



The Revolt Against Psychiatry

A Counterhegemonic
Dialogue

Bonnie Burstow

palgrave
macmillan

The Revolt Against Psychiatry

“A truly outstanding contribution to critical work in this area. I simply loved reading the manuscript; by turns, questioning, thought-provoking, heart-breaking, challenging, yet always positive, sensitive to different outlooks, and with a real humanistic quality at its heart. I congratulate Professor Burstow and all the contributors to the book – the text is really moving, and made me (as a mental health academic) reflect upon a whole number of issues.... So inspiring!”

—Bruce Cohen, *Senior Lecturer in Sociology,
University of Auckland, New Zealand*

“*Revolt against Psychiatry* is a celebration of living life on one’s own terms. Defiant, relentless and radical, these anti/critical psychiatry dialogues extol activism and commitment from the edges of a world intent on not listening. A must-read for those thinking about the impact of institutional violence and what it means to be an expert through experience. A stellar contribution. Migwetch, everyone involved, and Mazel Tov.”

—Jennifer Wemigwans, *Assistant Professor, OISE/University of Toronto,
Canada, and author of A Digital Bundle: Protecting
Indigenous Knowledge Online*

“A ‘terrific read,’ this latest book of Professor Bonnie Burstow’s is an exceptional contribution to her already formidable repertoire. Consisting of 15 dialogical interviews with major players in the critical and antipsychiatry fields in different parts of the world, it is highly accessible, is enormously informative, and I predict will quickly become an indispensable go-to resource both for seasoned scholars and new students trying to wrap their mind around ‘the revolt against psychiatry.’”
Venceremos, Bonnie

—Stephen Ticktin, *member of the Medical Psychotherapy Association of Canada*

“In this amazing book, Bonnie Burstow gathers together a wide variety of expert global players in the critical/antipsychiatry movement. These stand-alone thought-provoking dialogues stimulate debate and offer a fascinating look into the opinions and strategies of people who challenge psychiatry. Passionate, gripping, heart-warming, and at times harrowing.”

—Cheryl Prax, *survivor and member of the British activist group Speak Out
Against Psychiatry, UK*

“Fantastic Work! Burstow’s wide-ranging and deeply engaging series of dialogues not only exposes psychiatry as a pseudoscience but provides clues on how to resist and replace it. With a solid focus on human rights and an unwavering commitment to follow where the science leads, Burstow demonstrates that psychiatry isn’t a service. It’s a disservice.”

—Irit Shrimrat, *co-founder of the Ontario Psychiatric Survivors’ Alliance, Canada*

Bonnie Burstow

The Revolt Against Psychiatry

A Counterhegemonic Dialogue

palgrave
macmillan

Bonnie Burstow
Ontario Institute for Studies in Education
Adult Education and Community Development
Toronto, ON, Canada

ISBN 978-3-030-23330-3 ISBN 978-3-030-23331-0 (eBook)
<https://doi.org/10.1007/978-3-030-23331-0>

© The Editor(s) (if applicable) and The Author(s), under exclusive licence to Springer Nature Switzerland AG 2019

This work is subject to copyright. All rights are solely and exclusively licensed by the Publisher, whether the whole or part of the material is concerned, specifically the rights of translation, reprinting, reuse of illustrations, recitation, broadcasting, reproduction on microfilms or in any other physical way, and transmission or information storage and retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology now known or hereafter developed.

The use of general descriptive names, registered names, trademarks, service marks, etc. in this publication does not imply, even in the absence of a specific statement, that such names are exempt from the relevant protective laws and regulations and therefore free for general use. The publisher, the authors and the editors are safe to assume that the advice and information in this book are believed to be true and accurate at the date of publication. Neither the publisher nor the authors or the editors give a warranty, express or implied, with respect to the material contained herein or for any errors or omissions that may have been made. The publisher remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

This Palgrave Macmillan imprint is published by the registered company Springer Nature Switzerland AG

The registered company address is: Gewerbestrasse 11, 6330 Cham, Switzerland

This book is dedicated to Vern Harper—a psychiatric survivor and an Indigenous man, who, in his early years, was involuntarily psychiatrically incarcerated and, in the process, subjected to an insidious combination of racism and sanism. Now during his psychiatric incarceration Vern came perilously close to being electroshocked on two separate occasions—and who can say how his story would have unfolded had they actually gone through with the highly brain-damaging “procedure”? What happened? As the fates would have it, both times, when the moment when he was to be shocked arrived, the psychiatrist assigned him—a chap from India—unceremoniously entered the ECT room where Vern was lying and yanked the plug to the ECT machine out of the wall, exclaiming, “Not to my people, you don’t!” (and no, the psychiatrist in question was not Indigenous). Now eventually Vern got himself out of the system and went on to live a singularly productive and worthwhile life in which he contributed substantially to society. A helper and a leader of people, whose brain—thank God!—had never been “fried”, he went on to work at a huge number of social service agencies in Toronto. He became a highly respected and renowned elder, was known everywhere as the “urban elder”—the Toronto elder who could always be counted on to stand up for social justice. He co-organized the now legendary across-Canada trek to raise awareness of broken treaties (the Native People’s Caravan). At the same time, he remained an outspoken member of the mad movement.

Late in his life, to the surprise of many of us, he started working at Centre for Addiction and Mental Health (CAMH), which is as mainstream psychiatry as you can get and where he served as in-house elder. Now while

he had previously been involved in an early antipsychiatry publishing venture of mine—Shrink Resistant: The Struggle Against Psychiatry in Canada—at this point, I lost touch with him, saddened by what appeared to be the movement’s loss of him.

Fast forward ten years—one day I heard that there had been a falling-out between Vern and CAMH—and I immediately had a message relayed to him, inviting him to phone me, which indeed he did. About 15 minutes into the phone call, I inquired about the falling-out and asked Vern what he had learned from his ten years’ stretch working at CAMH. Without a moment’s hesitation, he responded, “You know, Bonnie, if there is one thing that my ten years here has taught me, it is that what they do here, it is not good for my people.” We schmoozed for a while, and it was during this conversation I told him about this new dialogical book on which I was working. After telling me that he was eager to contribute once again to the movement in any way he could, he expressed a particularly keen interest in being interviewed for this very book, adding that in the interview, he would like to tell the story of almost being electroshocked for he felt that the story had the potential of doing good. All good. We never did get around to conducting the interview, however, for Vern was old and ill at this point; already he was beginning to fade; and before we were able to proceed further, he died.

I tell Vern’s ECT story here for besides that it fits, I promised him it would be in. Moreover, how Vern would have loved for this story to be the very first one told in this book, for what a model it provides! Would that more people would be saved by those around them taking “direct action”—for utterly unexpected though it was, that is precisely what happened here.

Correspondingly, it is with profound respect that I dedicate this, my latest publication—The Revolt Against Psychiatry—to the memory of psychiatric survivor, author, social service worker, Cree elder, medicine man, and activist Vern Harper. Old friend and ally, Miigwetch!

ACKNOWLEDGMENTS

First and foremost, I would like to acknowledge the contribution of all the people who entered into dialogue with me. Thank you Dr. Roland Chrisjohn, Dr. Peter Breggin, Robert Whitaker, Dr. Lauren Tenney, Kim Wichera, Dr. Ian Parker, Tatiana Castillo, Don Weitz, Nick Walker, Michael, Tina Minkowitz, Julie Wood, Dr. China Mills, and Oriel Varga. May the excellent work of all of you continue, and as years pass, may we all of us continue to reflect, rethink, and build together! Thanks too to everyone else who began the process for in your own way you also added to the knowledge. A special thanks to Margôt Smith for providing timely and thoughtful feedback on each of the chapters. Thank you Dr. Brenda LeFrançois, for your helpful recommendations along the way. Thank you graduate assistants, Oriel Varga, Nichole Schott, and Annalissa Crisostomo for your editing, feedback, and other assistance—and Oriel, how apt that we actually got to enter into dialogue together! Finally, thanks Palgrave Macmillan for agreeing to publish this book, and a special thanks to all editors that I have had the privilege to work with here, including but not limited to Rachel Daniel and Madison Allums.

CONTENTS

1	Introduction to This Book and to This Project	1
2	“It Is All About Racism”: Dialogue with Indigenous Scholar and Activist Roland Chrisjohn	15
3	“Our Freedom of Speech Over Our Medical License”: Dialogue with “The Conscience of Psychiatry”—Peter Breggin	33
4	Dialogue with Journalist Extraordinaire: Robert Whitaker	51
5	Dialogue with Survivor and Academic Lauren Tenney	69
6	On Berlin Runaway House: Dialogue with Wichera	83
7	Toward a Democratic Psychiatry? Dialogue with Ian Parker	93
8	“Activism Is My Real Job”: The Mad Movement in Chile Dialogue with Tatiana Castillo	109
9	“There Is No Place on This Planet for Psychiatry Period!”: Dialogue with Don Weitz	121

10	Autistic and Mad: Dialogue with Nick Walker	135
11	Dialogue with Indigenous Leader and Psych Survivor Michael	149
12	“This Is Not a Time to Lie Low”: Dialogue with International Lawyer, Survivor, and Human Rights Advocate Tina Minkowitz	159
13	“I So Loved My Son that I Had to Promise Him that I’d Do Everything I Could”: Dialogue with Mother and Archivist Julie Wood	175
14	Epistemicide: Dialogue with “Global Mental Health” Critic China Mills	191
15	“The Movement Is an Intrinsic Part of Who I Am”: Dialogue with Bonnie Burstow	209
	Epilogue	225
	Appendices	233
	Index	237



CHAPTER 1

Introduction to This Book and to This Project

While far from all books that touch on the topic of psychiatry (see, by way of contrast, Burstow 2015, Szasz 1970, Whitaker 2010), most books which invite us to think about psychiatry pose “onside” questions like: How do we treat the mentally ill? When do we use electroshock? And when are psychiatric drugs the better choice? Those are *hegemonic* books—books which accept the validity of psychiatry. This, by contrast, is a *counterhegemonic* book. It begins from what is more or less the opposite premises, has a very different purpose, and asks very different questions. What follows are some of those questions—to wit:

What pressures might we bring to bear to loosen the grip of psychiatry? We habitually seem to be losing the battle; so as thinkers, activists, radical practitioners, parents, and concerned members of society, how do we turn the situation around? What new challenges are we facing in organizing against psychiatry? How best might we contribute to a paradigm shift in what is erroneously known as “the mental health area”? How might we best articulate, describe, or explain a new and more promising paradigm? What models for prefigurative politics exist (you are engaging in the prefigurative when you incorporate into current practice aspects of the new society that you are trying to build)? What promising ventures are happening in different parts of the world? How might we bring together antipsychiatry with mad activism, with critical psychiatry, with critical disability, with radical neurodiversity? How do we counter the sexism, racism, and transphobia not only in psychiatry but in the movement(s) to counter

psychiatry? How might we understand the disagreement between the players in the movement itself? What does this fight actually mean to people? Of all the pressing social struggles in which they might become involved, exactly why did they end up taking on this one? And what keeps them involved year after year? Such are among the key questions addressed in this book.

As should be abundantly clear by this point, the general context in which this book is written is the reality of institutional psychiatry. As articulated in Burstow (2015, 2016), despite the high esteem in which it is held, and despite how unusual this claim may at the moment sound to you, psychiatry is a pseudo-medical profession; it is granted enormous power by the state; and it operates as a regime of ruling, in the process, as the United Nations (UN) itself has clarified (see Chap. 12), routinely infringing on people's human rights—all in the name of “help” and “protection”. What adds insult to injury, despite the widespread societal belief in it, is the fact that it is a profession whose very foundational tenets have been repeatedly shown to be unscientific and lacking in validity, whose thinking is muddled, which is blatantly self-serving, and, moreover, whose “treatments” have been demonstrated again and again to do far more harm than good (see, in this regard, Burstow 2015, 2016; Breggin 1991, 2008; Healey 2012; Kirk and Kutchins 1992; Moncrieff 2008; Woolfolk 2001; Whitaker 2002, 2010; Whitaker and Cosgrove 2015; Szasz 1970; Foucault 1980). The very real injury done to vulnerable human beings is particularly alarming and is what unites the people featured in this book. Indeed, I suspect, every last one of us would nod in agreement with Robert Whitaker when he says, “The point is: I don't give a shit about psychiatry”, that it is the individuals whose lives that they ravage that motivate him (see Chap. 4).

If the general context of the book is the harm wreaked by psychiatry itself, the book's focus is the people who challenge the institution. This book, to be clear, is first and foremost a book about a social justice movement and the counter-initiatives, counter-discourses, and individual journeys accompanying it. “Social movement” here is broadly defined so as to include anyone who is consciously part of what they see as a collective challenge to psychiatry, whether these be activists, theorists, teachers, researchers, parents, or radical practitioners. While inevitably such issues as the horror that is psychiatry is frequently touched on in the book, the primary focus is not the problems that psychiatry presents but the attempt to counter them. As the title suggests, it is about, rather, the “revolt against psychiatry”.

Revolts, of course, are waged by real people. As such, what we witness in this book are not only strategies and counterstrategies—though these for sure are front and center—but also profoundly meaningful and highly personal journeys.

If the title of this book is key to what you find here, I would add, equally important is the subtitle—“A Counterhegemonic Dialogue”. My project was to seek out major and otherwise important counterhegemonic theorists and players in the movement(s) and enter into dialogue with them. With care being taken to preserve the actual wording used verbatim, a shortened or abridged version of each of the dialogues that made it through the selection process subsequently became its own separate chapter in the book.

To give you a further sense of the process involved and the manuscript which emerged, what follows is an excerpt from the initial letter that I as interviewer and editor sent to prospective participants:

I am writing to invite you to participate in an interview for an intended new book, whose provisional title is “The Revolt Against Psychiatry: In Dialogue with Bonnie Burstow”. To be clear from the outset, I myself am 100 per cent antipsychiatry. You are being invited because you are an important figure in this conversation, and it is anticipated that readers will benefit from your words as well as from the exchange between us. As author/editor, I will be conducting the interviews and constructing the book. In the case of each chapter, a balance will be struck between trying to help the interviewee articulate their position, digging into/co-exploring together, focusing on unique meanings and unique paths, inviting reflection, and where the need arises, actively challenging, with the emphasis varying from chapter to chapter. The attempt is to both understand you in your uniqueness and at the same time enter into an engaged dialogue, even at times rethinking together. (Burstow, private correspondence, 2015)

While this was optional, interviewees were additionally given an opportunity to provide a written comment afterward either on the general topic or the dialogue itself and to include a list of their representative publications, which was subsequently included in the chapter. Correspondingly, at the end of the process each interviewee was given a copy of the edited-down interview—now about a quarter of the original size—for their approval with slight corrections made as needed.

No hard or fast rules were used in deciding which part of the interview to use. General selection criteria, however, included:

1. The part sheds a particularly informative light on the interviewee themselves or on some aspect of either the revolt in general or the revolt in their part of the world.
2. Events of historical significance were being discussed and assessments made that might be useful in guiding future activism.
3. Light was cast on changes in the activist scene, what the new opportunities are, and what the special challenges are.
4. A formidable contribution to theory was being made.
5. Bottom lines were spelled out and activist principles were clarified.
6. Something original was being said or emerged.
7. Differences in perspectives were clarified.
8. In this section of the dialogue, something unexpected happened between interviewee and interviewer.

Significantly, two different, albeit related, understandings of dialogue underpin the invitation to participate and this book more generally. The first is existentialist Martin Buber's (1970), where dialogue is construed as an attempt to encounter the "other" and to understand the other in their particularity and, in turn, to be so encountered by them. A visual way of capturing the Buberian concept of dialogue is to imagine two people facing each other. The second understanding of dialogue is Paolo Freire's (1970), where dialogue is defined as an encounter between human beings mediated by the world in order to change the world. To encapsulate this second understanding, imagine two people not facing one another but jointly facing the world as they each go about world-changing praxis. The beauty of investing this book in dialogue in general, and these specific approaches to dialogue in particular is not only are a range of people drawn out, but there are spirited disagreements. Everyone's experiences and engagements with the world enter in. Correspondingly, there are magical moments where insight is reached that could not be achieved individually. In the "back-and-forth" between people in dialogue—that is, where much of the magic happens.

Albeit they are "distant relatives" only, there is some similarity between this book and two earlier ones. The first is an anthology of writings by Canadian mad studies theorists (see LeFrançois et al. 2013). The difference—and it is huge—is that the earlier book is not a book of dialogues, and it is focused solely on Canada. The second—called *Szasz Under Fire* (Schaler 2004), indeed, has a dialogical aspect to it. It is composed of written critiques of the writings of legendary critical psychiatry theorist

Thomas Szasz, plus Szasz's written responses to each of the critiques. The differences are—and once again they are enormous—that the understanding of dialogue in the Szasz book is strictly confrontational; these are written critiques—not face-to-face oral conversations—and the focus is on Szasz as opposed to being on-the-world; there is no attempt whatever to encounter, to co-imagine, or to create together; and theory—not activism—is central. In short, while there is some resemblance to earlier literature, this book is unique, and it is largely the dialogical nature of this book that makes it so.

What adds further to this book's distinctness and importance is that unlike with other books in the area, the single biggest focus is on the question of psychiatry abolition. Indeed, herein lies a critical part of the book's challenge. In this regard, while some of the interviewees are avowed abolitionists (e.g., Tenney and Weitz), whereas others are reformers who either reject or at least are wary of the abolitionist position (e.g., Mills and Whitaker), all interviewees are in dialogue with me—an abolitionist—and in all cases, I invite the interviewee to wrestle precisely with the question of psychiatry abolition. What is their position on this utterly vital question? Why do they take this position? Do they in any way want to qualify their position? As such, the issue of abolition *per se* is uniquely central to this book.

For whom is *The Revolt Against Psychiatry* written? People who are part of the struggle against psychiatry. People critical of psychiatry who want to learn more about the revolt against it, perhaps with the thought of actively joining, perhaps out of simple curiosity. People who just may end up hearing from friends that there is something in this book that they should think of checking out—perhaps concerned parents, perhaps lawyers. Activists and scholars interested in social movement theory, especially those with a passion for bringing together theory and practice. People intrigued by or who intrinsically value dialogue. People keen on fathoming the personal behind the political. Social scientists. Students of all types.

And what can you as reader expect to get out of the book? An introduction to key players in the area—what they think and do, how they ended up where they are. A sense of the variety of the people involved and the differences between them. Insight into how personal/political transformation happens. A window onto activism in the current era. An overview of the struggle against psychiatry in different parts of the world. An introduction to key debates in the field. Ideas about what you yourself or your group might do. Insight into how people find themselves in the process of finding their social justice calling.

Now you may be thinking that this book is not exactly aimed at the general public. And for sure that is true *to a point*. And if you regard yourself more or less as a typical member of the general public, that reality in itself may tempt you to put the book down. My invitation is to reserve judgment and dip into it anyway for the general public was very much on my mind when constructing this book. Indeed, to an appreciable degree, you are the intended audience. Besides that, there are thought-provoking conversations, and besides that, much of this book is a truly fascinating “read”; we are in an emergency right now, and as a dweller on this planet, you direly need to know about it. How else are you going to contribute to the healing or even the safeguarding of the world? Correspondingly, as you delve further and further into the book, as you take in such horrors as that there has been a 35-fold increase in the number of children given psychiatric diagnoses in recent years, as you come face to face with the plight of a mother whose child’s “suicide” can be traced to the “psychiatric treatment”, and it dawns on you how easily that could be you and your child, as you come to terms with the fact that mad Black men who have done no one any harm are being shot by police at astronomical rates, as you see just how pervasively the Global South is being colonized by the Global North with local practices both dismissed and co-opted, as you fathom how routine and extensive the manipulation and misrepresentation of psychopharmaceutical research is, as you begin to see the pivotal role of psychiatry in genocide, as you truly let yourself grapple with Lauren Tenney’s haunting but, alas, realistic prognosis (see Chap. 5)—that if things go on as they are now, 60 years hence there may not be a single person alive who actually knows what it is like not to have a psychiatric diagnosis—you are likely to understand the urgency. Correspondingly, as you find yourself facing the urgency, this book may start to feel utterly indispensable to you—for the dialogues within hold clues as to what you might do about the situation.

Interviews with 14 key figures, in total, are included. While not all psychiatric survivors so identify, I am pleased to report that almost half the people featured are survivors. Correspondingly, half are women. Interviewees include activists, practitioners, mad folk, artists, and scholars. With my commitment being not only to showcase “the usual suspects”—albeit many of these are included—but every bit as importantly to capture and honor diversity: Two of the interviewees are Indigenous; five are Jews (with some of Jewish interviewees identifying as of color and others as white); two are trans; many are multiracial; and several are BIPOC. What is

significant here—from early on in this project, I was driven by an unshakable commitment not to stop looking and interviewing until the book included at least two Indigenous chapters, each with a powerful analysis. By the same token, I was committed to ensuring that people of color were represented, as were issues of colonialism. A balance, to be clear, was struck between including acknowledged leaders and achieving diversity. The inevitable upshot is that while some absolutely wonderful leaders are not included, a goodly number are; additionally, several comparatively new but immensely powerful voices are also heard. Correspondingly, in the interest of honoring diversity, instead of beginning the book with a chapter on what is commonly (and erroneously) thought of as “general resistance”, I began with a markedly Indigenous chapter—as it happens, an absolutely brilliant one. Figuring likewise is a variety of different movement affiliations, political perspectives, and regions.

While commonly combining several of these, the allegiances of the dialoguers featured here range between antipsychiatry, critical psychiatry, the mad movement, the disability rights movement, and the neurodiversity movement (for a quick introduction to the nature of each of the movements and for help grasping the distinctions between them—the reader is referred to Appendix A). While most of the dialoguers are left wing, one is manifestly on the right, and one identifies as neither right nor left. Correspondingly, countries represented in a meaningful way include not only Canada and the US (which for sure are paramount) but also Germany, the UK, Chile, and India.

The themes that have emerged are far too numerous to name. To identify some absolutely pivotal ones, however, major themes include abolition versus reform; the problem of co-optation; activism; the use of language; coming to critical awareness; creating a new paradigm; direct action; engagement with the left; racism and antiracism; genocide; the ever-growing danger to youth worldwide; The Convention on the Rights of Persons with Disabilities (CRPD); the North—South divide; the colonial travesty that is the “Movement for Global Mental Health”; feminism; Marxism; anarchism; libertarian; establishing a grassroots press; creating participant-led alternatives; making the movement truly international; being a different type of practitioner; teaching as activism; bringing survivors and radical professionals together; and building a better world. Particularly recurring and pivotal is how to work around media bias by, in essence, becoming one’s own press (e.g., Breggin, Chap. 3; Whitaker, Chap. 4; Tenney, Chap. 5; and Wood, Chap. 13). On a deeper level, piv-

otal, likewise, are coming to awareness, and finding the core of who one is in the process of becoming more political (e.g., Weitz, Chap. 9; Michael, Chap. 11; and Burstow, Chap. 15). Which brings us to the chapter-by-chapter breakdown, beginning with the first of the dialogues (Chap. 2):

Chapter 2—“It’s All About Racism: Dialogue with Indigenous Scholar and Activist Roland Chrisjohn”—is at once a scrupulously honest and politically astute piece. In it, we are introduced to an Indigenous activist and scholar, who, upon witnessing the suicide of one of his people, became a psychologist (“I was as big an idiot as anybody”, acknowledges Roland), then moved on to become a leading critic of the psy disciplines. Drawing on no less formidable a philosopher than Ludwig Wittgenstein, Roland astutely points out that the psy disciplines proceed as if the empirical were capable of providing conceptual clarity—when that is exactly what empirical investigation *cannot* do. He demonstrates systematically the decimation of Indigenous culture. And he declares the psychiatrization of Indigenous people a “continuation of genocide”. Drawing on Marxism, anarchism, and Indigenous culture, correspondingly, he masterfully points out that whatever else Indigenous people were, “we weren’t capitalists”. His repeated use of the Holocaust to show the absurdity of the pathologizing approach to the problems facing Indigenous communities is particularly thrilling. The sheer brilliance and radical thrust of this piece cannot be overstated. In short—Roland “rocks”.

Likewise, brilliant and highly principled is the figure featured in Chap. 3, “Our Freedom of Speech Over Our Medical License: Dialogue with the ‘Conscience of Psychiatry’ Peter Breggin”. A radical psychiatrist and researcher who quickly came to see through the folly of his own profession, Peter shares several of his own strategies for combating psychiatry: From issuing medical alerts; to establishing an honorary blogger site; to creating a training program for a new, nutrition-aware, and loving kind of counsellor. He also elaborates on his own right-wing politics and how it came about. If you have a formulaic politic which identifies us lefties only as allies and the right-right wing as problematic, besides reading Peter’s other publications—for Peter is an undisputed leader—you owe it to yourself to read this eye-opening chapter. You won’t be disappointed.

In Chap. 4—“Dialogue with Journalist Extraordinaire: Robert Whitaker”—we are afforded an insider glimpse into the co-optation of the media and how to counter what is happening by creating one’s own media. Robert walks us through the development of the world’s most popular critical psychiatry Internet site—*Mad in America*. Correspondingly, after

a spirited back-and-forth between interviewee and interviewer, we receive the following gutsy acknowledgment from the figure who is arguably the world's leading advocate of psychiatric reform: "Put this down to my own person opinion only, okay? Do I think psychiatry is reformable? No, not in a big picture way."

Are you interested in participatory research as resistance? In blog radio? Do you want to gain insight into the special challenges faced by antipsychiatry activists today? Has it dawned on you that some of the current critical psychiatry spaces may not, in fact, be movement spaces? Are you worried about what the future will look like as psychiatry continues to grow by leaps and bounds? Then take a deep breath and proceed to Chap. 5, "Dialogue with Survivor and Academic Lauren Tenney".

Chapter 6, "On Berlin Runaway House: Dialogue with Kim Wichera", provides a window onto antipsychiatry in Germany. What is equally important, it showcases a highly promising "alternative" to psychiatry—a house where people can go to recover from psychiatry—one, moreover, which has long served as a model because of the scrupulousness of the emphasis on choice, self-direction, and mutual support. Correspondingly, in this chapter, we discover that in Germany, the left and the feminist movements are strongly allied with antipsychiatry.

Chapter 7, "Toward a Democratic Psychiatry?": Dialogue with Ian Parker", features a critique of the psy complex from the left, with a critical distinction made by Ian between slavishly following "moral" rules and actually being ethical. The resistance scene in Great Britain is discussed, in particular, the initiatives associated with the magazine *Asylum*. While there is sizable agreement between interviewer and interviewee overall, there are also moments of profound difference. To whet your appetite by quoting from one such exchange, this with respect to the use of words, "Are you saying it's not possible to reclaim?" asks Ian incredulously. "It's possible to reclaim the word 'asylum'", I answer, "but no, it is not possible to reclaim the word 'psychiatry'."

An incredible change is sweeping over Chile. Over the past half-decade, a vibrant mad movement has emerged, one so radical that it smacks of anarchism. "We don't just want to change the 'mental health system'", states Chilean activist Tatiana Castillo. "We are out to change society." Consciousness-raising is happening both in and outside of academic spaces, in the vast majority of the cases, with mad people as opposed to professional allies assuming center stage. Houses to retreat to, mad women's c.r. groups, bringing together mad activists and their allies from across

Latin America all figure in what is happening. For a window onto these exciting new developments, see Chap 8: “Activism Is My Real Job: The Mad Movement in Chile: Dialogue with Tatiana Castillo”.

In Chap. 9 (“There Is No Place on This Planet for Psychiatry—Period”: Dialogue with Don Weitz), readers are treated to two antipsychiatry veterans—Don Weitz and me—evaluating our decades of activism together as well as musing over directions for the future. Focal topics include decent survivor-centered alternatives, human rights violations, abolishing electroconvulsive (ECT), and the need to bring back direct action. Don also shares a revealing part of his own personal history—how he went from being a “psychiatric patient”, to being a “mental health” professional, to being a psychiatric survivor/antipsychiatry activist. Speaking of “gutsy” personal transformation!

In Chap. 10: “Autistic and Mad: Dialogue with Nick Walker”, survivor and neurodiversity theorist Nick Walker articulates the difference between “the neurodiversity paradigm” and the “medical paradigm”. Highlights include the discussion of Nick’s publishing ventures, the introduction of the concept “cognitive liberty”, and Nick’s vision of how to go about creating a better world. “I’m not in a fight”, announces Nick triumphantly. “I’m building something.”

The next of the dialogues was supposed to have been with Black scholar Idil Abdillahi, the principal focus being the conflation of mad, Black, and dangerous and the concomitant ongoing fatal police shooting of Black mad men in Canada. While, unfortunately, unforeseen circumstances prevented this, I would nonetheless invite you to learn about this area. I would draw your attention, for example, to the shooting of mad Black man Abdirahman Abdi in Ottawa (see <https://ottawacitizen.com/news/local-news/timeline-everything-we-know-in-the-abdirahman-abdi-case>) and, similarly, the Toronto police’s killing of Andrew Loku (<https://ottawacitizen.com/news/local-news/timeline-everything-we-know-in-the-abdirahman-abdi-case>). Correspondingly, do consider reading Idil’s excellent article on anti-Black sanism (Meeria et al. 2016).

Adding to the theme of racism generally and racism against Indigenous people in particular, Chap. 11 (Dialogue with Indigenous Leader and Psych Survivor Michael) ushers us into the horror that was the Sixties Scoop (where Indigenous infants were stolen from Canada and Mexico and adopted out to white parents in the US), with a further look at the psychiatrization, that, alas, all too often followed. Michael recounts the horrendous story of his being abducted as a child himself, deprived of his

heritage, and later twice psychiatrized. “Would they do this to white people?” Michael pointedly asks. One highlight of the chapter is the healing that eventually came to Michael when he partook of Indigenous ceremony. The chapter ends with Michael reflecting on the possibility of Indigenous psychiatric survivors joining the antipsychiatry movement and the two creating testimony together.

In Chap. 12 (“This is Not a Time to Lie Low”), we make the acquaintance of the international human rights lawyer and activist Tina Minkowitz. Clarifying what is mandated by the UN’s Convention on the Rights of Persons with Disabilities (CRPD) and explaining its significance for psychiatric survivors, Tina introduces readers to such groundbreaking developments as a presumption of capacity that is actually “irrebuttable”. She speaks of recognizing and grabbing the moment at a time when others were intent on “lying low”. In this eye-opening chapter, Tina walks us through not only the strengths of the CRPD but also the ways in which it is currently being watered down, sidelined, and co-opted. Correspondingly, she signals the fights that lie ahead.

Are you a parent who has begun to suspect that your child is being harmed by psychiatry? Are you suspicious about what psych drugs actually do? Are you itching for tips on how to get good information about the psych drugs out into the world? If so, take a look at Chap. 13 (Dialogue with Mother and Archivist Julie Wood). In this moving and eye-opening dialogue, you will encounter the heart-wrenching tale of a mother who lost her son to psychiatric drugs. Correspondingly, you will witness her transformation into a critic, an archivist, and an activist. Other highlights of this chapter include an introduction to a website which contains accurate information about the psychiatric drugs and a thought-provoking conversation on why and how parents might become a leading critical/antipsychiatry force in their own right.

Chapter 14 (“Epistemicide”: Dialogue with China Mills) takes us onto the world stage, exploring, in particular, the North—South divide and the colonization, racism, and empire-building involved. It is the most dialogical of the chapters, with China and I “*schmoozing*” together on key debates within the movement. Focal are a strong analysis of the colonialism at the core of the “Movement for Global Mental Health”, the value of pluralism, a reassuring glimpse into the integration of feminism in the survivor movement in India, the prioritizing of local grassroots approaches to healing. Additionally, in an attempt to shed light on one of the growing tensions within the movement and to find a constructive way forward, the two of

us endeavor to wrap our minds around the thorny question of what and what is not appropriation. Thank you once again, China.

Finally, in what is a turnabout, the person interviewed in Chap. 15—“The Movement is an Integral Part of Who I Am”—is me, Dr. Bonnie Burstow. Having walked the reader through how it is I became an antipsychiatry activist, I shed light on such topics as what constitutes good strategic activism, what mistakes we have made as activists, what the take-away lessons are, the attrition model of psychiatry abolition, and the use of the arts in activism. What is particularly unique about this dialogue is that both teaching per se and being a counterhegemonic trauma practitioner emerge as forms of antipsychiatry activism in their own right.

And with this turnabout, the manuscript itself starts drawing to a close. Though not without an epilogue first that drives home where we have been, its relevance—and, yes, of course, where we might “go with it”.

Such then is the book and such are the reasons for it. These are the people that you will encounter. These are examples of the issues, thoughts, interactions, and conversations that you will witness, though, more to the point, that you will find yourself smack in the middle of!

Correspondingly, these are the journeys that lie ahead.

REFERENCES

- Breggin, P. (1991). *Toxic psychiatry: How therapy, empathy, and love must replace the drugs, electroshock, and biomedical theories of the “New Psychiatry”*. New York: St. Martin’s Press.
- Breggin, P. (2008). *Brain-disabling treatments in psychiatry: Drugs, electroshock, and the psychopharmaceutical complex*. New York: Springer.
- Buber, M. (1970). *I and thou* (W. Kaufmann, Trans.). New York: Charles Scribner’s Sons.
- Burstow, B. (2015). *Psychiatry and the business of madness: An ethical and epistemological accounting*. New York: Palgrave Macmillan.
- Burstow, B. (2016). *Psychiatry interrogated: An institutional ethnography anthology*. New York: Palgrave Macmillan.
- Foucault, M. (1980). *Power/Knowledge* (C. Gordon, Trans.). New York: Pantheon.
- Freire, P. (1970). *Pedagogy of the oppressed*. New York: Continuum International Publishing Group.
- Healey, D. (2012). *Pharmageddon*. Berkeley: University of California Press.
- Kirk, S., & Kutchins, H. (1992). *The selling of the DSM: The rhetoric of science in psychiatry*. New Brunswick: Transaction Publishers.

- LeFrançois, B., Menzies, R., & Reaume, G. (Eds.). (2013). *Mad matters: A critical reader in mad studies*. Toronto: Canadian Scholars' Press.
- Meeria, S., Abdillahi, I., & Poole, J. (2016). An introduction to anti-Black sanism. *Intersectionalities*, 5(3), 18–35.
- Moncrieff, J. (2008). *The myth of the chemical cure: A critique of psychiatric drug treatment*. London: Palgrave Macmillan.
- Schaler, J. (Ed.). (2004). *Szasz under fire: A psychiatric abolitionist faces his critics*. New York: Open Court Publishing.
- Szasz, T. (1970). *The manufacture of madness*. New York: Harper and Row.
- Whitaker, R. (2002). *Mad in America: Bad science, bad medicine and the enduring mistreatment of the mentally ill*. New York: Perseus Books.
- Whitaker, R. (2010). *Anatomy of an epidemic: Magic bullets, psychiatric drugs, and the astonishing rise of mental illness in America*. New York: Broadway Paperbacks.
- Whitaker, R., & Cosgrove, L. (2015). *Psychiatry under the influence: Institutional corruption, social injury, and prescriptions for reform*. New York: Palgrave.
- Woolfolk, R. (2001). The concept of mental illness. *The Journal of Mind and Behavior*, 22, 151–187.



“It Is All About Racism”: Dialogue with Indigenous Scholar and Activist Roland Chrisjohn

Roland Chrisjohn is a long-time Indigenous scholar and activist, a member of the Onyota'a:ka (Oneida Nation, part of the Iroquois Confederacy or League of Haudenosaunee), and a Professor of Native Studies at St. Thomas University, which itself is located on Canada's east coast. He is known, among other things, for stating unequivocally that the psychiatrization of Indigenous people is part of genocide.

I came across Roland only a short time ago for his voice and work are not typically included in critical or antipsychiatry theorizing. A serious omission, that it behooves us to correct. For far too long, let me add, this movement has been largely settler and white.

BB: I can't tell you how delighted I am to have the opportunity to interview you!

RC: Really? Why?

BB: That's easy, Roland. Because you are a brilliant Indigenous scholar who is into Indigenous resurgence and who has a profound critique of psychiatry. I can't for the life of me figure out why I didn't discover you twenty years ago.

RC: Well, I discovered you *more than* twenty years ago. I used to teach out of your book *Radical Feminist Therapy* [Burstow 1992].

BB: Good to know. Anyway, I couldn't imagine doing a book of this sort this without a powerful Indigenous voice included. And on this issue, this was not easy to find. While I am in no way implying

that a critique of psychiatry is missing among Indigenous people, a problem that I faced when I contacted Indigenous scholars to see if they would take part in this project, while using words like “overrepresentation”, most wanted an alliance of some sort with psychiatry, and many would make statements like, “My people need the medications.”

RC: (groan)

BB: So to varying degrees, despite the existence of meaningful critique, I was hearing from people who were buying into the standard psychiatric line, whereas I see the psychiatrization of Indigenous people as part and parcel of colonization.

RC: I would go further and say “genocide”.

BB: Genocide, unquestionably. First children were stolen from their parents—and blatantly, that was genocidal—and then when parents complained, they were labeled insane and institutionalized by psychiatry.

RC: Precisely.

BB: So let me ask you something personal. Given the hugely problematic nature of the psy professions, way back when, as a young Indigenous person and indeed an activist, how did you come to go into psychology?

RC: A friend of mine committed suicide. We had just started a chapter of American Indian Movement in Canada—this was 1972. We wanted to take back our reserve, which had been taken from our grandfathers’ generation and turned over to white farmers. Our grandfathers were dispossessed. And our fathers followed their fathers. They didn’t take up farming again. And our generation said: There is all this farming equipment, and there is all this land that the white farmers don’t want any more. Why don’t we plow it? Anyway, we gathered together a group of people and put much of the acreage under cultivation. Now, one day a member of our group killed himself. I had majored in psychology at university, and I’m sitting there thinking: I’m supposed to know something about people having problems. And it never occurred to me that one of my best friends was suicidal. So I said, however much I think I know about the subject, it’s not enough. What I need to do is go back and get a degree in psychology.