Psychiatric User/Survivor Activism

Oppression & Justice (Fall 2013)

Laura Guidry-Grimes

Oppression of Those Labeled as Mentally Ill

- **Common misperceptions about their competence, dangerousness, tendency toward violence, and unpredictability** (Angermeyer & Dietrich)
  - Recent survey found that 95% of Americans believe mentally ill people are violent, but it is actually rare for symptoms to result in violence towards others (Cherry)

- **Otherness**
  - "[m]entally ill people tend to be considered not just more or less of something than the rest of the population but 'other than,' different in some puzzling, mystifying way" (Caplan 24).

Oppression of Those Labeled as Mentally Ill

- **Barriers**
  - Compromised medical, legal, social standing

- **Stigma & stereotypes**
  - Uncontrollable, hopeless, dangerous, unfit for parenting or working, doomed to homelessness and poverty, untrustworthy

- **Internalized oppression**
  - Hope, self-esteem, empowerment, self-efficacy, overall quality of life, social support, and treatment adherence all suffer considerability for majority of patients who internalize stigma (Livingston & Boyd)

Psychiatric U/S/X Activism & the DRM

- **Similarities**
  - Calls for recognition of difference
  - Push for just accommodation
  - Eliminating barriers to well-being, stereotypes, stigmas
  - Social modeling (instead of extreme biomedical modeling)
  - Objections to unwarranted medical paternalism
  - …Anything else?

Psychiatric U/S/X Activism & the DRM

■ **Challenges**
- ■ Mental illness *always* associated with suffering?
- ■ Physical and psychiatric disability as fundamentally different?
- ■ Mentalist/ableist attitudes on both sides?
- ■ …Anything else?

Advocacy Groups

The Icarus Project
Navigating the Space Between Brilliance and Madness

ABOUT US   **COMMUNITY**   **ARTICLES**   **RESOURCES**   **GALLERIES**   **CAMPUS**   **ANNIVERSARY**

The Icarus Project envisions a new culture and language that resonates with our actual experiences of 'mental illness' rather than trying to fit our lives into a conventional framework. We are a network of people living with and/or affected by experiences that are commonly diagnosed and labeled as psychiatric conditions. We believe these experiences are mad gifts needing cultivation and care, rather than diseases or disorders. By joining together as individuals and as a community, the intertwined threads of madness, creativity, and collaboration can inspire hope and transformation in an oppressive and damaged world. Participation in The Icarus Project helps us overcome alienation and tap into the true potential that lies between brilliance and madness. The Icarus Project is a collaborative, participatory adventure fueled by inspiration and mutual aid. We bring the Icarus vision to reality through an Icarus national staff collective and a grassroots network of autonomous local support groups and Campus Icarus groups across the US and beyond. To read more about our mission, vision, and work, check out the full text of our mission statement. We're non-profit and donation driven; please consider making a donation if you can, even $10 helps keep us going.

FORUMS   **DONATE**

NATIONAL PARANOIA NETWORK

Welcome to to the National Paranoia Network Website

The Paranoia Network was originally launched in 2004.

It is run by Peter Bullimore, Kate Crawford and Tori Reeve, the organisation aims to raise awareness of how disabling paranoia can be and to breakdown social taboos.

Advocacy Groups

MindFreedom Goals

- Win human rights campaigns in mental health.
- Challenge abuse by the psychiatric drug industry.
- Support the self-determination of psychiatric survivors and mental health consumers.
- Promote safe, humane and effective options in mental health.

MFI

inter voice

The In

Home | About Us | About Voices | Support & Recovery | Young People

About Us

"Many voices can be unthreatening and even positive. It's wrong to turn this into a shameful problem that people either feel they have to deny or to take medication to suppress."

Professor Marius Romme

For further information about INTERVOICE, contact us at
info@intervoiceonline.org

What is Intervoice?

Intervoice is the **I**nternational **N**etwork for **T**raining, **E**ducation and **R**esearch into Hearing Voices.

INTERVOICE aims to:

- show that hearing voices is a normal though unusual variation in human behaviour
- show that the problem is not hearing voices but the inability to cope with the experience
- educate society about the meaning of voices so as to reduce ignorance & anxiety and to ensure this innovatory approach on voice hearing is better known by voice hearers, families, professionals and the general public
- demonstrate the wide variety of voice hearing experiences and their origins, and peoples' approaches to coping
- increase the quality and quantity of mutual support available to all people and organisations involved in hearing voices work across the world
- make our work more effective and develop more non-medical ways of helping voice hearers cope with their experiences
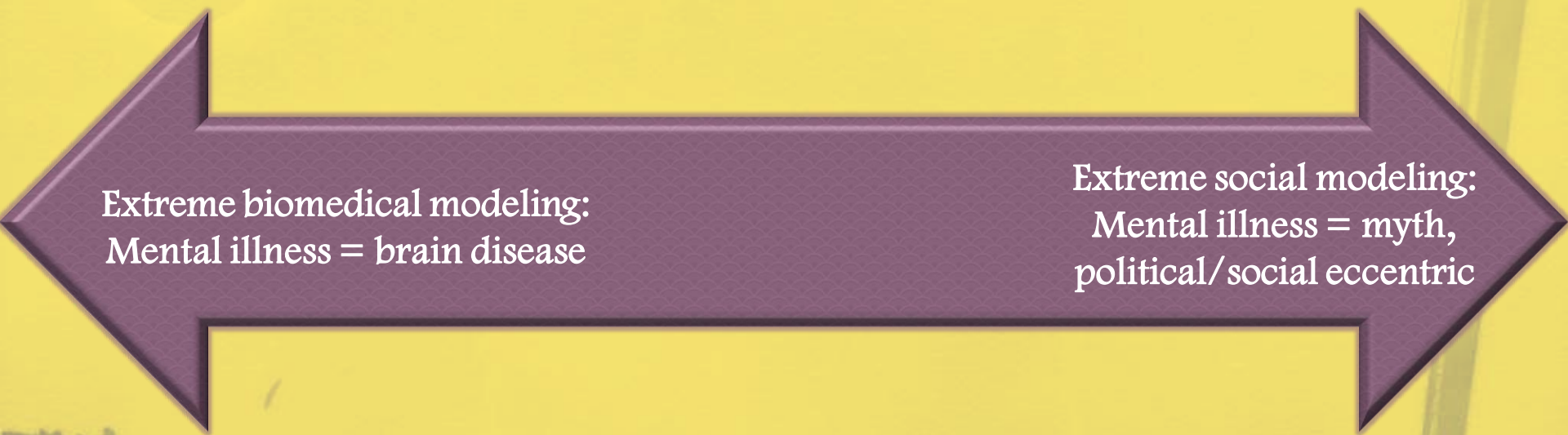
Unifying Goals

- Establish the right to self-definition

- Significantly increase inclusion of current and past patients in policy and treatment decisions

- Abolish psychiatric interventions that violate human rights

- Eliminate pervasive stigmas and social, economic, and political barriers facing those diagnosed with mental illness

- Rethink and potentially overhaul the biomedical modeling of psychiatric disability; potentially make room for recognizing gifts of psychiatric disability

Spectrum of Modeling

Extreme biomedical modeling:
Mental illness = brain disease

Extreme social modeling:
Mental illness = myth,
political/social eccentric

- **1970s:** Anti-psychiatry movement (extreme social modeling)

- **Current:** middle ground movements, more varied
  - Expand psychiatric and non-psychiatric options for patients

Analyzing U/S/X Aims

- **Are there ever sufficiently strong moral reasons for the below? What is morally problematic about each?**

    - **Involuntary hospitalization**

    - **Involuntary treatment**
        - **Involuntary electroconvulsive therapy?**

    - **Ulysses contracts**

Common Critiques of Pharmaceutical Industry

- Psychotropic medications driven by profit, not healing
  - Mixed motives of doctors, researchers, politicians

- Serious side effects, limited options

- Questionable efficacy, unknown mechanisms

- Over-medicalization → Over-diagnosis → Over-treatment

- How do you think activists should move forward with these critiques, given the influence of the pharmaceutical industry?

Additional References

- Angermeyer, M.C. and S. Dietrich. "Public Beliefs about and Attitudes towards People with Mental Illness: A Review of Population Studies". *Acta Psychiatrica Scandinavica* 113 (2006): 163-179.

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- Cherry, Mark J. "Non-Consensual Treatment Is (Nearly Always) Morally Impermissible". *Journal of Law, Medicine, and Ethics* 38.4 (Winter 2010): 789-798.

- Livingston, James D. & Jennifer E. Boyd. "Correlates and Consequences of Internalized Stigma for People Living with Mental Illness: A Systematic Review and Meta-Analysis". *Social Science & Medicine* 71 (2010): 2150-2161.

QUESTIONS? COMMENTS?