

NOTHING RADICAL ABOUT COMMON SENSE

Book Review: Resistance Matters: The Radical View of an Antipsychiatry Activist by Eugène LeBlanc

*There is no such thing as the ‘voiceless’.
There are only the deliberately silenced and the preferably unheard.*
(Arundhati Roy)

Resistance Matters! I wonder if New Brunswick would have their 27 peer-led activity centres if there had not been any resistance coming from those of us labelled as “psychiatric patients”. And I also mull over the fact if after 33 years, this publication would still exist if resistance did not matter? To what degree, would our present capacity exist if there had not been any *struggle, opposition, confrontation* and a *stubborn refusal to surrender* to powers whose first loyalty is to our formal mental health system?

Don Weitz’s 193-page book with full references (i): RESISTANCE MATTERS: The Radical Vision of an Antipsychiatry Activist speaks to the substance behind such determinants of willpower and resolve. As I read through Weitz’s compendium of activism spanning over 40 years, I could not help from asking myself a recurring question: what is so radical about what is espoused in this book? I can personally relate, from first hand encounters, on some of his views while some of his other opinions have been told or written to me by other parties. And from people, whom I wish to emphasize, have too often met dismal trajectories in their quest for better *mental health*.

Do we dare consider that this so-called “radicalism” is merely branded as such by owners of our psychiatric system; thus boxing in Weitz’s argument as a threat to their status quo? Labelling the other, as “dangerous” or “radical” can shield us in dealing with serious flaws in our own approaches and belief system.

The author is a legendary figure among psychiatric survivors and dissident professionals. For several decades, he has been a leading figure in Canada battling against psychiatric oppression, and against many other societal injustices. RESISTANCE MATTERS vividly captures his activist life and the lives of his fellow warriors. (ii)

Space does not allow a thorough review on everything that I found pertinent, but in honoring Weitz’s fought battles – it is imperative for me to share with the reader some of his writings crossing more than four decades - words which brings compatibility to my experiences and others whom I have known throughout the years.

We should not be so arrogant, and rather calculate that one’s entry into the “mental health system” and eventually becoming a long term “psychiatric patient” is always a *party!* But where do we speak out; where do we denounce; where do we advocate? Many times, we are not believed! Properly packaged, writing and publishing is one of our best strategies.

Five themes came to my mind as I read through his work. They are: **1) Disgust; 2) Labelling; 3) Abused and neglected: New Brunswick’s Ashley Smith; 4) Envisioning better; 5) Conclusion.** By these sections, I share with you some of RESITANCE MATTERS:

DISGUST

Never once did I believe that I was “mentally ill” or “schizophrenic” – labels the Harvard-trained McLean psychiatrists gave me, and of which they informed my parents, but not me. Incompetent and unethical, they ignored the reality of my personal life crisis, fraudulently medicalizing it as “schizophrenic reaction, acute, undifferentiated.” (P.14)

I am convinced that psychiatry and the “mental health system” must be abolished and replaced with non-coercive, non-medical, community-based, humane alternatives controlled by psychiatric survivors and our allies. I use the term “psychiatric survivor” because I totally reject such terms as “mental health consumer” and “psychiatric patient,” which only serve to sanitize injustice and oppression. (P.14)

The flip side of “mental illness” is “mental health” – another fraudulent idea disseminated by the corporate media and by health professionals and government-funded organizations like the APA and, here in Canada, the Canadian Mental Health Association and the Canadian Commission on Mental Health. The concept of “mental health” is used as a justification for psychiatry. As Szasz and many other critics assert, if there is no mental illness to cure or treat, there can be no mental health. Well-being and emotional balance – like spiritual crises and extreme states – simply do not belong in the realm of medicine. (P.21-22)

Before they can call themselves doctors, all aspiring physicians must take the Hippocratic Oath: First, do no harm.... Here are just a few of the many physical harms “antipsychotic” drugs can cause: muscle stiffness and pain; dizziness; dehydration; life-threatening intestinal disorders; sexual dysfunction; gynecomastia (men growing womanly breasts); blood vessel hemorrhage; osteoporosis; diabetes...obesity; and many neurological disorders, including tardive dyskinesia (a painful disease characterized by constant involuntary movement of various parts of your body)... and neuroleptic malignant syndrome...cognitive and memory problems, anxiety, panic and “paranoia.” ...Then there is the horror of “withdrawal psychosis” – a surge of unusual thoughts, emotions and behaviour triggered by coming off the drugs too rapidly – which is then blamed on the underlying “disease” and used as a pretext for more drugging. Sudden death is also listed as a possible “adverse effect” of neuroleptics; and decreased life expectancy is a known effect of long-term use of these and other psychiatric drugs. (P.22)

We need to publicly challenge psychiatrists, psychologists, social workers, researchers and reporters whenever they use unscientific, stigmatizing and self-serving labels like “mental illness,” “mental health,” “schizophrenia,” “personality disorder,” “bipolar disorder” and “ADHD.” ...we should...demand that psychiatrists produce scientific evidence proving a biological cause. We should insist that they stop spreading their fraudulent ideology. We should expose their lies about the safety and efficacy of psychiatric “medications” and of “therapeutic” ECT induced seizures. (P.24)

LABELS

Call Me “Antipsychiatry Activist” –Not “Consumer” (P.28)

The labels “mental health consumer” and “consumer/survivor” are misleading and insulting to the many of us who have suffered the traumas of psychiatric abuse: the degradation; the forced drugging; the electroshock; the physical restraints; the despair and disability caused by psychiatric “treatment”; the injustice of involuntary committal; the torturous cruelty of solitary confinement (“seclusion”); and so many other violations of our human rights. (P.29)

The people I have known who call themselves “mental health consumers” are those who accept psychiatry’s medical model; they believe that the “mental health” system is essentially sound, and just needs reforms, to make it kinder and gentler. But an actual consumer is someone who has real choices in the marketplace. In the psychiatric system, you have no choice—especially if you’re an Indigenous person, a homeless person, a poor person, a woman, a child, an adolescent, an elderly person, a person with physical disabilities, a new immigrant or refugee, or a person who is not white or doesn’t speak English. (P.29)

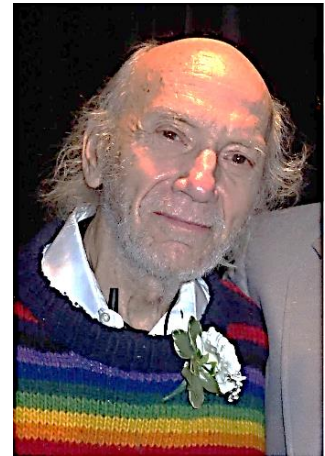
It's time to stop using psychiatry's stigmatizing labels; to stop parroting the "mental illness" line and other psychobabble. Let's start using plain, everyday language in talking about our personal problems. Let's reclaim our identity by using our own words. Let's acknowledge the reality of poverty, fear, stress, oppression, abuse and crisis in people's lives. We deserve personal dignity. We deserve respect. We deserve to be treated as human beings – not as labels, cases or statistics (P.29)

ABUSED AND NEGLECTED: NEW BRUNSWICK'S ASHLEY SMITH (iii)

The author devotes seven pages summarizing *the ordeal of hell* that a Moncton resident went through during her short 19 years of life. The entire debacle speaks to a systemic failure to LISTEN and embark on TRUE CARE approaches rather than whipping up abuse and neglect as a means to subdue and quiet down. Although this occurred over a decade ago, reports have since surfaced that such abuse is still going on in our prisons. Warning to the reader: some quotations might be disturbing.

Born in 1988 in Moncton, New Brunswick, and adopted as a young child, Ashley Smith was a troubled and rebellious teenager... One day, she was caught in a childish prank: throwing crab apples at a postal worker. This was made out to be a "crime," and Ashley was convicted and sentenced to detention in the New Brunswick Youth Centre (NBYC). (P.66)

Finally, on October 19, 2007, while dressed in a "suicide gown" in a segregation cell, Ashley choked herself to death, as several guards stood watching, refusing to enter her cell. They had been ordered not to do so if she was still breathing, and later claimed they had not noticed that she had stopped breathing several minutes earlier. She was only 19 years old. (P.66-67)



In September 2012 – five years later –the second coroner's inquest into Ashley's death began. The first inquest, held in 2011, was delayed after CSC withheld prison video and audio clips of incriminating evidence of the dehumanizing brutality the guards inflicted on Ashley. These clips documented numerous incidents of physical assault, pepper-spraying, and the use of physical restraints and forced drugging, among other atrocities. Thanks to the persistence of Coroner John Carlisle, these graphic and disturbing videos were eventually screened in court. Independent reports by Federal Correctional Investigator Howard Sapers stated that, during the final twelve months of her life, Ashley was "shuttled through nine different institutions across five provinces before landing in Kitchener and spent most of that time in a segregated cell wearing nothing but a padded suicide gown." (P.67)

During the inquest, which I attended, no one ever challenged health professionals' and lawyers' frequent repetition of fraudulent and stigmatizing psychiatric diagnoses such as "personality disorder" –as if these were scientifically proven conditions....It is significant, though hardly surprising, that neither CSC's "mental health professionals" nor the lawyers at the inquest ever tried to deconstruct Ashley's "symptoms" of "mental disorder" or "mental illness" as attempts to cope with personal life crises. Together with psychiatrists and other "expert" witnesses in the "mental health" professions, they failed to understand that "mental health treatment" in prisons –as elsewhere –actually consists of bogus psychiatric diagnoses, forced drugging, physical restraints, and daily degradation and humiliation.

According to the Coroner's Jury Report (issued on December 19, 2013), Ashley Smith was pronounced dead at St Mary's General Hospital in Kitchener at 8:10 a.m. on October 19, 2007. The report further states that Ashley died by strangling herself ("ligature strangulation and positional asphyxia"). However, the coroner and jury boldly and accurately ruled her death a homicide....In other words, Ashley's suicide was driven by prison guards, prison wardens and clinical staff (including unnamed psychiatrists). (P.71)

What's needed is not "prison reform" but prison abolition, and the creation and funding of the kind of community alternatives that were denied Ashley and her sister prisoners. There are and will be many more Ashley Smiths. This is a national shame and crime. **(P.72)**

ENVISIONING BETTER

We also need to create, promote and sustain our own non-coercive, non-medical alternatives to psychiatric "treatment." We urgently need innovative community projects, including walk-in crisis centres and drop-ins that are open twenty-four hours a day, seven days a week; supportive safe houses in which psychiatric drugs are not used; withdrawal centres where people can gradually and safely taper off these drugs; and healing houses for the thousands of our homeless brothers and sisters, and others, traumatized by forced psychiatric treatment. All of these – and many more – alternatives should be created and run by survivors and by allies who understand the fraudulence and dangers of psychiatry and the need for true support. No more "mental health centres"! **(P.24-25)**

It's time to de-stigmatize and reclaim ourselves. It's time to assert our credibility. It's time to celebrate and be proud of our victories and our power. **(P. 25)**

Imagine a world without psychiatry:: a world where there are no fraudulent psychiatric labels that stigmatize, marginalize and demonize people; where no young person undergoing an existential identity crisis, a spiritual crisis, or any severe emotional stress ever ends up being treated for "bi-polar disorder," "ADHD," or "schizophrenia"

A world where there are no traumatizing, dehumanizing "mental health centres," "youth assessment and detention centres," maximum-security forensic units, locked wards, or "seclusion rooms" (solitary confinement cells) A world where children, teenagers, adults and elderly people going through their own personal hells are never forcibly drugged, electroshocked, lobotomized, physically restrained (shackled), or threatened with psychiatric hospitalization (involuntary committal)

A world where parents and teachers are never coerced into drugging children with prescribed neurotoxins. A world where people going through personal life crises can ask for and receive emotional, social, and economic support in their own communities or neighbourhoods, without ever feeling ashamed or apologetic, and without being criminalized, stigmatized, or pathologized.

A world where people who act and sound different are not patronized, ostracized or discriminated against; where, instead, they are treated as human beings worthy of dignity and respect. A world where the human rights of every person are universally respected, affirmed and protected **(P.147)**

The "mental health" system –a layer of bureaucracy eliminated

"Mental health" acts, laws and regulations that authorize the incarceration ("involuntary committal") of innocent citizens in psychiatric facilities, where today they are routinely degraded, humiliated, forcibly treated, and denied their human and civil rights. Community Treatment Orders – regulations that authorize indefinite psychiatric parole, under which vulnerable people can be forcibly drugged, electroshocked, targeted for surveillance in their communities, and locked up again if they disobey psychiatrists' orders.

DSM labels like as "schizophrenia," "psychopathic personality," "sociopathy," "bipolar affective disorder," "borderline personality disorder" and "ADHD." The utterance of such pejorative, stigmatizing terms in public would be judged and punished as hate speech **(P.148)**

"Doctors" with the power to judge people in crisis as "incompetent" or "incapable," to diagnose them with made-up "illnesses," and to lock them up and forcibly drug and/or electroshock them...Psychiatrists being given "expert witness" status in any legal proceedings, including court trials. Psychiatric facilities: All existing ones would be

converted into drug withdrawal centres, crisis centres and affordable-housing units, including co-ops and safe houses. (P.149)

DON'S CONCLUSION

A world without psychiatry? Obviously, we're nowhere near that yet. But I am hopeful that the day will come when we live in such a world. All it would take is for psychiatric survivors, antipsychiatry activists, antipoverty and housing advocates, social-justice and human-rights activists and other allies and supporters to come together in an unstoppable global movement for freedom – freedom from psychiatric oppression and for human rights. That is a vision worth fighting for. (P. 157)

MY CONCLUSION

Expressing pain when hurt; shouting displeasure when treated unjustly and crying out our victories has nothing to do with radicalism, but mere common sense reactions to human experiences. What is radical is when we, as individuals and organizations, are so insecure that we refuse to hear or read of others who have gone through travails which come across as contrary to our comfort level. Our mental health and psychiatric systems with their corporate entities are fraught over their heads with this arrogant mindset! Let's not rattle the cart, and if you dare do so – then you are a radical! The voiceless should not have a voice – some will say? And who decides this?

Thank you Don for rattling the cart, and rendering some of us uncomfortable. By providing guidance and passion, you have ensured that the next generation can be inspired in their steps to tackling injustice, oppression and other assaults to come on our humanity. 🐦



With Editor, Irit Shimrat,
Toronto, 2013.
Photo by Graeme Bacque

I Can be accessed online: <https://www.madinamerica.com/wp-content/uploads/2019/06/Resistance-Matters-April-2019-V2.pdf> (Edited by Irit Shimrat)

ii This paragraph is partly paraphrase by Bruce E. Levine's commentary on RESISTANCE MATTERS (Sept.28, 2019)

iii See TAPLEY-MILTON, K. (2010), **Rest in Peace -Ashley Smith – When Trust is Betrayed**, OUR VOICE: No. 51: 5-7.

AND TAPLEY-MILTON, K. & LEBLANC, E. (2013), **Ashley Smith: Heads Should Roll**, OUR VOICE: No.57: 45-47.