

A Call to Heresy in the Age of Madness

— Tristano Ajmone —

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PSYCHOSOCIAL REHABILITATION COMING OF AGE IN A GLOBALIZED WORLD

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Ladies and gentlemen, users/survivors and mental health professionals,

I want to thank all of you for being here. No matter how different might be the ideas which we promote and defend, one of the greatest opportunities in the field of solidarity is indeed freedom of speech and the will to share ideas and engage in an open and constructive confrontation. Since ideas have consequences, and we are doomed to be both the beneficiaries and victims of past, present and future ideas, I hope that these dissenting thoughts of mine might stir the stagnant waters of the mental health system toward a radical change.

My name is Tristano Ajmone¹, I'm an Italian psychiatric survivor and I'm president of OISM, the Italian Observatory on Mental Health², a non lucrative association founded in 2001 by my father, dr. Claudio Ajmone. At that time I was being held hostage in psychiatric institutions, and since I've regained freedom I've taken on the mission of the association and the task to diffuse it's vision.

I've come here to bring my perspective, as a users/survivor, on the issue of mental health and psychosocial rehabilitation.

So, from my perspective, this opportunity of free speech should be immediately employed to remind that the mental health system rests its foundations on coercion. The intellectual currency we employ in the free market of ideas — if you allow me the metaphor — carries on it's reverse side the anathema of diagnostic social exclusion. Bluntly said: we simply can't pretend any longer that we genuinely fail to notice that in our society the psychiatric enterprise engages in the task of social control, by discrediting and depriving of freedom people whose ideas and behaviours violate the hidden moral paradigm of sanity — which is nothing else than conformism to mainstream social consensus. Freedom of speech loses its meaning if dissenting ideas are banned by the medical dismissal of those who speak them out.

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Sifting the WAPR Conference Scientific Program

While preparing this speech, I've sifted the scientific program of this international event, and tried to work out how I could contribute to it with a user's perspective. To say the truth, I was quite disappointed to see that there are many proposals to adjust the methods of intervention by which the mental health system should carry out its work, yet no one brings up the issue of the legitimacy of psychiatric interventions and whether the mental health system ought to carry on intervening in people's life or not. As a matter of fact, psychiatric users and survivors have been since long challenging psychiatry on the grounds of its very foundations.

I'd therefore like to recall a number of significant dissenting events organized by the various psychiatric survivors movements.

The Foucault Tribunal on the state of Psychiatry

In 1998, the "Irren-Offensive" (Lunatics Offensive) — a survivors group dating back to the early eighties — together with the "Free University of Berlin" organized in Berlin an international Tribunal on the state of Psychiatry, *The Foucault Tribunal*, where the defence and the accusation were academics and professionals, and the jury was a «box of nuts». Now, I advice every person present in this hall to watch the video of this event, which is freely downloadable online at www.foucault.de, because it might come as a surprise how strong the arguments of accusation taken on by the psychiatric survivors are, regardless of the fact that psychiatrists have labelled us unfit and insane.

The whole history of the survivors resistance against coercive psychiatry is a history powered by the clarity of insight on what psychiatry *really* is, and what it *really* does, which comes from first person experience of its interventions. The force of our arguments doesn't feed on theory and projections into future scenarios, but it grounds on common sense, first person experiences and the legacy of memory (both personal and historical)!

I want to express my deepest gratitude to all the survivors who struggled to set up the Foucault Tribunal, which is an historical symbol of the civilizing force of the users survivors movement, because it denounces crimes against humanity, and bridges the medias gap of silence that covers up the links between Nazi eugenics and present day psychiatry; and the Foucault Tribunal accomplices this in the name of freedom and defence of human rights. And I thank those courageous academics who sustained them out of intellectual honesty and sense of duty — like professor Szasz, dr. Ron Leifer, Prof. Narr, and so on.

Mind Freedom's *Fast for Freedom in Mental Health*

In the year 2003, MindFreedom³, an international psychiatric survivors organization which fights for human rights of people diagnosed with psychiatric disabilities, initiated the *Fast for Freedom in Mental Health*, a hunger strike "to Challenge International Domination by Biopsychiatry". By exerting pressure on the APA, they started a debate that questioned the legitimacy of psychiatry, its theories and its methods.

This story is too long to be mentioned here with due fairness, I will thus limit myself to point out that a conspicuous body of outstanding personalities of the mental health profession — psychiatrists, neurologists, psychologists and physicians, such as Peter Breggin, Fred Baughman,

³ See: www.mindfreedom.org

Loren Mosher, David Cohen, and many others — took sides with the protesters, examining and refuting the responses provided by APA in defence of its scientific claims.

This was an event which attracted so much media attention that it jeopardised the original APA intention of ignoring these survivors or to dismiss them as «crazy fools» — Dr. James H. Scully, Jr., MD , at the time APA Medical Director, refused confrontation with the hunger strikers by saying the he “only talks to serious people”.

Well... I can hardly think of people more serious and determined than these hardcore psychiatric survivors who fight for human rights in an absolutely peaceful and legal manner.

So, as you can see, today many people in the mental health profession quote Prof. Loren Mosher — who, I want to remind you is Honorary Member of OISM since 2002; two years before departing from this world — as I was saying, they mainly quote him for his outstanding contribution of the Soteria Project. But few people mention that he spent the last years of his life partnering with academics — like my father, and the aforementioned scientists — who deny *en toto* the existence of mental illness, and by supporting the survivors struggle against psychiatry. Don't forget, Mosher was amongst the 14 academics and clinicians who reviewed the responses of the APA to the request of the hunger strikers for scientific evidence for the claims of biological foundations of mental illness, the validity of diagnostic exams, the theory of neurochemical imbalances, and the therapeutic effectiveness of psychiatric drugs. So, Professor Mosher was one of those 14 prominent scientists who unanimously agreed that the APA did not provide any scientific evidence for the aforementioned claims — which constitute the foundations of the scientific façade of the mental health system. And the response letter of the scientific panel, in support of MindFreedom's hunger strike, ended with a serious admonition to the APA:

“The panel members could not help but notice the contrast between the hunger strikers, who ask clear questions about the science of psychiatry and consciously take risks in the name of protecting the well-being of users of psychiatry, and the American Psychiatric Association, which evades revealing what actual scientific evidence justifies its authority. By not giving specific answers to the questions posed by the hunger strikers, you appear to be affirming the very reason for the hunger strike.”

— Fast For Freedom Scientific Panel Reply To The American Psychiatric Association⁴

I'm proud of having had the honour of translating into Italian Loren Mosher's *Letter of Resignation from the American Psychiatric Association*⁵. I translated it night-time, while I was locked in my cell in the psychiatric prison facility of the OPG Montelupo Fiorentino. This is to show you that we survivors are quite different from the diagnostic picture portrayed in our clinical charts — which depicts us unfit, insane, unpredictable and dangerous. Many of us have proven to be tough and loyal fighters, ready to face the adversities of the mental health system against all odds. The truth is that we are the eyewitnesses of the crimes against humanity of our age! Therefore, we pose a threat to the ruling elite.

Also, this is to say that is thanks to courageous and honest scientists like Mosher if survivors of psychiatry keep alive the hope that things will change in the mental health system through an open and sincere confrontation with its professionals.

People like Professor Thomas Szasz, who we regard as the father of the critic of psychiatry, has struggled for half a century in order to safeguard individual liberty from psychiatric slavery and from the founding myths of the psychiatric enterprise; and he has done so not only through his

⁴ <http://www.mindfreedom.org/mindfreedom/hungerstrike21.shtml>

⁵ <http://www.moshersoteria.com/resig.htm>

monumental work of academic writings and public conferences, but also by offering his personal support to psychiatric survivors movements. And I wish to express my gratitude to him for having supported OISM's mission by accepting to become one of our Honorary Members, and for the huge personal sustain that he has granted me out of sincere friendship.

Meeting each other, is the only way to realize that behind academic divergences lie strong human factors and sincere convictions — regardless of the fact that they might be sincerely wrong. I wish that this point gets through very clear, because the survivors movement never denied that even mainstream psychiatrists have at times proven to be supportive to some of us. Regardless of how rotten psychiatry is, we must not forget that those wearing the white coat are, after all, ordinary men and women — who's qualities and shortcomings transcend their clinical roles and specializations. I therefore see no point in demonizing psychiatrists as whole — just as much as I see no sense in glorifying them either.

But, surely, we do though attack the ideological foundations of psychiatry.

I've mentioned here two major campaigns conducted by the users/survivors movements against psychiatry, but I want to make it clear that there have been many more other such campaigns — too many for me to acknowledge them all, too many to mention them all here, today. So these examples in no way exhaust the list. Just to mention a few more:

*The Great Escape Bed Push*⁶, that took place last August in London (UK), where a psychiatric bed was pushed 60 miles, from Mill View Psychiatric Hospital, in Brighton, to the original site of the “Bedlam” asylum in London, in protest against “the poor level of choice of treatments and the widespread use of force used in the psychiatric hospitals”.

Or the protest organized by the International Association Against Psychiatric Assault⁷ (IAAPA) which is taking place right in these days, at the «Deadly Medicine» Exhibition at the «Hygiene Museum» in Dresden. A protest against the falsification of history, for the museum denies the over 20,000 murders by starvation carried out in psychiatric institutes from 1945 to 1949. I'm proud to be a member of IAAPA, and I wish to thank René Talbot, from Germany, and Hagai Aviel, from Israel, for all their good work and for their personal support to my struggle.

The International Disability Caucus

I could lengthen myself on the great work carried out, on the issue of legal capacity, by the International Disability Caucus⁸ for the UN Convention on the Rights of Persons with Disabilities. The IDC is a coalition of over 70 disabled persons organizations and their civil society allies. And I take this chance to express all my gratitude to Myra Kovary and Tina Minkowitz for all their great work, for their warm sustain in the struggle, and for having granted me the privilege of translating and presenting the Italian version of the IDC amendments document to the Italian Prime Minister.

I'll also mention that the World Network of Users and Survivors of Psychiatry⁹ (WNUSP) together with the Bapu Trust¹⁰ of India published this summer a booklet entitled *First Person Stories on Forced Interventions And Being Deprived of Legal Capacity*, which gathers survivors testimonials

⁶ <http://www.bedpush.com>

⁷ <http://www.iaapa.de>

⁸ <http://www.un.org/esa/socdev/enable/rights/idc05.htm>

⁹ <http://www.wnusp.org>

¹⁰ <http://www.camhindia.org>

from all over the world, included my personal story. Again, thanks to Myra, Tina and to Bhargavi Davar.

Basically speaking, wherever you turn you'll find users and survivors of psychiatry engaged in the struggle for the abolition of coercive psychiatry. For this reason I'm rather disappointed that coercion was not a key topic of discussion planned in this congress.

I want to stress that the issue of psychiatric coercion goes hand in hand with the paternalistic belief that some people are entitled to know what's best for others, and feel therefore entitled to impose their expertise with force or deception. Philosophically, this idea carries much of the weight of Plato's views on the role of medicine, for Plato promoted both paternalism and eugenics. The marriage between paternalism and medicine is by itself something dangerous to society. This is the root of psychiatric evil, but is nevertheless a general problem in medicine, so I won't plunge into it any further, instead I'll move on to the critics specifically pertaining to psychiatry.

Contradictions Within the Psychosocial Approach

After this brief reminder of the strong presence of a worldwide network of dissenting survivors of psychiatry, I deem useful to remind some of the key point of our dissenting views. Since this event deals with the issue of psychosocial rehabilitation, I could start by bringing attention to some of the most relevant discrepancies that underlie this whole idea of psychosocial interventions.

Crushing *Psyche* Between Philosophy and Medicine

For example, the very presence of the term *psyche* into the present-day scenario of mental health leads to some rather bamboozling questions.

No one poses the basic — yet vital — question of how comes that psychology and psychiatry share the *psyche* prefix, yet — while both claim to work on the mind — the former proceeds by speaking to the person, and the latter by chemically assaulting the brain, or bodily restraining the person. Psychology used to be a branch of philosophy, so it roots back to the realm of ideas and should deal with ideas by means of verbal discussion. Psychiatry claims to be a branch of medicine, therefore it should deal with the bodily aspects of people, yet brain interventions are a prerogative of neurologists, and imprisonment that of police forces, so in order to justify their interventions psychiatrists hide behind a double standard of wearing the medical coat and — at the same time — claiming to be experts of the mind. This allows them to entangle the whole issue by displacing the meaning of words, swapping roles, and creating a great confusion between what they claim they do and what they are actually doing.

Obviously, psychiatrists don't have the slightest knowledge of how the human mind works, if they did they would not try to suppress it by assaulting it with chemical agents, electricity, or surgical interventions. Repression of dissenting thought — i.e., repression of the free expression of dissenting thoughts — is a political crime against humanity, and it's the weapon of totalitarian regimes, as well as of psychiatry. But the scientific war against the dissenting mind — i.e., aiming to halt or cripple the thinking process, once and for all — is a crime against the whole of humanity, and it's a weapon exclusively employed by the psychiatric therapeutic empire, as far as I know.

In order to understand what psychosocial rehabilitation is, we should first understand what the *psyche* is. Most people claim that psyche nowadays is equivalent to mind. Even if we accept this dubious neologism *mind* at its face value, we can't fail to realize the relational gap between mind and brain: mind is a concept, like soul and psyche; brain is an organ, like the heart and the liver. This is why psychologists should handle ideas and neurologists brains. Only psychiatrists claim to manage to handle both in the name of one science — which is the medical model, the model of

biopsychiatry. No scientific discovery will ever fill the gap between that which is physical (i.e., bodily) and that which is conceptual (i.e., existential). And anyone who places his profession right in this gap is destined to be a social controller, masquerading deprivation of freedom as medical or therapeutic interventions.

You see, this gap between the physically measurable world and our dynamic experience of its reality is irreducible, and the reductionist model attempts to fill it up by shrinking Man's psyche — by denying free will, by reducing individual life to a mere result of the interplay of genetic and biochemical circumstances — and, thus doing, it dehumanizes man and magnifies science to a religious status.

Psychologists have since long given up their art — by accepting a medical model of the mind which denies free will to the individual, and traces all his problems back to biological and genetic causes; by accepting the cures of «miraculous pills», in front of which we are all the same: both the patient and the healer. So, the function of psychology and psychoanalysis has exhausted itself in this mental health system which focuses on the biological sphere, blaming it all on the brain and the genes.

But, what worries me most, are these new trends that are surfacing in mental health. Most of them are nothing less than paradigmatic slights-of-hand in order to break the frustrating routines of endless therapeutic failures, and keep the illusion of functional services alive. Others are rather dangerous revivals of paradigms of the past, like the bio-psycho-social approach to mental health. History has already faced this trinitarian and mendacious approach, during the Nazi period, when Jews, homosexuals, gypsies, and all sort of socially unwanted, were diagnosed by psychiatrists as biologically corrupt (bio-), psychologically unfit (psycho-), and socially dangerous (social). It is this very paradigm that justified the extermination of unwanted people in the name of psychiatry by means of gas chambers, starvation to death, and so on. Call it *mental health*, *mental hygiene* or *racial hygiene*, it's the same thing today, because we're witnessing a fusion of the medical, psychological, and social sciences under the umbrella of mental health's biopsychiatry.

As Albert Einstein wisely warned: "Two things are infinite: the universe and human stupidity; and I'm not sure about the universe." How comes we are so gullible as to blindly swallow all this scientific nonsense?

Explanation vs. Description: The Quest for Moral Justifications

I think that the core problem in mental health rests on the eternal conflict between society's request to describe what we do and our need to justify our actions. As Thomas Szasz marvellously puts it, in his book *The Theology of Medicine*: "In everyday life, the distinction between explanation and justification is often blurred, and for a good reason. It is often difficult to know what one should do, what is a valid justification for engaging in a particular action. One of the best ways of resolving such uncertainty is to justify a particular course of action by claiming to explain it."

It seems to me clear that a bare description of mental health interventions does not sound very appealing, and that is why the mental health profession is always seeking new names and theories to describe the same old cruel interventions. Honestly, it's not very self-dignifying admitting to have four-point-restrained a young and defenceless woman, and then electrocuted her brain. Is much easier to boast of having carried out a medical therapeutic intervention on her sick mind. Yet, the crude facts are not altered by the justifications we find for them, especially from the victims' perspective, but from the executioner perspective the linguistic manoeuvre provides a solid moral alibi for justifying what is otherwise plainly a cruel act. We are under the spell of the mental health system of beliefs.

The Catholic Church used to burn alive people at the stake — this is the factual description of what they used to do. The justification was that of salvation of the soul for people who went astray, of heretics. It takes a religious blind faith to allow that such an abstract and fantastic explanation blinds someone from seeing the factual reality of what the Inquisition was doing to people. Similarly, it takes a blind faith in a mystical medicine to blind oneself from seeing what most psychiatric interventions are — i.e., cruel measures of physical, chemical and environmental control of deviant individuals — i.e.: today's heretics, such as homosexuals, drug consumers, etc.

«Mind» is just another abstract concept, like «soul», which can be easily exploited to justify a variety of covered manoeuvres. There is no mind, just as there is no soul — these are just concepts that can be brought in the realm of ideas to discuss and explain things, but there is no equivalence between mind and brain, or soul and heart. You can indeed bring a person's brain on the table — at the cost of his life —, but you simply can't bring his mind anywhere, for mind is a concept and it's immaterial — like the *holy spirit*: if you believe in it you might feel it, but in no way you're going to capture it in a test tube and have others see it the way you see it. Those who think that they can pinpoint the mind by medicine are fooling themselves, because there is no such thing as the mind. Mind, as a noun, is a neologism that was introduced in the English language only in the 17th century — before it existed only as a verb. If you want to dig this issue of the mind — I mean, dig it scientifically —, then you should read *The Meaning of Mind*, by Prof. Szasz — a book which, I warn you, will radically change your vision of mental health!

Here, suffices to say that there is no mind but only the person. What you claim to do in the name of medicine to patients' minds, can't justify your failure to see what you are doing *as individuals* to other *individuals*. You can claim to be doctors curing patients, but the fact rests that, at times, this is just a jargon translation — a manoeuvre — of the fact that you are *people* depriving of liberty other *people* who have not committed crimes. End of story!

Setting aside how mental health professionals explain and justify what they do, the first person experience of their actions does not change — and is not affected — by theoretical paradigmatic shifts. Being imprisoned and restrained in a psychiatric institution today has the same flavour as it had in the first mad asylums in the past. We can't accept any apology claiming that tortures have become less bloody, and asylums more habitable (which is, by the way, false) — it's not a matter of quantity or quality, it's a matter of principle, just like the Holocaust is not merely a matter of numbers. Being electroshocked or stunned by drugs in the name of biopsychiatry, bio-psycho-social mental health, the Sacred Roman Inquisition, or whatever, is after all one and the same experience all along history — at least, it is so from the victim's perspective!

Mental Illness: A Myth Without any Sanity Model

Mental illness does not exist! This issue is so clear to me that I'd say it suffices to mention that there are no biological tests to detect the presence of mental illnesses; and that while psychiatric diagnosis are growing in an exponential fashion, no reference it's made to any model of sanity against which such mental «diseases» are to be measured, other than the discretionary whims of the task forces who vote the diagnostic criteria. Any true physician is able to describe how the body part which he deems sick ought to be if it were sane. A dentist would not hesitate to describe how a sane tooth looks like — which porosity should have, and so on, with the rest of the attributes that pertain the teeth and the mouth. The case is not so with psychiatrists, because mental diseases simply don't exist.

There are no biological tests to diagnose mental illnesses, it's all based on interviews or third parties accounts. Diagnostic criteria are entirely arbitrary decisions by the clinicians.

I simply can't believe that homosexuality or masturbation are bodily diseases, yet they both were main psychiatric mental illnesses. How comes a behaviour is one day a medical disease and the next day simply a matter of personal conduct and choice? Cancer simply can't be converted into personal conduct or choice. The fact is that psychiatrists deprive freedom of choice in personal conduct by declaring mental diseases any unwanted behaviour. This is social control masked as medical care!

Which is the model of mental sanity today? Is it still, like in the Nazi period, being heterosexual, white and Arian, productive, and devoted to the regime? Or has it changed? Sincerely, I'm asking you... in this very moment thousands of political dissidents are locked up in psychiatric institutions in China ... and many others all over the world.

Scientific models in mental health have changed along history, through the heated debates of the different schools of thought in the mental health system. So, Nazi eugenics is today condemned, while biopsychosocial approaches are coming into vogue. Yet many fail to see that both models share the same basic ideas, and — most important — do roughly the same things.

Nuremberg trials failed to discontinue the psychiatric practice of labelling dissident thinkers as sick and unfit, deprive them of basic rights, deport them into total institutions, and forcibly treat them.

Heresy: Choosing For Ourselves

The diagnostic labels might have changed — so the treatment methods — yet the underlying paradigm remains the same: if you don't comply with the system rules you are guilty of heresy. The etymon of the word *heresy* roots back to the Greek αἵρεσις, *hairesis* (from αἵρέομαι, *haireomai*, “choose”), which means either a choice of beliefs or a faction of dissident believers. I think that the intimate relations that interweave the underlying concepts of heresy and mental illness can hardly be overstressed — for if heresy implies choice, and the inquisition was the denial of that choice, then psychiatry stands to mental illness as the inquisition stood to heresy. Psychiatric labels are *ipso facto* stigmatizing procedures, they are intentionally-meaningless misnomers, not intended to *communicate* anything, their only scope is to *excommunicate* unwanted people.

The point is that heresy isn't an issue of being right or wrong, but an issue of having or not having personal choice, which is part of freedom. In a society which promotes freedom, choosing to be different should not be a reason of discrimination and persecution. Yet our society seems unwilling to take on the responsibilities which necessary ensue from freedom. It's easier to wash our hands of all responsibility and handle embarrassing choices by removing the arena of confrontation all together, and call into account some mysterious diseases which require holy psychiatric interventions.

So, as it goes, whenever in the USA a white American citizen shoots Mr. President, it has to be a madman — it is simply unacceptable to the public opinion that the American society can fail to instill its patriotic values into his well educated children. But if an Arab shoots Mr. President things are quite easier to handle, there is no need of psychiatric jargons to handle the situation: the jargon of the war against «religious fanatics» is well established, ready to displace any responsibility from the nation's shoulders unto the shoulders of an alien religious culture, which is mad and fanatic by definition. There is no need to resort to the blame-the-brain & genes medical approach.

That which appears unexplainable *has* to be handled by those experts who are reluctant to explain the nature of their scientific enterprise — the very strength of psychiatry rests on their impossibility to prove the medical nature of mental illness. Because, even if they were to bring scientific proofs of a correlation between brain and behaviour that wouldn't make it a psychiatric question — as a

fact it would immediately make it neurologists' business, and still yet not a mental disease, but a brain disease.

So, choice and heresy are intimately connected to present-day mental health system. People like me have taken on the voluntary choice of being heretics and dissidents all the way along. And I owe to Thomas Szasz the great pleasure of having discovered the true meaning of freedom: through his writings I've gradually discovered inner freedom while I was still a psychiatric prisoner. No matter how unpleasant my journey into madness and psychiatry has been, I now can proudly say to have discovered the true force of heresy: that unrestrained force of change which challenges commonplaces in the name of Man and freedom.

And I want to thank with all my heart dr. Giorgio Antonucci, one of the greatest heretics of our times: a physician and psychoanalyst who challenged psychiatric slavery at its roots. Giorgio has dismantled several Italian asylums, setting free people who were restrained to beds since 20 years! People who could no longer move their limbs. Who had their front teeth removed because they refused to eat, in order to die, and were fed forcibly. People on whom psychiatrists applied a muzzle to their mouth so that they won't spit to their jailers. Giorgio Antonucci — also a Honorary Member of OISM — is both a frontline activist and an intellectual dissident, and he never ceases to sustain victims of the psychiatric system, nor those who defend the cause of freedom. He's been persecuted by Italian psychiatry and institutions, they slandered him and even took him to court. But he never gave up. He's a living example to the Italian survivors, and he never denied us support, his heart is as noble and courageous as that of a lion, and he's a very sweet man too. I thank him for all the support he gives me and for the patience he bears with me, for I acknowledge that I've a rather bad temper.

Many survivors and dissident thinkers unite under the common umbrella of heresy, and the list of such people is too long to mention. And our is not an elite club based on accumulation of credits for what you do. It's not like being in a career in which actions rise your position on the social ladder. It's about *being* what one believes he or she ought to be. I'm not here to get a certificate of attendance. I've come here on my own expenses, and since my savings did not cover the full fee, I proudly accepted that my generous peers of the *Diritti e Doveri* users association of Biella helped me reach the required budget. I'm here because I am what I am, and I want to share it with you. We heretics don't think in terms of social status or academic credentials, we value human qualities first and most of all. And most of us are economically poor people, and we feel really bad when we're censored and set aside, because we don't have equal opportunities; many of us have been rendered destitute by psychiatric interventions and stigma!

I hope that this digression will help you grasp the spirit which animates many of the survivors who attack psychiatry. Understanding others is a great accomplishment, and psychiatric survivors are mainly people who are very rich inside, and they represent the civilizing force of present day heresy.

So, let's go back to the issue of diagnoses has a paternalistic counteroffensive to freedom of choice.

Choice and Psychorehabilitation

Choice used to be central pivot of psychological interventions: the therapist used to seek means of expanding his clients' choices, in order to overcome the limiting conditions that caused sufferance — what the *client* used to define as his problem and cause of sufferance. Now, psychologists have come so much so to compromise with the medical model that they accept forcibly hospitalized patients who are denied even the most basic choice of the therapeutic contract: i.e., their consent to enter therapy. Choice is no longer an issue in psychotherapy, the general attitude in psycho rehab programs is that if the patient is consentient that is better, if not ... well, never mind. Psychiatric

drugs are always given for granted as part of the therapy, yet in front of the pill we are all the same. You see, there is no longer enthusiasm in the psychological profession, there is no more life to it.

Coercion is the denial of individual choice. Freedom isn't really freedom if the individual doesn't own himself and doesn't enjoy the right to choose *by himself for himself*. Freedom of choice — I mean real freedom of choice — implies that some people will make choices that we might disapprove of, like suicide, or drugs consumption, and so on. But we must realize that Man is not free as long as he doesn't own himself, and enjoys the right of doing what he wants with himself. I do understand the urge that people feel to intervene in such choices, especially when they are carried out by beloved ones, but unless we understand that our duty and responsibility to help others exhausts itself with the simple act of offering and rendering available this help, we'll keep falling in the paternalistic trap of justifying coercion and stigma. And beware, I'm not saying this out of theoretical conjectures!

My mother took the emergency exit of fatal freedom, after a life time of psychiatric tortures — including ECT! —, and of course I miss her very much, and I wish she was here. But I can't condemn her choice, especially since having experienced myself a long journey into the psychiatric system. That is how life goes, whether we like it or not. This world is going nuts, and violence, racism and social indifference are the norm; so, how can we blame intelligent people who decide that living it's not worth the pain it demands?

Rethinking it All From Square One

Any «scientific» discussion which does not drag into the discussion arena this underlying ideological and operative paradigm, is nothing less than an escape from responsibility. The jargon which justifies the existence of this paradigm is always the same: the pseudo-medical jargon which mystifies the factual reality of what goes on. And for that, I'm sure that my intervention can be easily dismissed since freedom and politics should not be part of a medical congress agenda, unless it's a conference on ethics. But for the same reasons we could ask all psychologist to leave and go home, after all they are not physicians. The point is that when medicine (or psychology) deprive people of freedom and consent to treatment, liberty becomes an issue to be faced, and I can't think of any genuine way of dealing with it rather than taking it as a political issue — in the etymological sense of the word.

So, it should not come as a surprise that, worldwide, users and survivors of psychiatry have initiated and carried out a global protest against the psychiatric regime — and that they have done so with a remarkable success. The arguments by which we survivors move our criticism take as their foundations the issue of freedom. If you recognize us as human being, and not patients, then you'll have to recognize that we should enjoy inalienable human rights. Yet, psychiatric alienation disrupts these rights and calls for a mandate which overlooks them, and this is precisely what makes psychiatrists alienists and us patients aliens.

The United Nations Universal Declaration of Human Rights

The United Nations Universal Declaration of Human Rights states that “*All human beings are born free and equal in dignity and rights*”, yet biopsychiatry denies this status of equality with its claims of hereditary personality traits.

And that “*Everyone has the right to life, liberty and security of person.*” Yet psychiatrists, psychologists and all social workers who accept the coercitive approach deny these rights.

And that “*No one shall be held in slavery or servitude*”, yet psychiatric patients are often subjected to both.

And that “*No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.*” Yet psychiatry has three centuries of recorded history of such practices.

Furthermore: “*Everyone has the right to recognition everywhere as a person before the law.*” Yet psychiatrists deny legal recognition of the person before the law, when they deny moral agency through insanity defence, or discredit a witness on the basis of diagnostic criteria.

And, “*No one shall be subjected to arbitrary arrest, detention or exile.*” Yet involuntary psychiatric hospitalization is, by all means, an arbitrary arrest of people not guilty of criminal offences, carried out with the support of the police.

I could go on and on, making a reading of all the basic points of the UDHR, and show how psychiatry has an escamotage to bypass every human right, and how it has historically done so up to the present day without solution of continuity.

Now, all this has sense only to those who are sincerely willing to listen to the users survivors perspective. If it's true that psychiatrists have been saying the same things all along history — ie: that they have the duty to treat people, even against their will —, it's also true that the users too have been saying the same things — ie: leave us alone! stop torturing us! stop depriving us of freedom and civil rights!

When medicine is valued above freedom, and medical interventions are justified by morality and meaningless explanations, rather than science, then medicine becomes a religion, and heretics become patients. This is the case, I'd say without esitation.

To *promise* human rights is an easy task when there is at hand a psychiatric force to bypass their effective enjoiment by means of medical arbitrary criteria over the rule of law. To *grant* human rights and then *defend* them at the cost of our own lives, well... this is something else. Yet, those who fought for the recognition of such rights were people who really struggled hard. The UDHR clearly states in it's Preamble “*Whereas it is essential, if man is not to be compelled to have recourse, as a last resort, to rebellion against tyranny and oppression, that human rights should be protected by the rule of law*”.

But how are we to protect these rights if we value medicine above freedom? The global effort to establish special rights for the «mentally ill» is an attempt to officialize deprivation of human rights for a subclass of outcasts. Since psychiatric diagnosis is more a phisycian's right than the patients, it follows that diagnosis is — once more in history — a tool for legitimizing differentiation in legal classification.

The International Association Against Psychiatric Assault has launched a campaign entitled *because human rights are indivisible*. There is no medical condition — true or false that it might be — that can justify the implementation of different criteria in human rights for any individual.

Conclusions

To conclude, I invite you to consider that the urge which many people feel in treating the alleged mentally sick is not really a primary question in this world as it is claimed — and I'm not saying, by this, that helping suffering people is not an issue, of course it is. What I'm saying is that I firmly believe that «hearing inexistent voices» or «seing inexistent things» is, after all, not as grave as not being able to see what is right in front of our eyes, or not being honest enough to listen full length to the voice of those who suffered under psychiatry.

Just like in Andersen's tale, the king has no clothes: psychiatry has always been — and remains to the present day — a means of social control.

If our intellectuals and scientists fails to see this, we are indeed in great trouble, because we'll be doomed to witness once more the historical horrors of the holocaust, mass sterilizations, and silent genocides in the name of medicine.

We can't have freedom if we don't accept responsibility, so please take in serious consideration this appeal of mine to stop and rethink over your mission of psychosocial rehabilitation. Don't value medicine above freedom, don't value your profession above your humanity.

I'd like to finish my discourse by wholeheartedly thanking Dr. Tibaldi, my psychiatrist — who never ceased supporting me, despite my terrible character and bad temper; and believed in me as a *person* when even my closest friends abandoned me to my psychiatric destiny.

As a closing statement, I'll offer you a quotation from Yevgeny Zamyatin:

“The world is kept alive only by heretics ... Our symbol of faith is heresy: tomorrow is inevitably heresy to today ... Yesterday, there was a tsar, and there were slaves; today there is no tsar, but the slaves remain; tomorrow there will be only tsars. We march in the name of tomorrow's free man — the royal man. We have lived through the epoch of suppression of the masses; we are living in an epoch of suppression of the individual in the name of the masses; tomorrow will bring the liberation of the individual — in the name of man. ... The only weapon worthy of man — of tomorrow's man — is the word.”

— Yevgeny Zamyatin (1884-1937), *Tomorrow*¹¹

Thank you.

¹¹ Y. Zamyatin, “Tomorrow [1919-20]” in *A Soviet Heretic: Essays by Yevgeny Zamyatin* — quoted in *Heresies* (T.S. Szasz, Anchor Books, 1976)