclusion and restraints not by eliminating these practices. Rather, the bill allowed for the use of seclusion and restraints but offered some "protections" to inmates, unspecified in this article.

[23] "Public policy update." *Network News*, Vol. 1, No. 3, Fall, 1985: 4. The legislation referred to in the first quotation was AB2541; the legislation in the second, SB1425.

[24] Ibid.

[25] Ibid.

[26] "Good news!!!!: SB 380 signed by Governor Deukmejian," *Network News*, Vol. 2, No. 4, Winter, 1987: 3.

[27] Ibid.

[28] The bill also provided two seats for family members of clients, as well as two seats which could *either* be filled by clients or by family members.

[29] Volume 2, No. 4 of the *Network News* is dated "Winter, 1987," and based on the contents of the newsletter, the dating clearly refers to late 1987. Volume 2, No. 5 is dated "Summer, 1989." It is unfortunate that the organization did not produce a newsletter during this crucial period; nor is indication given in the Summer, 1989 issue why it had taken so long to produce another issue. The lists committee and administrative contacts (Vol. 2, No. 4: 7; Vol. 2, No. 5: 2) had changed significantly by Summer, 1989; at the same time, several of the same members remained involved.

[30] "1988-1989 Final Report," *Network News*, Vol. 2, No. 6, Summer, 1990: [unpaginated two-page insert].

[31] Ibid.

[32] Toliver, Gilbert. "Ethnic Minority Committee report," *Network News*, Summer, 1992: 2 (bolding in original): 2, 3. Note that after the Summer, 1992 issue (Vol. 2, No. 6), volume and numbers are not given for this publication, just season and year or month and year.

[33] Hood, John M. "Political experiences sought," *Network News*, Winter 1994: 11.

[34] Hood, John M. "A message from the new Public Policy Program Coordinator," *Network News*, Winter 1994: 1.

[35] "Changing Attitudes Committee update," *Network News*, Vol. 2, No. 5, Summer 1989: 4.

[36] Ibid.

[37] Ibid.

[38] Ibid.

[39] This and previous quotation from: Bates, Bill. [Letter], *Network News*, Vol. 2, No. 2, [n.d., but late 1986]: 6. The triple dash in the latter quotation was in the original document.

[40] Stewart, Lynne. "CNMHC Public Day held in Riverside," *Network News*, Vol. 2, No. 2 [n.d., but late 1986]: 8.

[41] "Changing Attitudes continues to monitor the media seeks volunteers [sic re: lack of comma]" *Network News*, Vol. 2, No. 4, Winter 1987: 3. The name of the newspaper, *The Sacramento Bee*, was not italicized in the original.

[42] "'Changing Attitudes' spearheads campaign," *Network News*, Vol. 2, No. 3 [n.d., but 1987]: 5.

[43] Ibid.

[44] Ibid.

[45] "1988-1989 Final Report," *Network News*, Vol. 2, No. 6, Summer 1990: [Unpaginated two-page insert].

[46] "N.Y. anti-stigma organization offers tips, cites film advertisements as misleading," *The Key*, Vol. 1, No. 1, Spring 1993: 5. (The quotation is attributed to the December newsletter of the National Stigma Clearinghouse.)

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[47] "Spielberg cartoon called offensive," *The Key*, Vol. 1, No. 2, Summer 1993: 9.
[48] Ibid, quoting interviewee Otto Wahl.
[49] "Stigma cited in gun control bill," *The Key*, Vol. 2, No. 1: 19.
[50] "Fighting stigma aimed at children," *The Key*, Vol. 2, No. 2: 15.
[51] Ibid.
[52] Ibid.
[53] Rogers, Susan. "Consumers ruffle feathers of 'Eagle 106'," *Vision*, Vol. 3, No. 2, Fall 1991: 1.
[54] Ibid.
[55] Ibid. (ACT NOW is described in the article as "a vocational training program for mental health consumers.")
[56] Van Tosh, Laura and Paolo del Vecchio. 2001. *Consumer/survivor-operated self-help programs: a technical report,*" Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Service Administration, Center for Mental Health Services, 17. I will discuss theatre troupes/repertory companies and video productions in Chapter 11. In Chapter 10, I discuss the problematics of framing such activities as "services," as well.
[57] Ibid, 74.
[58] Ibid, 31.
[59] Ibid, 41.
[60] Ibid, 42.
[61] Ibid, 53.
[62] Ibid.
[63] Ibid, 65.
[64] Ibid, 67.
[65] D'Asaro, Andrea. "Here's how one consumer fights the stigma of mental illness," *The Key*, Vol. 1, No. 2: 3.
[66] Ibid.
[67] Ibid, 6.
[68] Ibid, 3 (quoting Carmen Lee).
[69] Ibid.
[70] [Author uncertain], "How to start a speakers' bureau," Ibid: 3.
[71] MHS: Mental health system.
[72] "It is time to apply: Network representatives to mental health groups needed," *Network News*, Vol. 1, No. 3, Fall 1985: 4 [slightly reformatted for this document].
[73] These are: (1) Department of Mental Health; (2) Citizen's Advisory Council; (3) Organization of Mental Health Advisory Boards; (4) California State Mental Health Association; (5) California Alliance for [the] Mentally Ill; (6) Conference of Local Mental Health Directors; and (7) California Association of Social Rehabilitation Agencies. Ibid.
[74] "CNMHC maintains liaison with state groups," *Network News*, Vol. 2, No. 1 [n.d., but 1986]: 5.
[75] "It is time to apply: Network representatives to mental health groups needed," *Network News*, Vol. 2, No. 2 [n.d., but late 1986]: 2. In this issue, the groups to which the CNMHC had liaisons were somewhat different (or possibly had changed their names). The list is comprised of the following: California Association of Social Rehabilitation Agencies; California Council on Mental Health; Citizen's Action League, Mental Health; Conference of Local Mental Health Directors; California Department of Mental Health; Organization of Mental Health Advisory Boards; Mental Health Association in California; California State Hospitals: Atascadero, Camarillo, Metropolitan, Napa, Patton.
[76] "Liaison update," *Network News*, Vol. 2, No. 3 [n.d., but 1987]: 3 ;" 'Tis the season to become a liaison," *Network News*, Vol. 2, No. 4, Winter 1987: 6.
[77] " 'Tis the season to become a liaison," *Network News*, Vol. 2, No. 4, Winter 1987: 6.
[78] Ibid.
[79] Ibid.
[80] The conferences listed in the Fall 1985 calendar of events include: National Association for Rights Protection and Advocacy General Conference; Conference of Local Mental Health Directors; Mental Health Association Annual Meeting; Organization of Mental Health Advisory Boards General Membership Meeting; Association of Social Rehabilitation Agencies General Membership Meeting; and the California Alliance for the Mentally Ill General Conference. "Upcoming calender [sic] of events," *Network News*,

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Vol. 1, No. 3, Fall 1985: 5.

[81] Toliver, Gilbert. "Onward from a new beginning," *Network News*, Vol. 2, No. 6, Summer 1990: 2. ("CASRA" may stand for the California Association of Social Rehabilitation Agencies; unfortunately, however, this is not made clear in the article.)

[82] "Calendar of events," *Network News*, Winter 1994: 20. Twenty-two meetings, trainings, and conferences are listed in this calendar. Some, such as the "Managed Care Committee Teleconference" may have been internal to the CNMHC; others, such as the California Mental Health Directors Association meeting, clearly were not.

[83] Rogers, Joseph A. "St. Louis conference on Protection & Advocacy system." *YC*, Vol. 1, No. 1, Spring 1987: 3, 13.

[84] "An overview of Protection and Advocacy, Inc.," *Network News*, Vol. 2, No. 5, Summer 1989: 3.

[85] Ibid, 3. Over the late 1980's and 1990's, the term "ex-patients" generally disappeared from alternativist-reformist publications, though never entirely.

[86] Ibid.

[87] Ibid.

[88] Ibid. By this, Rogers seems to mean not that actual federal P&A agency services were provided by consumers, as the funding of P&A for these services for people with "mental illness" had only begun in 1986. It seems likely based on the context and Rogers' own words that he is referring to advocacy activities of the mad movement in general prior to 1987 which had indeed occurred for years, as we have seen in previous chapters.

[89] Ibid, 13. (Punctuation and paragraphing modified for adaptation to text.)

[90] It is not clear that all of these were mainstream bodies, but the contact for the Seventh Annual Mental Health Cultural Diversity Conference was the Cuyahoga County Community Mental Health Board and the Choice and Responsibility Conference was co-sponsored by Disability Advocates and the New York State Commission on Quality Care. It is important to note, as well, that this calendar did include announcements for the upcoming Alternatives '94 Conference as well as Support Coalition International's Community Organizing Conference in 1994. "Calendar," *NECN*, Spring 1994: 11. The only other calendar section I found in *NECN* was from Summer 1994. This Calendar mentioned none of the more reformist-oriented conferences except Alternatives, but it did mention the Support Coalition International gatherings as well as the upcoming NARPA Conference. However, this may simply be because the reformist and government conferences occurred earlier in 1994. "Calendar," *NECN*, Summer 1994: 11.

[91] Heidorn, Peggy [Authorship unclear: Credited to Peggy Heidorn but also introduces as abridged and adapted from the official report of the National Consumer, Family and Advocacy Leadership Conference on State Mental Health Care Reform and Managed Care]. "Managed care: the response: stakeholders draw roadmap for recovery," *The Key*, Vol. 3, No. 3, Fall-Winter 1996: 27.

[92] Leibowitz, Art. "PMHCA president's testimony calls attention to funding crisis," *Vision*, Vol. 3, No. 1, Spring 1991: 6. His testimony included the following statement, for example: "The waiting list in our [Allegheny] county is 1,400 for mental health services and 450 for mental retardation services." Ibid.

[93] Ibid.

[94] "Report from the Consumer Caucus: June 1-2, 1988," *YC*, Vol. 1, No. 3, Spring-Summer 1988: 5, 11.

[95] "Disability leaders meet with Clinton," *The Key*, Vol. 1, No. 2, Summer 1993: 5.

[96] Rogers, Susan. "Alternatives '94 celebrated the consumer/survivor family," *The Key*, Vol. 2, No. 3: Fall 1994: 3. This was the same Paul Dorfner who, as we have seen, had once said, as we saw in Chapter 4, regarding his federal grant which funded mad movement teleconferences, "Hit 'em real hard where it really hurts. Hit their values, their beliefs, their precious money." Dorfner, Paul. "Fighting the enemy on their own ground." *MNN*, Summer, 1985, Vol. 7, No. 5: 19.

[97] Rogers, Susan. "Senate drops incentive to back forced treatment," *The Key*, Vol. 3, No. 1: Summer-Fall 1995: 10.

[98] Rogers, Joseph A. "Sometimes, advocacy means going it alone," *The Key*, Vol. 3, No. 1, Summer-Fall 1995: 2.

[99] Ibid.

[100] Fisher, Daniel. "NEC represents constituents at White House conference on Social Security," *NECN*, Spring 1999: 1.

[101] Ibid. The acronym "c/s/x" stands for "consumers/survivors/ex-patients."

[102] Ibid.

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[103] Rogers, Susan. “Nancy Glusker: consumers must use strength in numbers,” *Vision*, Vol. 3, No. 1, Spring 1991: 10.

[104] Phelps, Andrew. “CALM Boards Activism,” *Network News*, March 1995: 12. It is unclear what “CALM” stood for, as Phelps does not state this directly. However, the minutes of the Berkeley, CA Mental Health Commission of April 26, 2000 also mentions some contentiousness regarding such a board as it met in Riverside, CA. In these minutes the “Client’s Report” states, “The CALM Board is lacking for adequate funding to be a full-fledged professional association. They are disappointed that the CALM Board was not contracted by the state Department of Mental Health to conduct board training.” Berkeley Mental Health Commission Minutes of April 26, 2000. Accessed on December 24, 2010 from http://www.pdf-finder.com/Mental-Health-Commuission-Minutes----04/26/00-(PDF).html as reproduced from http://www.ci.berkeley.ca.us/commissions/mentalhealth/2000mentalhelath/pdf/042600S28.PDF

[105] Phelps, Andrew. [Letter]. *Network News*, April 1995: 4.

[106] Ibid.

[107] Ibid.

[108] See, for example: Fisher, Daniel. “The Empowerment Model of Recovery: finding our voice and having a say,” *NECN*, Winter 1994-1995: 5; “Leadership is focus of PMHCA conference,” *Vision*, Vol. 3, No. 1, Spring 1991: 1; “Making our voices heard – consumer representation on decision-making committees: ‘no longer will we be silent’,” *YC*, Vol. 1, No. 3, Spring/Summer 1988: 6; Heidorn, Peggy. “Here’s how to play the board game – and win big as a consumer advocate,” *The Key*, Vol. 3, No. 1: Summer-Fall 1995: 13-14.

[109] “Legislative update,” *Network News*, Vol. 2, No. 1, [n.d., but 1986]: 4.

[110] Ibid.

[111] “CNMHC gets contract to establish a peer & self-advocacy program,” *Network News*, Vol. 2, No. 3, [n.d., but 1987]: 3 ; “Peer and self advocacy program,” *Network News*, Vol. 2, No. 5: 3; “1988-1989 Final Report,” *Network News*, Vol. 2, No. 5: [unpaginated insert]; Jenna. [sic] “PAI developing 3 year plan,” *Network News*, April 1995: 1.

[112] Ibid.

[113] “Peer and Self Advocacy Program,” *Network News*, Vol. 2, No. 5, Summer 1989: 3. The reference to Oasis House likely indicates the provision of a consumer-positive location where consumers living in boarding homes, which in California are called “board and care homes,” could discuss their complaints without fear of retribution from owners of the homes.

[114] Schafer, Bryan L. “My role in the Butte County pilot project of the Peer and Self Advocacy Program,” *Network News*, Vol. 2, No. 5, Summer 1989: 3.

[115] “1988-1989 Final Report,” *Network News*, Vol. 2, No. 6, Summer 1990: [unpaginated two-page insert].

[116] Ibid.

[117] But see: “PAI developing 3 year plan,” *Network News*, April 1995: 1. This article refers to “newly-hired Peer and Self-Advocacy Coordinators from the Oakland and Glendale PAI offices...”

[118] “Project needs consumers to monitor hospital conditions,” *Vision*, Vol. 3, No. 1, Spring 1991: 3.

[119] Ibid.

[120] Ibid.

[121] Leibowitz, Art. “PMHCA president’s testimony calls attention to funding crisis,” *Vision*, Vol. 3, No. 1, Spring 1991: 6.

[122] Yaskin, Joseph C. “Woodville patients ‘neglected’,” *Vision*, Vol. 3, No. 2, Fall 1991: 6.

[123] Rogers, Susan. “Patients in state hospitals aren’t locked away from fight for justice,” *Vision*, Vol. 4, No. 3: Fall-Winter 1992: 3. See also: “Poorly planned discharges put patients at risk, advocates claim,” *Vision*, Vol. 5, No. 1, Summer 1993: 1, 7.

[124] Rogers, Susan. “Experts: self-advocacy training is vital to consumer empowerment,” *The Key*, Vol. 4, No. 2, Spring 1998: 1. This article also discusses one other such effort in Iowa, as well as opinions regarding how to bolster in increase such programs.

[125] Ibid.

[126] Ibid.

[127] Ibid, 8.

[128] Sangster, Yvette. 2005. “Advocacy Unlimited, Inc. Connecticut,” in Clay, Sally (ed.), *On our own, together: peer programs for people with mental illness*. Nashville, TN: Vanderbilt University Press, 189 (emphasis added).

[129] I wish to emphasize that I do not consider Susan Rogers’ story about Wood a misrepresentation of

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Advocacy Unlimited or of Wood's achievements. Rather, I wish to indicate that this story about Wood may not have been the experience of all those involved in AU's training; nor, apparently, did AU training itself lead to paying advocacy jobs, based on Sangster's discussion.

[130] Ibid, 191.

[131] Ibid, 184.

[132] See: Ibid, 185-192.

[133] Ibid, 191-192.

[134] Ibid, 195. While these events took place very shortly after my date limit, I have retained this discussion because AU is an example of an A/R context which clearly endured over time. AU was founded in 1994 (Ibid, 181), Rogers reported about it in 1998, and as of 2005, when *On Our Own, Together* was published, it was likely still in existence. At the very least, based on the text of Sangster's article, AU had endured until at least 2001.

[135] Medicaid is the U.S. federally-funded program of health insurance for people on welfare or on SSI, one form of disability welfare in the U.S.

[136] Heidorn, Peggy. "Into the fold: consumers are working in MCOs, but impact is limited, advocates warn," *The Key*, Vol. 3, No. 3, Fall-Winter 1996: 2. (Fancy brackets indicate square brackets in original text.)

[137] Ibid, 15.

[138] Ibid, 13.

[139] Ibid, 14.

[140] Heidorn, Peggy [Authorship unclear: Credited to Peggy Heidorn but also introduced as abridged and adapted from the official report of the National Consumer, Family and Advocacy Leadership Conference on State Mental Health Care Reform and Managed Care]. "Managed care: the response: stakeholders draw roadmap for recovery." *The Key*, Vol. 3, No. 3, Fall-Winter 1996: 4, 21-27.

[141] Ibid, 22.

[142] Ibid, 23.

[143] Rogers, Susan. "Experts advise: focus on state-level advocacy to influence managed care," *The Key*, Vol. 3, No. 3, Fall-Winter 1996: 3.

[144] Centifanti, Jay. "Consumer movement responds to managed care challenge," *The Key*, Vol. 3, No. 3, Fall-Winter 1996: 7.

[145] This is certainly true of those mental health programs funded by the federal, state, and county governments, state hospitals, and in relation to those receiving Medicare and Medicaid benefits, which are a restricted form of socialized medicine in the United States for elderly or disabled people. However, for many, access to mental health services was, and remains, based in "benefits" provided by private health insurance companies, in turn based on policies purchased by subscribers.

[146] Ironically, the situation had changed so much that a major reason for the birth of the mad movement in the first place – the consignment to long, even interminable, hospital internments – passed in part because of the profit motive. For some, this may be seen as a victory; for others, the lack of care in emergency situations almost certainly led to suicides which otherwise may have been prevented.

[147] All quotations in this paragraph from: Glater, Selina. "Santa Barbara County's new self-help and advocacy program," *Network News*, Summer 1992: 14.

[148] Blue, Jenna. "Consumer Relations Liaison Hired," [Interview], *Network News*, Winter 1994: 1.

[149] "Starting next month I'm going to try to visit every self-help group and center in the state." [Quoting Wendy Walker Davis], Ibid: 10.

[150] [Quoting Jenna Blue], Ibid.

[151] [Quoting Wendy Walker Davis], Ibid.

[152] Ibid.

[153] Rogers, Susan. "Nationwide, mixed reviews for offices of consumer affairs," *The Key*, Vol. 2, No. 1, Fall-Winter 1993-1994: 6.

[154] In some cases, there may have been more than one employee in such offices, but all those who comment in this article indicate that these were one-person offices. Rogers, herself, states: "[Most of the] offices – ....consist of a single 'internal consumer advocate' sometimes aided by a secretary..." Ibid, 1.

[155] Above, I note that Philpo is discussed in a 1996 issue of *The Key* devoted to managed care. By that time, he had taken a job as a "director of advocacy and consumer affairs" for a managed care company.

[156] Rogers, Susan. "Nationwide, mixed reviews for offices of consumer affairs," *The Key*, Vol. 2, No. 1,

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Fall-Winter 1993-1994: 1.
[157] Ibid.
[158] Ibid.
[159] Ibid, 8.
[160] Ibid.
[161] Ibid, 10.
[162] Rogers, Susan. "How to make a consumer affairs office work," *The Key*, Vol. 2, No. 1, Fall-Winter 1993-1994: 6.
[163] Ibid, 8.
[164] "CMHS consumer specialist seeks ideas," *The Key*, Vol. 3, No. 1, Summer-Fall 1995: 3.
[165] Ibid, 8.
[166] "CMHS selects consumer advocate," *NECN*, Winter 1994-1995: 2. It seems curious that this fact was noted in *NECN* but not in *The Key*, which was, in fact, the publication of the National Mental Health Consumers' Self-Help Clearinghouse.
[167] All quotations in this paragraph from: del Vecchio, Paolo. "Update from CMHS Consumer Affairs Specialist," *NECN*, Spring/Summer 1995: 8.
[168] Van Tosh, Laura and Paolo del Vecchio, *A Technical Report.* Note, as well, that as of Summer, 2010, based on my contact with him as I searched for documents, Mr. del Vecchio still worked at CMHS.
[169] "Consumer gains in Connecticut," *The Key*, Vol. 2, No. 2: Spring-Summer, 1994: 19.
[170] Kangas is also identified as "the department's Director of Communications," by which it appears is meant the Connecticut Department of Mental Health.
[171] Ibid.
[172] Ibid.
[173] Government funding may be a contributing factor to the longevity of these organizations. However, it should be noted that these organizations repeatedly have had to apply for continued, or new, funding, and such funding is not guaranteed. I would argue that while such funding may be a contributing factor to the longevity of these groups, other factors (such as those mentioned in this paragraph) have played a key role in the longevity of A/R groups and efforts.

Notes to Chapter 10

[1] I use the word "professional" here for ease of identification; in my view, this term unfortunately implies expertise which would, by extended implication, indicate that consumers do not have expertise, a situation which is hardly the case. In many ways mad people have far more expertise regarding madness than psychiatrists, psychologists, social workers, rehabilitationists, etc. And, in fact, the claim of specific expertise on the basis of lived experience is one of the claims that appears in A/R publications repeatedly.
[2] Ruth O'Brien succinctly discusses the notion of an "epistemic community" as "...a group of 'experts' who share a set of ideas and beliefs." O'Brien, Ruth. 2001. *Crippled justice: the history of modern disability policy in the workplace.* Chicago, IL: University of Chicago Press, 18. Here, the notion of "epistemic" is similar to that of "discursive," in the sense that both words suggest the idea of a shared set of circumscribed ideas which frame a particular issue or phenomenon in ways that have a powerful influence on practice.

O'Brien's emphasis, however, is on the discourses promoted by a groups of alleged or self-proclaimed "experts." In reference to the influence, in the decades immediately following World War II, of the epistemic community of rehabilitationists on policymakers, O'Brien writes, "...[T]he epistemic community that made up the rehabilitation movement influenced the formation of modern disability policy in the 1940s and 1950s. Key officials in the federal government...incorporated the psychoanalytical principles propagated by the rehabilitation experts." Ibid, 22-23.
[3] Project SHARE is one of the SEPA organizations. It was originally founded by the Mental Health Association of Southeastern Pennsylvania.
[4] "National notes" is, admittedly, a rather generic title. However, given an article by Christie Disher noting the turbulent and unresolved situation of NMHCA at that time as well as another article by Joseph Rogers in which Rogers states that he has resigned as the president of NMHCA (p. 5), and which also states that he *is* the president of Project SHARE (p. 15), it seems possible to me that the "National Notes" column in

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Brainstorm built upon the sources cultivated by the NMHCA. However, this may or may not be the case: an editorial introduction to the column states, "The information in National Notes was gleaned from several sources, including individual correspondents, national teleconferences, and newsletters." See: "National Notes," ["Editor's Note"] *Brainstorm*, Vol. 1, No. 1: 6.

[5] "...Fight Back [a coalition of which Project SHARE was a member] held a protest in [Philadelphia] City Council chambers on November 16..." This protest was part of a campaign "to get adequate funding for homeless programs and programs for people with AIDS in Philadelphia." Ibid [section on Pennsylvania].

[6] "National Notes," *Brainstorm*, Vol. 1, No. 1, Winter 1990: 6-11.

[7] Van Tosh, Laura and Paolo del Vecchio. 2001.*Consumer/Survivor-Operated Self-Help Programs: A Technical Report.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Service Administration, Center for Mental Health Services, 1.

I am not arguing that the NIMH *overall* shifted towards such funding; in fact, $5 million over six years could be considered a paltry sum in the overall spending of NIMH and, for that matter, the federal government funding of various programs directed at "mental health" issues. Nevertheless, this money was used to fund projects which stood outside the "funding as usual" of mental health measures.

[8] Consider, for example, the title of an entire edition of *The Key* devoted to discussion of many facets of managed care: *Managed care is here: a blueprint for action.* The first half of this title, I would argue, posits managed care as a *fait accompli*; the second is a call to action based on the assertion in the first half. See: *The Key*, Vol. 3, No. 3, Fall-Winter 1996: front page.

[9] Joe Rogers, as quoted in Heidorn, Peggy. "Into the fold: consumers are working in MCOs, but impact is limited, advocates warn," *The Key*, Vol. 3, No. 3, Fall-Winter 1996: 14 (emphasis added).

[10] See: Fisher, Daniel. "Health care reform: a consumer/survivor's view," *NECN*, Spring 1994: 1, 3; Fisher, Daniel. "How persons recovering and clinicians can promote self-managed care," *NECN*, Fall-Winter 1996-1997: 12, 13; Fisher, Daniel. "Self-managed care: the most *cost-effective* managed care," *NECN*, Fall-Winter 1995-1996: 12, 13.

[11] Fisher, Daniel. "How persons recovering and clinicians can promote self-managed care," *NECN*, Fall-Winter 1996-1997: 12 (emphasis added). I would argue that precisely the opposite is true: The goals of "people labeled with mental illness" in this context are to find comfort and assistance; the goals of managed care companies are to make profits and therefore to limit payment (and services) in the interest of making profits.

[12] Caras, Sylvia. "Report on the 1993 SSSI grantees' conference," *Network News*, Winter 1994: 5. Caras states that these words were the gist of a statement by activist Cindy Hopkins.

[13] Ibid.

[14] Moxley, David P. and Carol T. Mowbray. 1997. "Consumers as providers: forces and factors legitimizing role innovation in psychiatric rehabilitation," in Carol T. Mowbray, David P. Moxley, Colleen A. Jasper, and Lisa L. Howell (eds). 1997. *Consumers as providers in psychiatric rehabilitation.* Columbia, MD: International Association of Psychosocial Rehabilitation Services, 13.

[15] Firestar distinguishes between the Psychiatric Inmates [sic] Liberation Movement (PILM) and the Mental Health Client Movement (MHCM). Firestar asserts that National Institute of Mental Health money, accepted by what I have termed "alternativist-reformist" activists, created not another wing of the overall mad movement (as I argue) but rather a separate movement. Firestar writes, "In my opinion, NIMH...funding has created another movement, the Mental Health Client Movement, which focuses on self-help as defined and approved by the mental health system. By contrast, the PILM consists of "[t]hose of us who claim the radical label" and who believe that "psychiatric inmates should not be providing services and helping to create a 'kindlier, gentler' mental health system." Firestar, Morgan. "Which side are you on?" *Network News*, Summer 1993: 4.

[16] Ibid, 5.

[17] Ibid. However, in another article written at approximately during the same period, Parrish expresses clear concerns, herself, regarding government cooptation of the mad movement by the very agency for which she worked. After discussing conflicts between long-time members of the mad movement and more recent activists, Parrish then states, "The second issue [regarding potential obstacles and barriers facing the movement] is co-optation...I am concerned that the government funding of activities, while it has given a boost to the movement and its programs, presents a concern in diluting the movement. Parrish, Jackie. "CMHS supports principles of empowerment and self-help" [Interview, though credited to Jackie Parrish], *NECN*, Spring 1994: 9.

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[18] For example, Torrey, Mead, and Ross appear at first to challenge the legitimacy of professionals "CMHC [community mental health center] staff members with the inherent constraints of their professional roles, cannot match the social opportunity and deep human connectedness that consumers can offer each other " Yet, in the very next sentence, they write, "Consumer-run services *extend and complement* professional CMHC services " Torrey, William C , Mead, Sherry, and George Ross 1998 "Addressing the social needs of mental health consumers when day treatment programs convert to supported employment can consumer-run services play a role?" *Psychiatric Rehabilitation Journal*, Vol 22, No 1 75 (emphasis added) Solomon and Draine on the one hand indicate the resistance of social workers to consumer-workers "For some social workers, the claim that consumers can function effectively as case managers may represent a threat to professional status" (p 203) Yet they praise the profession of social work as open to "empowering" attitudes and activities "If current trends continue, social workers can expect to have former or current service consumers as peers This is consistent with social work's traditional values of self-determination and empowerment " (p 205) Solomon, Phyllis and Jeffrey Draine 1996 "Service delivery differences between consumer and nonconsumer case managers in mental health," *Research on Social Work Practice*, Vol 6, No 2 203, 205

[19] Solomon and Draine engaged in something of a meta-analysis of these effectiveness-related studies in 2001, concluding that, even in contradistinction to their own earlier article which had given support to the effectiveness of consumer-workers, "There is insufficient evidence to make conclusions about the effectiveness of consumer-provided services," Solomon, Phyllis and Jeffrey Draine 2001 "The state of knowledge of the effectiveness of consumer provided services," *Psychiatric Rehabilitation Journal*, Vol 25, No 1 25 In this article, they discuss, among others, eight articles, all of which contain in their titles such terms as "review of the evidence," "outcomes," and "evaluation " For example Davidson, L , Chinman, M , Kloos, B , Weingarten, R , Stayner, D , and J K Tebes 1999 "Peer support among individuals with severe mental illness a review of the evidence," *Clinical Psychology Science and Practice*, Vol 6 165-187, Felton, C , Stastny, P , Shern, D , Blanch, A , Donahue, S , Knight, E , and C Brown 1995 Consumers as peer specialists on intensive case management teams impact on client outcomes " *Psychiatric Services*, Vol 46 1037-1044, Kaufman, C , Ward-Colasante, C , and J Farmer 1993 "Development and evaluation of drop-in centers operated by mental health consumers," *Hospital and Community Psychiatry*, Vol 4 675-678

[20] Always at issue, I would assert, is the question of *who* is framing a particular situation as a "problem," and also for whom the situation is experienced as problematic

[21] Sherman, Paul S and Russell Porter 1991 "Mental health consumers as case management aides," *Hospital and Community Psychiatry*, Vol 42, No 5 494

[22] Mowbray, Carol T , Moxley, David P , and Mary E Collins 1998 "Consumers as mental health providers first-person accounts of benefits and limitations," *The Journal of Behavioral Health Services and Research*, Vol 25, No 4 397-411

[23] Kaufmann, Caroline L 1995 "The Self Help Employment Center some outcomes from the first year," *Psychosocial Rehabilitation Journal*, Vol 18, No 4 145, 146, 148, 151, *et passim*

[24] Ibid, 148

[25] Ibid, 159

[26] Segal, Steven P , Silverman, Carol, and Tanya Temkin 1995 "Measuring empowerment in client-run self-help agencies," *Community Mental Health Journal*, Vol 31, No 3 219

[27] Ibid, 220

[28] Ibid

[29] Ibid

[30] Ibid

[31] Ibid

[32] Ibid

[33] Yanos, Philip T , Primavera, Louis H and Edward L Knight 2001 "Consumer-run service participation, recovery of social functioning, and the mediating role of psychological factors," *Psychiatric Services*, Vol 52, No 4 493

[34] Ibid, 495

[35] Ibid

[36] Ibid

[37] Ibid, 496

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[38] "Measures The Brief Symptom Inventory was used to measure psychological behavior symptom severity Scores were obtained on the subscales Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism " Silverman, Sheila H , Michael B Blank, and Lorraine C Taylor 1997 "On our own preliminary findings from a consumer-run service model," *Psychiatric Rehabilitation Journal*, Vol 21, No 2 154

[39] Ibid, 155 Here, the reference is to the Community Oriented Programs Environment Scale (COPES)

[40] Ibid, 158 Here, the reference is to the "Moos Social Environment Scale "

[41] Ibid

[42] Ibid, 159 Of course, this statement does not indicate that the motivation of the researchers, themselves, to engage in such practices might well be the justification of their *own* ongoing academic-related funding and the promotion of their careers

[43] Kaufmann, Caroline L, Freund, Paul D , and Jeffrey Wilson "Self help in the mental health system a model for consumer-provider collaboration," *Psychosocial Rehabilitation Journal*, Vol 13, No 1 5-21

[44] Ibid, 15

[45] Ibid, 16

[46] Shelton, Ronald and David Rissmeyer 1989 "Involving consumers in the discharge process," *Psychosocial Rehabilitation Journal*, Vol 12, No 4 20

[47] Ibid, 26

[48] Ibid, 24 (Emphases added) Note the use of the passive voice "It was decided," which leaves unspecified who actually made these decisions Note also the phrase "the path of least resistance," indicating the possibility that the plans laid out for this alleged exercise in self-help would be resisted by clubhouse members, themselves One could argue that "resistance" might also refer here to resistance on the part of the hospital to have ex-patients coming to the hospital *as* ex-patients Whatever the reason, the problem with these constructions is precisely that it leaves the processes of decision-making and the question of willingness to participate so unexplored and unexplained

[49] "Often the ex-patient's memories of the institution are fraught with unresolved resentment, anger, and fear due to the unique circumstances and role relationships experiences while subject to the environment and treatment of the hospital " Ibid, 26

[50] Ibid, 25

[51] Ibid, 26

[52] Kaufmann, Caroline L 1995 "The Self Help Employment Center some outcomes from the first year," *Psychosocial Rehabilitation Journal*, Vol 18, No 4 157

[53] Ibid

[54] Ibid, 158 Note the use of the passive voice, which leaves unstated precisely who made these decisions

[55] Paulson, Robert I 1991 "Professional training for consumers and family members one road to empowerment," *Psychosocial Rehabilitation Journal*, Vol 14, No 3 69

[56] Ibid, 74

[57] Ibid, 75

[58] Ibid

[59] Mowbray, Carol T , Wellwood, Richard, and Phil Chamberlain 1988 "Project Stay a consumer-run support service," *Psychosocial Rehabilitation Journal*, Vol 12, No 1 34

[60] " [R]eferrals come primarily from community mental health case managers " Ibid, 35

[61] Ibid, 40 While payment to this person may be interpreted to have been implied by the authors, this is not made explicit in the text

[62] Ibid, 41

[63] Dixon, Lisa, Krauss, Nancy, and Anthony Lehman 1994 "Consumers as service providers the promise and the challenge," *Community Mental Health Journal*, Vol 30, No 6 618

[64] Ibid, 625 Despite the assertive tone of this statement, the fact that it is couched under the subtitle "Program Administration" is, I would argue, itself a minimization of the injustice to which the authors make reference It would have been more accurate to have used a subtitle such as "Inadequate Compensation," or similar

[65] Mowbray, Carol T , Moxley, David P , and Mary E Collins 1998 "Consumers as mental health providers first-person accounts of benefits and limitations," *The Journal of Behavioral Health Services and Research*, Vol 25, No 4 399

[66] Ibid

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[67] Ibid, 403.

[68] Everett, the author of *A fragile revolution*, should be commended for, as a social worker, she wrote a study and analysis of the mad movement and related matters (largely in the context of Ontario) which has much more respect for the people and their movement she studied than those discussed in the section above. One might ask, how was she able to do this? I would like to suggest that one of her key *methodological* means of achieving this was *to talk to and then to quote extensively* from mad activists, themselves. What, after all, is "giving voice" to people than actually broadcasting or printing what they, themselves, have said or written? See, in particular: Everett, chapters 5-9 and Postscript, 79-226.

[69] All notes in regarding demonstration grant recipients in the list below from: "National notes," *Brainstorm*, Winter 1990: 6-11.

[70] One other "group of consumers" (unnamed) was "subcontracting" in Santa Clara County with the Center for Change at the University of Vermont, making it unclear whether this should be considered an NIMH grant to a group in Vermont or to the consumer group in Santa Clara County. Still another group, "Mental Health Consumer Concerns" was in potential receipt of an NIMH grant but at the time, the Contra Costa Mental Health Administration, which was apparently the formal recipient of the grant, was considering turning the grant down for unspecified reasons.

[71] Emphasis added. It is interesting to contemplate what the words I have italicized can possibly mean in consideration of the fact that funding for this project was under the control of NIMH.

[72] Adapted from "National notes," *Brainstorm*, Vol. 1, No. 1, Winter 1990: 6-11.

[73] Mowbray and Moxley offer a typology which attempt to set clear boundaries around the fluid and malleable terms used to describe the efforts of consumers. "Consumer-Run Alternatives" consist of situations in which "consumers serve as providers through organizations that they control – organizationally, administratively, and programmatically" (p. 38). "Consumers as Employees" consist of situations in which "consumers are employed to provide services through a formal organization...which they do not run or control" (p. 39). "Self-Help Alternatives" differ from the previous in that "the self-help group itself is usually not characterized by significant role differentiation and hierarchical administrations structures" but wherein "there is separation and independence from any formal mental health organization or system..." (p. 40). Finally, "Consumer initiatives" are "activities...initiated as informal components or elements of formal organizations offering community support, rehabilitation, or mental health clinical services..." (p. 41). In many ways, this is an incisive typology, but note, as well, that these statements, yet again, move the discussion inexorably towards the concept of "services," missing other aspects of some consumer practice and context, which I discuss below. This is evident, as well, in the title of Mowbray and Moxley's chapter. Mowbray, Carol T. and David P. Moxley. 1997. "A framework for organizing consumer roles as provides of psychiatric rehabilitation," in *Consumers as Providers*, 35-44.

[74] Among the organizations and government agencies I contacted were : the National Empowerment Center, the California Network of Mental Health Clients, and the National Mental Health Consumers Self-Help Clearinghouse; the government agency under which the Center for Mental Health Services (CMHS) now operates, the Substance Abuse and Mental Health Services Agency (SAMHSA); and the National Association of State Mental Health Program Directors Research Institute (NRI).

[75] "Consumer/ex-patient/survivor groups: March 1991," [likely compiled by the National Mental Health Consumers' Self Help Clearinghouse], 1991. This document provided courtesy of the National Mental Health Consumers' Self-Help Clearinghouse.

[76] "State Mental Health Agency Profiling System," Second Cycle [Questionnaire], 1996. Alexandria, VA: NASMHPD Research Institute, Inc.; "State Mental Health Agency Profiling System," Third Cycle [Questionnaire], 1999. Alexandria, VA: NASMHPD Research Institute, Inc. These documents provided courtesy of the National Association of State Mental Health Program Directors Research Institute (NRI).

[77] "SMHA Support for Consumer-Operated Services: 1999" [Table: "consumer" spreadsheet]. Provided by email communication. Alexandria, VA: NASMHPD Research Institute, Inc. This document provided courtesy of the National Association of State Mental Health Program Directors Research Institute (NRI).

[78] Indirect funding included: Conference sponsorship, office space, technical assistance and/or "other." Ibid.

[79] "Types of Consumer-Operated Services Funded by SMHAs," [Table: "consumer (2)" spreadsheet]. Provided by email communication. Alexandria, VA: NASMHPD Research Institute, Inc. This document provided courtesy of the National Association of State Mental Health Program Directors Research Institute (NRI). Note that under the category "other," specific mentions consist of: "SSI Payee," "Warmlines,"

"Consumer Education," "Consumer Surveys," "Peer telephone support," "developing/tesging [sic] recovery models," and "Consumers/Family involvement in pilot projects "

[80] Clay, Sally (ed) 2005 *On our own, together peer programs for people with mental illness* Nashville, TN Vanderbilt University Press

[81] Mowbray, Carol T , Moxley, David P , Jasper, Colleen A , and Lisa L Howell (eds) 1997 *Consumers as providers in psychiatric rehabilitation* Columbia, MD International Association of Psychosocial Rehabilitation Services

[82] See, for example, the discussion of Sally Clay's Chapter in *On our own together*, immediately below See also Heidorn, Peggy S "Establishing a drop-in centre yields rewards but pitfalls about, self-help veterans report " *The Key*, Summer-Fall 1994 Vol 2, No 3 5, 13, 14, Schell, Bonnie 2005 "Mental Health Client Action Network (MHCAN), Santa Cruz, California," in Clay, Sally (ed), *On our own, together peer programs for people with mental illness*," Nashville, TN Vanderbilt University Press 67-91

[83] See the discussion just following in the text regarding conflicting presentations of the PEER Center, Inc of Florida

It can be argued, however, that "promotionalism" may be a misinterpretation in some situations where the exuberance and "can-do" attitudes of some consumers have been necessary to counter pessimism on the part of traditional mental health system workers For example, Ed LeDoux, a psychiatric consumer and manager of the OASIS Drop-In Center in Rhode Island, writes in the mid-1990's "Throughout all this ongoing development [of the OASIS Drop-In Center], some people in the state system, advocates, consumers and various others wondered if we could 'do it' without supervision of some kind After all, we were mental patients, who, like little children, needed knowledgeable adults to watch over us We've proven that idea wrong There hasn't been a situation that we haven't been able to handle, and handle well " LeDoux, Ed, "Revitalizing a consumer-controlled alternative," in *Consumers as providers*, 146

Shela Silverman's discussion of a similar situation in Virginia focuses on the struggle to prove the value of consumer-run services and consumer labour to traditional mental health system workers and potential funders In her discussion of *on our own, charlottesville, virginia* [sic], Silverman asserts that the attitudes of psychiatrists and other "professional" mental health workers are often, at least initially, dismissive regarding consumer-run efforts "Psychiatrists are rather skeptical it seems – how can a person with mental illness be a provider? Their solution has been to say that we are not real consumers " Silverman, Shela, "Recovery through partnership on our own, charlottesville, virginia," [sic], in *Consumers as providers*, 137 Moreover, regarding the devaluing of the labour of consumers, Silverman writes, "[The idea of hiring consumers who are clients of the local mental health center] was abandoned because of irreconcilable differences about the value of hiring consumers – rather than having them volunteer " Ibid, 138 Nevertheless, after early conflicts over hiring consumers, Silverman writes, "[W]e [consumers] have proven ourselves to decision-making people within the mental health center in many ways When new block grant funding for the state was announced, we were approached to write a grant collaboratively for consumer case management This was great validation for us " Ibid

[84] Schell, Bonnie and Nancy Erwin [noted as compilers of information supplied by PEER Center, Inc] 2005 "PEER Center, Inc , Oakland Park, Florida," in *On our own, together*, 123

[85] Ibid, 131

[86] Ibid, 134

[87] Ibid, 135

[88] Clay, Sally ["with contributions from Bonnie Schell, Patrick Corrigan, and Jean Campbell"] 2005 "With us where are we going," in *On our own, together*, 246

[89] Per capita income being one measure of poverty, the following statistics indicate the income disparities between Butte and Marin Counties The 1980 (USD) per capita income of Marin County $17,691, Butte County $9,073 In Marin County in 1985, per capita income $27,473, Butte County $12, 120 In 1990 in Marin County $35,233, in Butte County $15,497 In 1995 in Marin County $44, 608, in Butte County $17,721 As of 2000, in Marin County $67,714, Butte County $22, 415 Source U S Census Bureau http //censtats census gov/cgi-bin/usac/usatable pl (Accessed December 12, 2010)

[90] King, Cathy "Spotlight on Marin Network of Mental Health Clients," *Network News*, Vol 2, No 3 [undated, but 1987] 6

[91] This publication was undated, but evidence in the publication indicates a 1987 publication date

[92] King, Cathy "Spotlight on Marin Network of Mental Health Clients," *Network News*, Vol 2, No 3

[undated, but 1987] 6

[93] Ibid

[94] Ibid, 6-7

[95] Ibid, 7

[96] Ibid

[97] All quotations in this paragraph from Lange, Susan "Spotlight on Butte County," *Network News*, Vol 2, No 4, Winter 1987 4

[98] This issue, Vol 4, No 1, dated "Winter 1992" almost certainly indicates Winter, 1991-1992, as Vol 4, No 3, a subsequent issue, is dated "Fall-Winter 1992 "

[99] Rogers, Susan "Grassroots report," Vol 4, No 1, Winter 1992 2

[100] This and subsequent quotation in this paragraph Ibid, 3 (quoting Mary Lou Norton)

[101] "Grassroots report," *Vision*, Vol 3, No 2, Fall 1991 4

[102] Ibid [quoting Karen Emert]

[103] See endnote 91for this chapter, above

[104] Rogers, Susan "Grassroots report," *Vision*, Vol 4, No 1, Winter 1992 7

[105] Ibid [quoting Susan Baker]

[106] Ibid

[107] Rogers, Susan "Grassroots report," *Vision*, Vol 4, No 3, Fall-Winter 1992 2, 4, 5, 7 Here I should mention that based on the numbering of the issues of *Vision* available to me, I was not afforded every issue of *Vision* published in the years under consideration It is thus possible that there were other mentions in *Vision* of some of the rural groups than those which I found The lack of consistent mentions of a particular county can indicate either editorial priorities or the lack of actual activity in such a county

[108] Ibid, 2 (Beaver County)

[109] Ibid, 7 (Northampton County)

[110] Ibid, 7 (Washington County)

[111] Ibid, 5 (Mercer County)

[112] From Duchnowski, Maria [compiler] "Grassroots report," *Vision*, Vol 2, No 2 6-7, "Grassroots report," *Vision*, Vol 3, No 2, Fall 1991 4, Rogers, Susan "Grassroots report," Vol 4, No 1, Winter 1992 2, 3, 7, Rogers, Susan "Grassroots report," Vol 4, No 3, Fall-Winter 1992 2, 4, 5, 7 Please see Appendix B for enumeration by issue and county of these figures

[113] *A Technical Report*, 2

[114] Ibid, 21

[115] Ibid

[116] Ibid The authors elaborate, "The majority of materials reviewed were self-reports created by the projects themselves Other materials were often prepared by State mental health authority personnel, which further complicates validity, as it is possible that such staff were less familiar with a particular program's day-to-day operations than a program coordinator or director would be The information within these documents was often incomplete " Ibid
of the documents

[117] Ibid

[118] Ibid

[119] Ibid

[120] It is true that Van Tosh and del Vecchio's effort is admirable, in terms of attempting to describe and analyze in a systematic fashion the consumer-run contexts discussed in the report, on the other hand, it is rather astounding to read, "Other strategies (such as key informant surveys and site visits) may have been able to capture a broader spectrum of information However, resource constraints prevented the use of those methodologies " Ibid In other words, having spent millions of dollars on these highly innovative projects, it appears SAMHSA, the agency which, in effect, replaced the NIMH's social service agency functions, was, on evidence of this statement, unwilling to fund even informant surveys and site visits to the (remaining) consumer-run contexts described

[121] Not including the category "Other " See discussion of NASMHPD Research Institute data above

[122] Ibid, 73-76 (Capitalization maintained to indicate the representation of these programs and efforts in the terminology of the authors)

[123] Even as critical and astute a sociologically-influenced historian as Favreau falls into this trap of thinking of the contexts and practices of the mad movement as self-evidently "services " She writes, "[T]he

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implementation of consumer/survivor self-help *services* has taken a variety of forms, reflecting the diversity of *needs* of this population" (Favreau: 20, emphasis added). She then names some of the "services" which meet these "needs": drop-in centers, mutual support groups, political action groups, educational and skills training programs, peer-advocacy services, user-run housing, technical assistance and clearinghouses, and multi-functional projects. Certainly, some (arguably most) of these are best understood as services, but is a "political action group" a service? If I, with other people like me, are managing our living situation ("user-run housing"), should this be considered a *service*? Why not consider it a *home*?

[124] Ibid, 23.

[125] Ibid, 22.

[126] Ibid, 23.

[127] It should also be noted that privileged over peer counselling were social and recreational activities, as well. In this sense, the OISC provided a *context* for socializing more than it provided the *service* of peer counselling.

[128] Ibid, 44.

[129] Ibid 22.

[130] Ibid, 49.

[131] Ibid, 66.

[132] Ibid.

[133] Ibid, 40.

[134] Ibid, 54.

[135] Silverman, in *Consumers as providers*, 131.

[136] Ibid, 135.

[137] Schell, "Mental Health Client Action Network," in *On our own, together*, 89.

[138] Ibid, 87. This first meeting almost certainly took place prior to 2000, likely in 1998 or 1999, as the COSP study was initiated in 1998. Unfortunately, however, the date of this meeting is not specified.

[139] Elkanich, Janine. 2005. "The Portland Coalition for the Psychiatrically Labeled: Portland, Maine," in *On Our Own, Together*, 101.

[140] Ibid, 102.

[141] Those efforts where newsletter production is noted consist of the following:
The Phoenix Project, Colorado (*A technical report*, 29)
Knowledge Empowers You (KEY) of Indianapolis, IN (Ibid, 30)
Portland Coalition for the Psychiatrically Labeled, Maine (Ibid, 34)
Self-Help Center, Missouri (Ibid, 37)
A Way to Better Living, New Hampshire, (Ibid, 42)
Mind Empowered, Inc., Oregon (Ibid, 51)
Friends Helping Friends, Tennessee (Ibid, 54)
Capital Clubhouse, Washington State (Ibid, 61)
The Wisconsin Network of Mental Health Consumers, Wisconsin (Ibid, 69).

[142] Ibid, 54.

[143] Ibid, 30.

[144] Ibid.

[145] Prout, in *Consumers as providers*: 151.

[146] Paynter, in *Consumers as providers*: 159.

[147] Ibid.

[148] See: Elkanich, in *On our own, together*, 94.

[149] Ibid.

[150] Ibid, 96.

[151] Van Tosh and del Vecchio, *A Technical report*, 27.

[152] Ibid, 28.

[153] Ibid.

[154] The authors also write, "Characteristics on the clients served by the other affiliate businesses are unavailable" (p. 27). Taken together, this statement, and the fact that few other details are given about the start-up businesses, indicate either incomplete reporting or, arguably, a portrayal which downplays the actual problematic events at most of the start-up businesses.

[155] Ibid, 29.

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[156] Ibid, 57.
[157] Ibid, 75.
[158] Ibid.
[159] Zinman, Sally. "Volunteer/trainee systems: self-help principles in practice," in *Reaching Across II*, 35.
[160] Zinman, Sally. 1994. "Volunteer/trainee systems: self-help principles in practice," in *Reaching Across II*, 36.
[161] Ibid.
[162] Harp, Howie T. 1994. "A crazy folks' guide to reasonable accommodation," in Harp, Howie T. and Sally Zinman, *Reaching across II: maintaining our roots/the challenge of growth*: 58. (49-58)
[163] *A technical report*, 34.
[164] Ibid, 49. (This statement is placed under the category, "Public Education, Advocacy, and Information Dissemination. Ibid.)
[165] Ibid, 66.
[166] Interestingly, it is not always clear in *A technical report* whether or not the advocacy efforts were undertaken by staff or by "members." As indicated in the previous section, the boundaries between formal staff and members were intentionally blurred in some projects. Direct statements about staff advocacy activities include: "A clearinghouse was developed, numerous public information and interagency presentations were made by project staff..." (*A technical report*, 49); "[T] the Executive Director [of the West Virginia Office of Consumer Affairs addressed the State Legislature..." (Ibid, 66); and the listing of a specific paid advocacy position at the Self-Help Center in Missouri, called the "Clearinghouse Manager/Director of Advocacy" (Ibid, 38).
[167] Ibid, 34.
[168] Ibid.
[169] Ibid, 66.
[170] *A technical report*, 73 (emphasis added). Other mutual support "provided" included "limited resources, employment, and peer counseling." Ibid.
[171] Ibid, 35.
[172] Ibid, 38.
[173] Ibid, 42. (Quoting an unnamed Evaluator without corresponding citation.)
[174] Ibid, 63.
[175] Heidorn, Peggy. "Establishing a drop-in center yields rewards – but pitfalls abound, self-help veterans report," *The Key*, Summer-Fall 1994: 13.
[176] Schell and Erwin [compilers], in *On our own, together*, 137-138.
[177] Morrison, Linda. 2005. *Talking back to psychiatry: the psychiatric consumer/survivor/ex-patient movement*. New York: Routledge, 2005: 33.
[178] *Your Choice* reports that keynote speaker Chris Sprowal, "a former consumer and President of the National Union of the Homeless," portrayed the struggle of the mad movement to that of the Biblical story of David and Goliath and "stated that he'd be ready to negotiate, once 'the man's foot is off my neck.'" See: "Alternatives '87: The consumer movement grows," *Your Choice*, Vol. 1, No. 2, Fall/Winter 1987: 1. (1, 6)
[179] Ibid, 6.
[180] Foner, Janet B. "Alternatives '88 conference: a success!" [Report from Janet B. Foner], *Dendron*, September 1988: 5.
[181] Ibid.
[182] Rogers, Joe. "At Alternatives '90, an organizer returns to grassroots of the movement," *Vision*, Vol. 2, No. 2, Fall 1990: 10.
[183] Rogers, Susan. "For this organizer, conference was challenging, inspiring – and wet," *Brainstorm*, Vol. 1, No. 2, Summer 1990: 6.
[184] Wolf, Rick. "Report from 'Alternatives '93'," *Network News*, Winter 1994: 2. Note that the arguably unwieldy expression "clients of mental health" is the entire expression here, rather than, for example, "clients of mental health services."
[185] Ibid.
[186] "Alternatives '98 a huge success," *NECN*, Spring-Summer 1998: 3.
[187] Ibid.
[188] *A technical report*, 10.

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[189] "Alternatives '98 a huge success," *NECN*, Spring-Summer 1998 3

[190] Rogers, Susan "For this organizer, conference was challenging, inspiring – and wet," *Brainstorm*, Vol 1, No 2, Summer 1990 2 It is unsettling to read that a proposal from Gayle Bluebird, who otherwise was such a tremendously active participant at Alternatives Conferences year after year organizing the talent shows and showcases at Alternatives, stated, according to a report in *Dendron*, "Every year there seem to be large numbers of people who are barely able to take care of themselves and wind up requiring care-taking and support from people who would rather be participating in other ways This year may have been the worst example Some may think it is an extension of 'day treatment' where they are told what to do " Bluebird's proposal, according to the report in *Dendron*, then states," It is important that we safeguard the conference against being a closed group or in any way becoming elitist ", but her first statement indicates, I would argue, elitist sentiments This statement seems quite unlike subsequent adamantly progressive efforts and statements on the part of Bluebird, some of which appear in the following chapter

[191] Bluebird, Gayle and Bonnie Jo Schell (eds) 2000 [with subsequent updates] *Reaching across with the arts a self-help manual for mental health consumers* [Publisher not clearly indicated, but publication states, "This publication is made possible with funds from the U S Department of Health & Human Services, Substance Abuse and Mental Health Services (SAMHSA), Center for Mental Health Services "] Retrieved on September 17, 2010 from http //www alteredstatesofthearts com/Reaching%20Across%20with%20the%20Arts pdf p [34 (unpaginated, pagination based on pdf)]

[192] Schell and Erwin, in *On our own, together*, 124

[193] Schell, in *On our own, together,* 74

[194] Brock, Jon 2000 "Putting Together a Magazine" [Introductory biographical statement], in *Reaching across with the arts*, [47 (unpaginated, pagination based on pdf)]

[195] Lees, Allison "David Granger and Gilberto Romero two consumers work to empower peers of color with caucus, conference," *The Key*, Fall-Winter 1993-1994 9

[196] Elkanich, in *On our own, together* 105

[197] See Chapter 6

[198] Morrison, *Talking back* 35-36

[199] Ibid, 85

[200] For example "Surviving as survivor activists in a conservative consumer activist state", "Electroconvulsive therapy or electroshock therapy – the great ECT hoax", and "From summer camp to psychiatric hospital ableism and psychiatric oppression " See "Alternatives '93 audio tapes available," *Network News*, Winter 1994 16 Other such workshops included "Freedom fighters survivors?", "How to successfully sue a psychiatrist a survivors [sic] view" (Ibid, 18)

[201] "Audio tapes available from National Empowerment Center," *Network News*, March 1995 7

[202] For example, 1993 listings include "Institute – supportive housing client-run models", "Employment of people with psychiatric disabilities in traditional mental health agencies", "Institute – consumer rights under the American With Disabilities Act (ADA)", "Consumer-run drop-in centers considerations and concerns", and "Public Relations Fighting stigma through the media " See "Alternatives '93 audio tapes available," *Network News*, Winter 1994 16 More examples include "Consumers as providers of mental health services who are we?", "The benefits of a consumer-operated job search program" (Ibid, 17) and "Institute – client-run drop-in centers a growing model" (Ibid, 18)

What appear likely to have been A/R-oriented workshops from 1994, based on their titles, include "Managed care in mental health/Jay Centifanti" and "'Pro-sumer' advocacy and support yields ideas and specific methods of non-traditional resources needs for community re-entry/L George Chapman and William Hartman " See "Audio tapes available from National Empowerment Center," *Network News*, March 1995 7 Other examples include "Mental health clients moving into mainstream political activism/John M Hood III", "consumers as leaders in the mental health system why there is a need for it/Del Stevens", and "Boardmanship – why, when, how, and who/Theresa Kathleen Simon " Ibid, 8

[203] This and previous two workshop titles All quoted workshops to this point in this paragraph "Alternatives '93 audio tapes available," *Network News*, Winter 1994 16

[204] Ibid, 17

[205] All workshops in this paragraph to this point "Audio tapes available from National Empowerment Center," *Network News*, March 1995 7

[206] Workshops listed after those referred to in the previous endnote, to this endnote Ibid, 8

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[207] Alternatives '96 program guide, [front cover]. This and all further references in this dissertation to this publication refer to a document provided courtesy of Linda Morrison.
[208] Alternatives '96 program guide, [Inside flap, left].
[209] Ibid, [unpaginated, 1].
[210] Titles included: Managed Care, Consumer/Survivor-Run Programs, Grant Writing, Board and Committee Activism, Public Relations, Quality Treatment Assurance, Stigma, and others., such as All titles on Alternatives '96 program guide: Ibid.
[211] For example: Coalition-Building, Fundraising, Organizing a Demonstration, and Electro-Convulsive Treatment (ECT). Ibid.
[212] For example: "HIV and AIDS Issues, Multi-Cultural Issues, and 12-Step Programs & Recovery. Ibid.
[213] Alternatives '99 program guide, [external flap, unpaginated]. This and all further references in this dissertation to this publication refer to a document provided courtesy of Linda Morrison.
[214] Alternatives '99 program guide, [internal flaps, unpaginated, centre and right].
[215] Alternatives '99 program guide, [internal flaps, unpaginated, right].
[216] Ibid.
[217] Alternatives '99 program guide, [internal flaps, unpaginated, centre].
[218] Ibid.
[219] Alternatives '99 program guide, [internal flaps, unpaginated, left].
[220] It is true that radicals also made important efforts to create alternative zones of practice. However, based on the evidence in *Dendron*, because in the vast majority of cases these efforts did not accept funding from government and/or mental health system sources were neither geographically-fixed nor (therefore) enduring. Further, as we have seen, the eschewing of funding led to a situation in which enduring, geographically-fixed sites of practice reported on in major articles in *Dendron* were private facilities, out of reach, economically-speaking, of mad people subsisting on low earned incomes or disability welfare income.

For some, undoubtedly, the movement itself, as a context, acted as an alternative form of supportive practice. On this account, it should be noted that Support Coalition International, while renamed, not only survived, but grew significantly during the 1990's. The organization merged with a closely related organization, Support Coalition Northwest, in 1999; in 2005, it was renamed MindFreedom International. As of 2011, this organization still exists. See also the following, retrieved on February 10, 2011: http://www.mindfreedom.org/kb/history/mf-timeline/

Notes to Chapter 11

[1] Bluebird, Gayle and Bonnie Jo Schell (eds). [2000]. *Reaching across with the arts: a self-help manual for mental health consumers*. [California Network of Mental Health Clients/Center for Mental Health Services of the U.S. Substance Abuse and Mental Health Services Administration]. from http://www.alteredstatesofthearts.com/Reaching%20Across%20with%20the%20Arts.pdf (Accessed on September 17, 2010).

(Henceforward in endnotes, I will refer to this publication as *RAA*).

The publication is, from references elsewhere and also within the text, clearly of late 1990s provenance, in many places clearly referring to events and organizations existing in the 1990's, and to some extent in the 1980's. However, the copy I was able to obtain on the website just referred to, is not dated, and there are certain explicit updates into the first decade of the 2000's. No specific publisher is noted, but clear reference to support from the "U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services (SAMHSA), Center for Mental Health Services" is mentioned on the front page, as well as on page [5].

Regarding pagination, unfortunately on the pdf copy available, only the following pages are numbered: pp. 1-2; pp. 46-63. Other pages are unpaginated and, in fact, do not conform with the pagination just mentioned. There are actually *more than* 63 pages in the document. Because of this, when actual numbering occurs in the document, I use the page number, itself; when actual numbering of pages is absent, the pages referred to are put in square brackets, basing the page numbering on that provided by the pdf reader.

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[2] Ibid, [8].
[3] Ibid.
[4] Ibid.
[5] Ibid, [8-9].
[6] Ibid, [9].
[7] Ibid, [12].
[8] Ibid, [13]. Moreover, the manual quotes French artist and art collector Jean Debuffet as rejecting the identification of a collection of five thousand pieces of mad people's art which he had amassed as "psychopathological." The manual quotes Debuffet as stating, "It is a deplorable fact...that once they [mad people] are declared by the physician to be different from the norm, nothing that they think, say, or produce can any longer be taken seriously. It is against this that we protest!" Ibid, [8].
[9] Ibid, [11-12].
[10] Ibid, [11].
[11] Ibid.
[12] Ibid. This evaluation, one could argue, may be influenced by the fact that this publication, itself, was funded by the government. However, it is important to note that *RAA*, as we have seen in the preceding discussion, and as we shall see in further discussion, was assertive in portraying mad people's participation in the arts not as "therapy" or "rehabilitation," (i.e., a "service discourse") but as artistic activity, per se. I would argue that this demonstrates that the publication was quite willing to take positions which were likely distinct from the perspectives of the funders of the publication.
[13] Ibid, [12].
[14] I discussed this company also in Chapter 10.
[15] See, for example, a reproduction of a watercolour by Pat Astoske. Ibid, [18]. Jan Anastasato describes Astoske's work as follows: "[Astoske's] works have been compared to Grandma Moses. She creates interesting sensitive scenes that involve people in everyday activities." Ibid. See also the photograph of a flower by Gilberto Romero. Ibid, 58.
[16] See, for example, the untitled piece by Tanya Temkin. Ibid, [10]; Jean Thompson's cartoon of a skeleton lying on a psychiatrist's couch, Ibid, [13].
[17] See, for example, Katy O'Malley-Hall's poem, "September Rain," Ibid, [42]; Shannon Flynn's combined drawing/poem, "This Is My Universe," Ibid, 43.
[18] Occasionally, this organization is also referred to as "Altered State [singular] of the Arts." However, it is apparent that the organization either always was "Altered States of the Arts," (but that *Dendron* occasionally published its name inaccurately) or that the organization eventually settled on "Altered States [plural] of the Arts." *RAA* clearly indicates that the organization used the latter name, though its journal was in the singular: *Altered State*. See: *RAA*, 2.
[19] Ibid, 2.
[20] Ibid, [34].
[21] Ibid.
[22] "The Support-In: a national human rights coalition open to the public!" *Dendron*, August 6, 1991: [19 – unpaginated].
[23] See endnote 18 for this chapter, above.
[24] Ibid.
[25] Arguably, this third point is not specifically a radical turn of phrase.
[26] Again, this does not mean that *Reaching Across with the Arts* was exclusively alternativist-reformist, but it does indicate the inclusion of A/R discourse and practice (the latter in terms of its willingness to accept CMHS funding).
[27] Bluebird, Gayle J. "Altered States of the Arts," [section of article attributed to Gayle J. Bluebird], *Dendron*, Spring, 1995: 4.
[28] Howie the Harp died in 1995.
[29] This and previous two quotations from: Bluebird, Gayle J. "Altered States of the Arts," [section of article attributed to Gayle J. Bluebird], *Dendron*, Spring 1995: 4.
[30] Foner, Janet. "Reclaiming power," *Dendron*, Summer 1994: 12.
[31] Foner, Janet. "Reclaiming power," *Dendron*, Summer 1996: 5.
[32] See, for example: "Support Coalition International" [sponsoring group listings], *Dendron*, Summer 2000: 62.

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[33] "Altered States of the Arts celebrates fourth year," *NECN*, Summer 1994: 4.

[34] Ibid.

[35] Ibid.

[36] "Altered States of the Arts creates 'Let Us Entertain You'," *NECN*, Winter 1994-1995: 12.

[37] Ibid.

[38] Greenspan, Beth. "Arts update: national and local creative networks launched," *Vision*, Vol. 5., No. 1, Summer 1993: 6.

[39] The first was a discussion of a particular issue of what was at that time called *Altered States' Art and Literature Journal* and also, more simply, *The Altered State*. "Showcases of mad creativity ready for distribution," *Network News*, Winter 1994: 8, 5 [sic]. The second was an advertisement for *The Altered State Journal* described as "a quarterly journal of the best graphics, poetry, and prose from a national network of survivor artists and performers." See: "The Altered State Journal" [advertisement], *Network News*, April 1995: 12.

[40] "Healing Through Expressive Arts Conference," *NECN*, Spring/Summer 1998: 16.

[41] Ibid.

[42] *RAA*, [9].

[43] Marquit, Frank. [2000]. "National Artists for Mental Health, Albany, NY," in *RAA*, [26].

[44] Ibid.

[45] Ibid, [27].

[46] "*Altered State...*" *Dendron*, Fall, 1993: 24. I found no further mention of the Creative Arts Consortium (CAC) in *Dendron*.

[47] Swift, Gabriella; Larson, Lu; Fyer, Jan; and John Hood. "Creative Arts Consortium in San Diego," *Network News*, Winter 1994: 8.

[48] Schell writes: CAC was an organized effort of a county case manager, Schizophrenics in Transition, the Alliance for the Mentally Ill, a family advocacy group, (SIT-AMI), community sponsors, and consumers interested in promoting the creative talents of mental health clients." Schell, Bonnie. [2000]. "Creative Arts Consortium," in *RAA*, [19].

[49] See the mention of grant funding in *Dendron* discussed above. Further (and likely a bit more accurately), Swift, et al., note a three-year grant of $180,000: "Our most exciting news is that we were awarded a three year $180K grant by the Center for Mental Health Services that is being administered by the California Department of Mental Health (CDMH)." Swift, et al., in *Network News*: 8-9.

[50] Ibid, [20].

[51] Swift, et al., in *Network News*, Winter 1994: 8.

[52] Schell, "Creative Arts Consortium": [20].

[53] Greenspan, Beth. "Arts update: national and local creative networks launched," *Vision*, Vol. 5, No.1, Summer 1993: 6.

[54] Schuster, Connie. "Artists for Recovery: a consumer-run arts organization," in *RAA*, [14].

[55] Ibid.

[56] Ibid.

[57] Ibid.

[58] Bluebird, Gayle. "Starting an art center" in [16].

[59] Anastasato, Jan [interviewee credited with this section]. "9Muses Art Center," in *RAA*, [17]. The authorship of this section is not made clear. On the one hand, a by-line indicates that Anastasato is the writer of this article; in a sidebar we are told that the content of these section is an interview with Anastasato; in the text the first-person clearly indicates the point of the view of the interviewer and actually quotes Anastasato. For convenience, I have credited the entire section, with these caveats, to Anastasato.

[60] Ibid, [18-19].

[61] Ibid, [19].

[62] Ibid, [18].

[63] Bluebird, Gayle. "Altered States of the Arts" in *RAA*, [34].

[64] Ibid.

[65] Rogers, Susan. "For this organizer, conference was challenging, inspiring – and wet," *Brainstorm*, Summer 1990: 6.

[66] Rogers, Susan. "Alternatives '94 celebrated the consumer/survivor family." *The Key*, Vol. 3, No. 3, Summer-Fall 1994: 12.

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[67] "Consumers tell their stories on new video," *The Key*, Vol. 1., No. 2, Summer 1993: 9.
[68] Wolf, Rick. "Report From 'Alternatives '93'," *Network News*, Winter 1994: 2.
[69] "Alternatives '98 a huge success," *NECN*, Spring-Summer 1998: 17.
[70] See Chapter 6.
[71] Foner, Janet. "Reclaiming power," *Dendron*, Summer 1994: 12.
[72] Ibid.
[73] Foner, Janet. "Reclaiming power," *Dendron*, Summer 1996: 5.
[74] Colson, Darlene. [Letter], *Dendron*, December, 1988: 8.
[75] Ibid.
[76] Foner, Janet. "Reclaiming power," *Dendron*, October 7, 1992: 11.
[77] Ibid.
[78] Foner, Janet. "Reclaiming power," *Dendron*, Summer 1996: 5. Undoubtedly, based on the fact that this article was written in *Dendron* and that earlier in the article Foner referred to the Support Coalition, "SCI" stood for Support Coalition International.
[79] Foner, Janet. "Support-In '92," *Dendron*, October 7, 1992: 4.
[80] Williams, SJ. [2000]. "The Second-Step Players," in *RAA*, [21].
[81] Ibid.
[82] Ibid.
[83] Ibid.
[84] Ibid.
[85] Ibid.
[86] Ibid, 23.
[87] DeSantis, Nick. "Second Step Players spoof mental illness and the system," *Vision*, Vol. 5., No. 1, Summer 1993: 6.
[88] Ibid.
[89] See: "Annual membership meeting and Public Day," *Network News*, Vol. 2, No. 1: 1; "Players," *Network News*, Vol. 2, No. 2 [n.d., but late 1986]: 4.
[90] Ibid.
[91] "National notes: New Jersey," *Your Choice*, Vol. 1, No. 3: 4. I base the assumption that the troupe was from New Jersey due to the statement that the troupe received a "Program Award" from the New Jersey State Community Mental Health Board.
[92] Ibid. (See also explanation in previous endnote.)
[93] "Annual membership meeting and Public Day," *Network News*, Vol. 2, No. 1: 1; "Players," *Network News*, Vol. 2, No. 2 [n.d., but late 1986]:4.
[94] This group may have been, or have been affiliated, with the *Invisible Village* troupe mentioned above, but this is not stated in this article.
[95] "Grassroots report: Allegheny County," *Vision*, Vol. 4, No. 1: Winter 1992: 2 (quoting Art Leibowitz).
[96] Unfortunately, despite requests, I was unable to obtain any copies of the technical assistance manuals from the 1980's and 1990's. However, the promotional section, "Clearinghouse and consumer library: help for self-help groups," *YC*, Vol. 1, No. 2 (p. 7) from 1987 contains a listing of literature provided by the Clearinghouse on a wide range of topics. Considering that the read was charged "forty cents ($.40) for Xeroxing and postage for each subject requested," it is likely that these were short pamphlets. Approximately 70 different topics were listed.

While no copy of *The Key* I was able to obtain gave a full listing of such publications, the Fall-Winter 1993-1994 edition of *The Key* indicated the publication of three new "manuals" in 1994. These were "The Empowerment Manual," "The Crisis and Support Manual," and the "Alive in the '90's: Keeping your Consumer/Survivor/Client-Run Projects Funded and Running Well" manual. "Clearinghouse to offer new manuals in 1994," *The Key*, Fall-Winter 1994: 18.

The NMHCSHC did send me its *Technical Assistance Catalog* for 2010, but this was well outside of my date range, and I therefore excluded it from consideration.

[97] Please see Appendix D for a list of other newsletter publications mentioned in *Dendron*, my estimation of the discursive orientation of those publications, and my methodology making those estimations.
[98] See: [Masthead], *Dendron*, Summer, 1994: 2; [Masthead], *Dendron*, Summer, 1996: 2; [Masthead], *Dendron*, Winter, 1997/1998: 2. (However, estimates of "readership" in these three issues was 15,000.)
[99] [Masthead], *Dendron*, Winter, 1998/1999: 2. (However, the estimate of "readership" in this issue was

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"more than 20,000 ")

[100] As the paper developed, this actually became a subsection of the "Resources," and then the "Resourcery" section

[101] More important, however, than the frustrations of an individual researcher is the fact that the actual and potential perpetual loss of these publications is historically tragic Academic libraries privilege the preservation of scholarly publications and generally show little or no interest in preserving the publications of grassroots non-academic groups Based on my experiences researching the many groups I did in order to prepare for my main focus on mad people, I can say that truly vast amounts of history from the 1960's to the 1990's are being lost These decades constitute a "golden age" of independent, grassroots publications

[102] Moreover, I found no mentions of any of the SEPA papers in *Dendron*

[103] "National notes Arkansas," *Your Choice*, Vol 1, No 2 3

[104] "National notes Delaware," *Your Choice*, Vol 1, No 2 3

[105] "National notes "New Jersey," *Your Choice*, Vol 1, No 3 4

[106] I discussed these publications in Chapter 10 Also in *Vision*'s "Grassroots reports," I found mention of a newsletter published in Dauphin County, which contains the state capital, Harrisburg Rogers, Susan "Grassroots Reports," Winter 1992 2

[107] Rogers, Susan "Grassroots report Dauphin County," *Vision*, Fall-Winter 1992 2 The article also states that *Whole Mind* was published by and organization or agency called "PACT," otherwise unidentified

[108] Rogers, Susan "Grassroots Report Bucks County," *Vision*, Fall-Winter 1992 2

[109] Kime, David 2000 "Transcendent Visions," in *RAA*, [44]

[110] Ibid

[111] Ibid

[112] Except, obviously, to "artistic geniuses," themselves – and only then if, in fact, this plurality can be considered as a "group "

[113] See, for example Schell, Bonnie 2000 "Conducting writing groups," in *RAA*, 39-42

[114] "Sanism" and "mentalism" are defined in the following way in *Reaching Across* "Sanism/mentalism A prejudiced attitude characterized by beliefs in the stereotypes that people who are psychiatrically labeled are somehow inferior, unpredictable, commonly emotionally irrational, irrationally violent, and generally incapable of making prudent, reasonable decisions for themselves " *Reaching Across*, 201

[115] Author(s) unidentified, *RAA*, [11]

[116] Ibid

[117] Batey, Sheila K "To Wild Roses," *Dendron*, May, 1988 [10 – unpaginated], Bodo, Murray "Mental Ward," [reprinted from *Sing Pilgrimage and Exile* (no further information)], *Dendron*, June 1988 [10 – unpaginated], Irick, Patrick J "Neural Pathways," *Dendron*, October, 1988 8, MacDougal, Brock "Psycho-Spasms," [read at Alternatives '88], *Dendron*, September, 1988 12, Schwartz, Carolyn "You and I," *Dendron*, April 16, 1989 10, Holden, Madronna "Crazy Woman Talks to the Moon," *Dendron* January 11, 1990 [20 – unpaginated], Erickson, Elaine "Madwoman," [reprinted from Erickson, Elaine *Solo Drive* No further printing information], *Dendron*, October 7, 1992 20, Leibowitz, Art "Riding the Lightning," *Dendron*, Fall, 1993 13

[118] [Caption to picture of Bonnie Schell] *Dendron*, Summer 1994 10

[119] MacDougal, Brock "Psycho-Spasms," [read at Alternatives '88], *Dendron*, September, 1988 12

[120] Leibowitz, Art "Riding the Lightning," *Dendron*, Fall, 1993 13 It should be noted that this poem was submitted to be read at a yearly candlelight vigil, sponsored by the Pennsylvania Alliance for the Mentally Ill and the Mental Health Association, according to an accompanying article However, the committee which reviewed submissions, according to the article, "felt that an anti-shock poem was too controversial and portrayed doctors in a bad light It was censored " Leibowitz therefore announced at the end of the ceremony that the poem had been censored and invited attendees to walk outside from the vigil, where, on the steps, he read this poem Leibowitz, Art "Psychiatric survivor poet censored in Pittsburgh " *Dendron* Fall 1998 13

[121] Bodo, Murray "Mental Ward," [reprinted from *Sing Pilgrimage and Exile* (no further information)], *Dendron*, June 1988 [10 – unpaginated]

[122] Ibid

[123] Schwartz, Carolyn "You and I," *Dendron*, April 26, 1989 10

[124] Erickson, Elaine "Madwoman," [reprinted from Erickson, Elaine *Solo Drive* No further publisher information], *Dendron*, October 7, 1992 20 In an accompanying sidebar, a statement quotes Erickson

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regarding the book of poems, *Solo Drive*, in which this poem appears. Erickson writes, "This book of poems is about a descent into sorrow..." Ibid.

[125] Batey, Sheila K. "To Wild Roses," *Dendron*, May, 1988: [10 – unpaginated].

[126] Ibid.

[127] Schell, Bonnie (author and editor). "Poetic justice," *Dendron*, Summer, 1994: 10.

[128] This is not to devalue the achievements of individual poets and artists. Certainly, the writing of a powerful poem by an individual is an artistic achievement by that person. On the other hand, as is so common in American culture, individualist understandings of production (artistic or otherwise) persistently trump social, collective, and contextual considerations of the same.

[129] Schell, Bonnie (author and editor). "Poetic justice," *Dendron*, Summer, 1994: 10.

[130] Schell, Bonnie (author and editor). "Poetic justice," *Dendron*, Spring 1995: 10.

[131] Ibid.

[132] Dobbie, Joan. "'Nature Promotes Fantasy': in memory of Opal Whiteley (1897-1992)," *Dendron*, Spring 1994: 10.

[133] Ibid. In my view, one should not by any means necessarily associate being blind, or fat, or in a wheelchair with restriction or a sense of imprisonment. Nevertheless, Dobbie, I believe, uses these images to convey the sense of a woman who, having made use of her senses and her mobility to travel the world during a historical period when the lack of accommodations for blindness and for wheelchair users would almost certainly have prevented such travels, found herself sequestered in a psychiatric institution for nearly a half a century.

[134] Ibid, 11.

[135] Schell, Bonnie (author and editor). "Poetic justice: madhouse distribution centers at the end of the world," *Dendron*, Summer 1996: 10.

[136] Ibid.

[137] Poole, Sue. "Grocery Store Choices" [selected material] in Schell, Bonnie (ed). "Poetic justice: madhouse distribution centers at the end of the world," *Dendron*, Summer, 1996: 10.

[138] Ibid.

[139] Ibid.

[140] Schell, Bonnie (author and editor). "Poetic justice," *Dendron*, Winter 1997-1998: 30, 31. This "Poetic Justice" section is wryly subtitled, "Poets found guilty of 'oppositional defiance' & laughing."

[141] Schell, Bonnie (author and editor). "Poetic justice," *Dendron*, Winter, 1998-1999: 30, 31.

[142] This may, in fact, have again to do with Bonnie Schell, who lived in California and states in *Reaching Across with the Arts* that her local activist group in Santa Cruz was, in fact, responsible for the publishing of "*CalNet Gazette*." Here, it is unclear if she is referring to the same newsletter which I have called *Network News*. I am confused on this account because the masthead of the newsletters I read clearly states "California Network of Mental Health Clients NETWORK NEWS," and these newsletters do often contain poetry. On the other hand, this publication was apparently superseded by a publication whose masthead reads, "Cal Net Gazette: A Newsletter of the California Network of Mental Health Clients." I happen to have been able to gain access to two issues of Cal Net Gazette, which, based on the numbering, indicate that Cal Net Gazette was founded in 1997. In reference to the Cal Net Gazette, Schell writes that her group "always includ[es] poetry with the news," (Schell, Bonnie. "Conducting Writing Groups," in *RAA*, [39]); but, at least in the issues of Cal Net Gazette which I was able to study, there was, in fact, no poetry at all (Vol. 1, No.3; Vol. 1, No. 4). Up to the 1990 issue of *Network News*, Schell is not mentioned in the editorial or contributor credits; she is mentioned in the Spring 1992 edition; again not in the Summer 1993 edition; then not again until Spring 1994; then in no subsequent editions which I was able to study. This and all further references in this dissertation to *Cal Net Gazette*, published by the California Network of Mental Health Clients, refer to issues of a publication provided courtesy of Linda Morrison.

Nevertheless, whether or not Schell was involved in selecting or editing the poetry found in *Network News*, there is no question that someone involved with the paper took some interest in poetry.

[143] Hasher, Richard. "A Noon Since Thing," *Network News*, Vol. 2, No. 2 [n.d., but late 1986]: 3.

[144] Carol-Lee. "Self," *Network News*, Vol. 2, No. 4, Winter 1987: 5.

[145] Winterbourne, Nigel F. "To Some That Love," *Network News*, Vol. 2, No. 4: Summer 1989: 9.

[146] Briggs, Karen Nelson. "Morning," March 1995: 15. See also: Morion, Suzi Lilith. "Wishes," *Network News*, Spring 1994: 7.

[147] See: Cassidy, Rob. "I Haven't Lost It," *Network News*, Vol. 2, No. 2 [n.d., but late 1986]: 3; Sommer,

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Dobby. "In Need," *Network News*, Summer 1992: 8; Sommer, Dobby. "Open and Honest," *Network News*, Summer 1992: 8.

[148] See: Freeze, DyAnne Amy. [Untitled poem], *Network News*, Vol.2, No.5, Summer 1987: 9.

[149] See: Sommer, Dobby. "the sky is neither blue nor gray," *Network News*, Summer 1992: 9.; Sommer, Dobby. "satori birdseed," *Network News*, Summer 1992: 9; Buchan, Roby. "Oh star, shining bright" [untitled], *Network News*, Winter 1994: 6; Buchan, Roby. "In the morning dew, the doe stood under the tree," [untitled], Winter 1994: 7; Home, Wendy. "Rain Walk," *Network News*, April 1995: 10.

[150] Faith, Hannah. "Purr of Two," *Network News*, Spring 1994: 6.

[151] Morion, Suzi Lilith. "Oasis," *Network News*, Spring 1994: 6. This poem has a number of themes, including self, home, and longing for love.

[152] Briggs, Karen Nelson. "The Value of Noise," *Network News*, March 1995: 16.

[153] Cassidy, Rob. "Seabreeze, Come And Stay," *Network News*, Vol. 2, No. 2 [n.d., but late 1986]: 3.

[154] Hasher, Cathy King. "Hanging in the Balance" *Network News*, Vol. 2, No. 5, Summer 1989: 7.

[155] Carol-Lee. "A Medley In Flight," *Network News*, Vol. 2, No. 5, Summer 1989: 8.

[156] Hood, John M. "To My Parents." *Network News*: April 1995: 13.

[157] I found only a single poem in the issues of *NEC Newsletter* to which I had access. In Rachel Segovia's "I became invisible once again," the narrating voice describes what appears to be the difficulty in gaining access to emergency services. She reminds herself again and again to "be patient," throughout the poem, concluding with the statement "have got to be *a* patient..../............even if it kills me.........", suggesting perhaps that relying on services may itself be deadly or, alternatively, that being in the *position* of dependency may be fatal. Segovia, Rachel. "I became invisible once again," *NECN*, Summer 1996: 5 (emphasis added).

[158] In fact, not a single poem appears in any issue of *The Key* or *Vision* newsletters I studied, except for the Spring 1997 edition of *Vision*, which contained one poem, a blend of spiritual and political concerns written as a call to "Talented Wounded People." Patterson, Lenora D. "Talented Wounded People," *Vision*, Spring 1997: 11.

[159] This is not to say that all poems published in these newsletters express hope or the idea or experience of recovery. Some express two recurring themes of mad poetry: oppression on the psychiatric ward and at the receiving end of psychiatric "treatments" such as electroshock, painful experiences of madness, and the insights that can come from mad experiences. In "Freedom," for example, Martha B. West writes, "You will be reduced to wearing a hospital dress/that says 'psycho.'/You will give your underwear to the nurse." West, Martha B. "Freedom," *Your Choice*, Vol.1, No.2: 5. Beth Greenspan challenges the conformity of professionals: "They, who come from schools/Of predestined thinking/Have goal planning/Mapped across their desks..." Greenspan, Beth. "Midnight Rain on the Sahara," *Your Choice*, Vol. 1, No. 2: Fall/Winter 1987: 5. Yet, she again reveals the pain of some experiences of madness in such statements as "In the morning/spiked with heat and sunlight/I jump to my blistered feet," (Ibid), and the evocative line, "Day crawls on ant legs –" (Ibid).

[160] All previous quotations in this paragraph from: Minggia, Denise. "Recovery," *Your Choice*, Vol. 1, No. 2: Fall/Winter 1987: 5.

[161] del Vecchio, Gloria. "In The Pines," *Your Choice*, Vol. 1, No. 3: Spring/Summer 1998: 9.

[162] This is a count that excludes repeat mentions of the same item and lists of productions within advertisements. A list of these if found in Appendix D. Note also the mention of two slide shows available from *Dendron* in 1992. See: "Mad movement media growing," *Dendron*, October 7, 1992: 4.

[163] "Resourcery" ["Videos" section], *Dendron*, Fall 1993: 25.

[164] "Resources" ["Audiotapes" section], *Dendron*, May 1, 1992: 20; "Resourcery" ["Audiotapes" section], *Dendron*, Fall 1993: 25.

[165] The single mention I found of a self-help video is a paragraph-long review a videotape, "based on a workbook by [Mary Ellen] Copeland," also the author of *The Depression Workbook*. See: "Coping with depression..." [Videos section], *Dendron*, Summer 1994: 17. While political videos could themselves have been seen as a form of "self-help" by more politically-oriented activists, here I am referring specifically to that genre which emphasizes what individuals (hence, *self*-help) can do to promote their own growth and to cope with their own unpleasant emotional and mental experiences. It would seem, by the use of the word "coping," that Copeland's video fits within this genre. One problem here is that "self-help," like other terms such as "empowerment," "mental health," and "stigma," among others, have been used various ways. See, for example, my discussion of the use of the term by Kaufmann, on the one hand, and Shelton and

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Rissmeyer, on the other, in the section on "scholarly" literature in Chapter 10.

[166] One wonders, for example, if there were mad videographers (as well as playwrights, novelists, etc.) who have gone unrepresented in both radical and A/R publications because of the fact that both wings privileged pragmatism (albeit often directed, as I have argued throughout the preceding chapters, in divergent directions). Poetry seems to be the one prevalent artistic expression in *Dendron* and CNMHC's *Network News* (if less so in other A/R publications) that expressed a variety of views (radical, reformist, and a combination of these) and yet remained fundamentally a form of artistic expression.

[167] "'Bronze Apple' awarded by the National Educational Film Festival for the production of 'People Say I'm Crazy'," *Network News*, Vol. 2, No. 5, Summer 1989: 5.

[168] Ibid.

[169] Campbell, Jean [compiler]. [2005]. *Emerging research base of peer-run support programs*. Accessed on November 29, 2010 from the URL: http://www.power2u.org/emerging_research_base.html (Lawrence, MA: National Empowerment Center.)

[170] "Recovery as a Journey of the Heart" [Advertisement], *NECN*, Summer 1996: 13.

[171] "Recovery is for everyone" [Advertisement], Ibid.

[172] "A Self-Managed Care," [Advertisement], *NECN*, Fall/Winter 1995-1996: 9.

[173] "Consumers tell their stories on video," *The Key*, Vol. 1, No. 2, Summer 1993: 9. I assume this is a reference to Rainbow Video and to Altered States of the Arts. This may have been a one-time joint effort of two separate organizations; nowhere else did I find an indication of an ongoing relationship between Rainbow Video and Altered States of the Arts. I discuss Rainbow Video below.

[174] Ibid.

[175] Ibid.

[176] See: Rogers, Susan. "Staff recruitment is key task for growing self-help services," *The Key*. Vol. 2, No. 3, Summer-Fall 1994: 1, 6.

[177] "White Light seeks support," *The Key*, Vol. 2, No. 3, Summer-Fall 1994: 9.

[178] Ibid.

[179] "...White Light was unable to generate confirmed funding and was forced to cease operations." *A technical report*, 60.

[180] Ibid, 56.

[181] Ibid.

[182] Ibid, 57.

[183] Ibid, 58.

[184] This advertisement appeared in Summer 1994.

[185] "Rainbow Video, Music & Performing Arts" [advertisement], *Dendron*, Summer 1994: 16. The following list of videotape topics available appeared in a bulleted list in the advertisement; I have adapted the list for formatting purposes: "History of the consumer/survivor movement...with Judi Chamberlin"; "Alternatives '92 Talent Show of consumer/survivors, Phila."; "Into the light from out of the darkness: performance art piece music & poetry...with Lee Henriques"; "Consumer empowerment and recovery...with Pat Deegan"; "Office of Consumer and Expatient Relations"; "The Movement at 20...with David Oaks, Wash., D.C. '92"; and "Human rights Mass. DMH core curriculum."

It is interesting to note that this list includes a variety of videos. Without viewing these videos, only speculation can be made as to their content. Nevertheless, based on their titles, it would appear that some of these were radical in orientation, such as "The Movement at 20...with David Oaks, Wash., D.C. '92"; some of which were artistic, such as "Into the Light from Out of the Darkness..."; and some of which likely were alternativist-reformist in orientation, such as "Human Rights Mass. DMH Core Curriculum." (My supposition is that "DMH" refers to "Department of Mental Health.")

[186] Moran, Mary. "MC Video Productions," in *RAA*, 51.

[187] Ibid.

[188] Ibid.

[189] Ibid, 52.

[190] For example, some African American music historically has blended religious and liberation themes or has used the pop idiom to make political statements. Both drag, on the one hand, and the women's music scene, on the other, have been used to deliver entertainment and, at times, political messages among gay men, lesbians, and trans people.

[191] [From caption to Jeannie Matulis' song, "How We Love Howie,"] *RAA*, [4].

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[192] "In memorium [sic]: Morgan Firestar," *Dendron*, Summer 1996: 21.

[193] Compton, Bill. "News from the South." *Cal Net Gazette*, Vol. 1, No. 3, Fall 1997: [8 – back cover]. Strictly speaking, this was not one of the publications I studied (my California-based paper was *Network News*), but I did happen to come across this intriguing mention, which included the intriguing reference not to a "client" or "consumer" band, but a "mental health" band.

[194] Rogers, Susan. "For the organizer, conference was challenging, inspiring – and wet," *Brainstorm*, Vol. 1, No. 2, Summer 1990: 6.

[195] "Consumer Choir forms in Philadelphia," *Vision*, Spring 1997: 6.

Notes to Conclusion to Dissertation

[1] Discussions of non-industrialized societies, such as Barth's "Introduction" to the book *Ethnic groups and boundaries*, indicate the possibility of a non- or less-hierarchical set of relations among groups grounded in the "ecology" of interdependent economic niches. See: Barth: 16-21, 25-26. Discussion of this form of ethnicity (here, on the basis of mutual othering of groups) is important. However, the focus of this dissertation has been on the process of ethnicity as it occurs in stratified, industrialized states – in particular, in the United States where ethnicity not only implies otherness, but also relations of domination and subordination and the marginalized status which inheres in subordination.

[2] It is no doubt true that the terms "radical" and "reformist" also have "baggage" of their own. At the same time, needing to describe the major wings of the movement, I was obliged to choose terminology. My explicit intention in using these terms has been to avoid using the terms "consumer" and "survivor" as if the former inevitably meant "alternativist" and/or "reformist," and as if the latter were the exclusive province of radicals. It is my hope that this dissertation has shown, in the many chapters which precede this conclusion, precisely why it is accurate to call one tendency of the movement "alternativist-reformist" and the other "radical." (Moreover, as I have noted, historically the early radical mad activists did not customarily describe themselves as "survivors" but instead as "inmates," "ex-inmates," "patients," and/or "ex-patients.")

[3] This is an English gloss of a ASL term current among Deaf Americans used to refer to what some might also call the "Deaf community." See: Lane et al., ix.

[4] Here, again, I must note the limitations of my methodology. While *Dendron* was arguably the most prominent publication of the radical wing of the mad movement from the late 1980's until the end of the 1990's, this does not mean that it represented the views or actions of each and every radical. As such, I hope that subsequent researchers will have the opportunity to locate and use a wide selection of documents, the possibility and likelihood of which can be increased if organizations such as, but not limited to, the Psychiatric Survivor Archives of Toronto are supported by the donations of documents. Academic libraries, too, would do well to realize the crucial historical value of the publications not only of the mad movement, but of so many other social movements.

[5] It should be noted that from 2000 forward, Bastille Day was reclaimed in the form of Mad Pride Events annually on or about July 14. The Summer 2000 issue of *Dendron* reports, "Mad Pride [a UK group] has joined with SCI to issue a joint invitation to the whole world to participate in International Mad Pride Week...Inspired by other movement's [sic] holding 'pride' events, this week is set aside to celebrate psychiatric survivors liberation." See: "Mad pride: part of the maladjusted minority? Celebrate International Mad Pride Week, July 8 to 15, 2000," *Dendron*, Summer 2000: 28. MindFreedom International, the successor to Support Coalition International (see Chapter 10, endnote 220) maintains a record of a number of these documents. See, for example: "Mad Pride 2004," *MindFreedom International* website. Retrieved from http://www.mindfreedom.org/kb/mad-pride-event-archive/Mad%20Pride%202004/ on April 7, 2011. A document whose contents indicate that it was originally published in 2006 reads, "Mad Pride may be celebrated anytime but is most often observed in the month of July, usually on or around July 14, Bastille Day." See: "Mad Pride FAQs," *MindFreedom International* website. Retrieved from http://www.mindfreedom.org/campaign/madpride/other-info/frequently-asked-questions/MP%20FAQs/ on April 7, 2011. Finally, see "MindFreedom's report on Mad Pride 2009 events," *MindFreedom International* website. Retrieved from http://www.mindfreedom.org/campaign/madpride/events/2009-events/madpride-09/ on April 7, 2011.

[6] The same is true of the term "ex-patient" found in the triad "c/s/x" – again, an acronym for

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"consumer/survivor/ex-patient (or ex-inmate) "

[7] Everett, 142 (quoting interviewee Sue Goodwin)

[8] It would appear that the term "consumer," during the period considered in this dissertation, was less often used in Canada, while use of the terms "consumer/survivor" and "survivor" was more frequent This is certainly indicated by most of Everett's interviewees who were likely interviewed in the late 1990's, considering that her book was published in 2000 In the American literature which I have examined, the term used most often in A/R publications of the mid-late 1980's and 1990's was "consumer" (or, in California, "client") Upon occasion, the term "consumer/survivor" or "c/s/x" (consumer/survivor/ex-patient [or ex-inmate]) was also used By contrast, the term survivor began to appear in *Madness Network News* as early as 1983 See "Psychiatric survivors testify," *MNN*, Winter 1983-1984 4, 5, 6

In *Dendron*, "survivor" is by far the most frequently used term, "consumer" usually appears only in such contexts as the names of organizations or publications which include that word An interesting example of the radical view of the term "consumer" is expressed in a short article reporting on a publication entitled *Consumer Connection* According to the article, this publication "rocks oppression like a sharp piece of granite " The article's title is "Fire in the belly of this 'consumer' newsletter," the scare quotation marks arguably indicating that readers (of *Dendron*, at least) might expect the contents of a consumer newsletter to be intentionally less controversial

Also interesting, and perhaps portending changes in the new millennium, is the cover of the first issue of *Dendron* produced after the turn of the century The headline of this cover reads, "Mad pride! the psychiatric survivors' movement turns 30!" The term psychiatric survivor appears here, but so, too, does the word "mad " See "Mad pride! the psychiatric survivors' movement turns thirty " *Dendron*, Summer 2000 [Front cover title]

[9] Moreover, the term "consumer/survivor" indicates an unsettled situation of compromise (Some might argue, as well, that the prevalence of this construction in comparison to the construction, "survivor/consumer," considering both the ordering of the words and the direction of the slant-mark, is an indication of who, at least in the 1990's, was seen to be, or was presented as, "on top" in this discursive contest)

[10] See, for example Raphael, Dennis 2006 "Social determinants of health an overview," in Dennis Raphael, Toba Bryant, and Marcia Rioux (eds) *Staying alive critical perspectives on health, illness, and health care* Toronto Canadian Scholars' Press

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